

TRADITIONAL

RENEWAL RATES (existing groups)

DATED: 3/7/11

Please visit our web site, [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com), and read the benefit summaries before finalizing your selections.

RATE SHEET PLAN #	HIP	COPAY	Referral No Ref	RX	NET WORK	Monthly Two Tier Rates		Monthly Four Tier Rates			
						EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
<b>COST SHARING</b>											
1	<b>EPO 30/50 1000A Select</b> PESLT2253D	\$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$15 (Generic Only)	SELECT PRIME	361.82	988.23	361.82	757.24	695.11	1128.32
2	<b>EPO 30/50 1000 Select</b> PESLT2254	\$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$20/30/50	SELECT PRIME	424.46	1160.33	424.46	888.78	815.39	1323.38
3	<b>EPO 25/1000 Select</b> PESLT2051	\$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	455.00	1244.24	455.00	952.91	874.03	1418.49
4	<b>EPO 15/1000 Select</b> PESLT2053	\$15 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	474.31	1297.29	474.31	993.46	911.11	1478.61
5*	<b>PPO 15/1000 Select</b> PFSLT5026	<b>In Network</b> \$15 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$15/30/50	SELECT PRIME	680.35	1863.38	680.35	1426.14	1306.78	2120.21
		<b>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000 coin max.									
6*	<b>PPO 30/50 1000 Select</b> PFSLT5087	<b>In Network</b> PCP \$30 / \$50 Specialist Copay, \$1000 ded hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	614.99	1683.79	614.99	1288.86	1181.27	1916.67
		<b>Out of Network</b> \$1000/2000 Ded. 80% to \$3000/6000 coin max.									
7*	<b>PPO 25/1000 Select</b> PFSLT5008	<b>In Network</b> \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	648.55	1775.97	648.55	1359.33	1245.70	2021.16
		<b>Out of Network</b> \$1000/2000 Deductible 80% to \$3000/6000									
8	<b>PPO 30/50 2000 Select**</b> PFSLT6107	<b>In Network</b> \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services. 80% coin, \$5,000 coin max.	No Referral	Not Covered	SELECT PRIME			436.39	913.83	838.30	1360.52
		<b>Out of Network</b> \$4000/8000 Deductible 60% coins to \$10,000/20,000 coins max.									
<b>HMO PLANS</b>											
9*	<b>HMO SUPER VALUE</b> PHSTD4912	\$20 Copay \$500 Hospital Copay	Referral	\$100 Deductible \$10 (Generic Only) Name Brand Discount	PRIME	582.41	1618.10	582.41	1223.06	1118.39	1813.63
10*	<b>HMO 25/40A</b> PHSTD4057	\$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	Referral	\$50 Deductible \$20/\$30/\$50	PRIME	606.46	1684.93	606.46	1273.56	1164.58	1888.52
11*	<b>HMO VALUE</b> PHSTD4913	\$20 Copay \$500 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	652.29	1812.25	652.29	1369.81	1252.58	2031.23
12*	<b>HMO 20</b> PHSTD4914	\$20 Copay \$250 Hospital Copay	Referral	\$50 Deductible \$7/30/50	PRIME	674.66	1874.43	674.66	1416.79	1295.53	2100.89
13*	<b>HMO 5</b> PHSTD4915	\$5 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	708.33	1967.95	708.33	1487.49	1360.21	2205.74
14*	<b>HMO 15</b> PHSTD4917	\$15 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	693.38	1926.42	693.38	1456.10	1331.51	2159.19
15*	<b>HMO 10</b> PHSTD4916	\$10 Copay No Hospital Copay	Referral	\$7/30/50	PRIME	702.46	1951.65	702.46	1475.16	1348.94	2187.46
<b>POS PLANS</b>											
16	<b>POS 20/1000</b> PPSTD2363	<b>In Network</b> \$20 Copay \$250 Hospital Copay	Referral	\$7/30/50	PRIME	785.40	2182.07	785.40	1649.33	1508.20	2445.74
		<b>Out of Network</b> \$1000/2000 Deductible 70% to \$2000/\$4000 OOP									

Rates are subject to NYS Insurance Department Approval

NOTE: Super Value HMO/EPO Prescription benefit is \$10 Mandatory Generic with a value added feature - Discount for Brand Name Drugs through participating pharmacies

\* THE 10 PLANS ABOVE WITH AN \* ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN

\*\* Replacement plan for SmartStart enrollees.