

TRADITIONAL
NEW BUSINESS RATES

DATED: 6/8/11

Please visit our web site, www.LIAHealthAlliance.com, and read the benefit summaries before finalizing your selections

RATE SHEET PLAN #	HIP		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	
COST SHARING											
1	EPO 30/50 1000A Select \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	PESLT2253	No Referral	\$15 (Generic Only)	SELECT PRIME	371.91	1097.88	371.91	882.27	714.47	1159.74
2	EPO 30/50 1000 Select \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	PESLT2254	No Referral	\$20/30/50	SELECT PRIME	436.43	1290.41	436.43	1,037.12	838.37	1360.66
3	EPO 25/1000 Select \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	PESLT2051	No Referral	\$20/30/50	SELECT PRIME	467.89	1384.29	467.89	1112.62	898.77	1458.61
4	PPO 15/1000 Select In Network \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. Out of Network \$1000/2000 Deductible 80% to \$3000/6000 coin max.	PFLST5026	No Referral	\$15/30/50	SELECT PRIME	700.39	2078.12	700.39	1670.65	1345.26	2182.64
5	PPO 30/50 2000 Select In Network \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$5,000 coin max. Out of Network \$4000/8000 Deductible 60% coins to \$10,000/20,000 coins max.	PFSLTB107	No Referral	Not Covered	SELECT PRIME			448.71	1066.59	861.94	1398.90
POS PLANS											
6	POS 20/1000 In Network \$20 Copay \$250 Hospital Copay Out of Network \$1000/2000 Deductible 70% to \$2000/\$4000 OOP	PPSTD2363	Referral	\$7/30/50	PRIME	808.98	2247.59	808.98	1901.11	1553.48	2519.16

Rates are subject to NYS Insurance Department Approval