

**TRADITIONAL  
NEW BUSINESS RATES**

**3rd QUARTER 2011**

DATED: 6/8/11

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

RATE SHEET	EMBLEM HEALTH											
	COST SHARING			Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
1	<b>CS EPO 40/2500/80</b>	\$40 Copay \$0 Copay Children	\$2,500/7,500 Annual Deductible for hospital based services with 80% to \$4,500/13,500 OOP	No Referral	\$15 Generic Only	National	348.33	1012.91	348.33	833.11	649.64	1083.46
2	<b>CS EPO 40/2500/80 A</b>	\$40 Copay \$0 Copay Children	\$2,500/7,500 Annual Deductible for hospital based services with 80% to \$4,500/13,500 OOP	No Referral	\$10 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	423.77	1233.87	423.77	1017.06	788.45	1319.49
<b>NON COST SHARING</b>												
3	<b>EPO 40/1000/750</b>	\$40 Copay \$0 Copay Children \$100 ER	\$1000 Hospital Copay \$750 Ambulatory	No Referral	\$10 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	512.25	1490.54	512.25	1229.44	952.16	1551.71
4	<b>PPO 40/500/5000</b>	In Network \$40 Copay \$0 Copay Children \$500 x 3 Hospital Copay	Out of Network \$5,000/15,000 Annual Deductible 70% to \$8,000/24,000 OOP 70th percentile UCR	No Referral	\$10 Generic, \$50 ded Brand \$25, Non Pref \$50	National	820.34	2383.91	820.34	1968.81	1522.08	2548.82
<b>HMO- COMPREHEALTH</b>												
5	<b>HMO-30/50/1000</b>	\$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$1000 Hospital Copay	Referral	\$15 Generic Only	Comprehealth	292.95	856.10	292.95	688.43	562.55	912.25
6	<b>HMO-30/50/1000A</b>	\$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$1000 Hospital Copay	Referral	\$15 Generic \$100 ded Brand \$35, Non Pref \$75	Comprehealth	339.77	992.93	339.77	798.46	652.46	1058.04

Rates are subject to NYS Insurance Department approval.

**NOTES:**

- 1) EH PPO & EPO requires 50% participation in EH & HIP products (class carve-outs allowed) and a minimum of 2 participants. Participation requirement can include participation in HIP and Comprehealth HMO.
- 2) NY Metro (Comprehealth) is a limited network.