

RELEASE DATE: 7/8/11



**TRADITIONAL  
NEW BUSINESS RATES**

**3rd QUARTER 2011  
July - Aug - Sept**

DATED: 5/6/11

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

RATE SHEET PLAN #	<b>ATLANTIS</b>									
	Monthly Two Tier Rates					Monthly Four Tier Rates				
	COPAY	Referral No Ref	RX	Net Work	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
<b>HMO PLANS</b>										
1	<b>HMO 25/40A</b> \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	<b>\$0 Generic</b>	Atlantis	403.06	1033.85	403.06	806.12	810.55	1240.62
2	<b>HMO 20A</b> \$20 Copay \$500 Hospital Copay	No Referral	<b>\$0 Generic</b>	Atlantis	421.25	1080.51	421.25	842.50	847.13	1296.61
3	<b>HMO 25/40</b> \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	<b>\$0/30/50</b>	Atlantis	440.57	1130.06	440.57	881.14	885.99	1356.07
4	<b>HMO 20</b> \$20 Copay \$500 Hospital Copay	No Referral	<b>\$20/30/40</b>	Atlantis	450.91	1156.58	450.91	901.82	906.78	1387.90
5	<b>HMO 25/40 Plus</b> \$25 PCP / \$40 Specialist Copay No Hospital Copay	No Referral	<b>\$0/30/50</b>	Atlantis	501.20	1285.58	501.20	1002.40	1007.91	1542.69
6	<b>HMO 20 Plus</b> \$20 Copay No Hospital Copay	No Referral	<b>\$20/30/40</b>	Atlantis	515.31	1321.77	515.31	1030.62	1036.29	1586.12

**NOTE: 2Q RATES ARE GOOD THROUGH AUGUST 2011.**  
Rates are subject to NYS Insurance Department approval.