



**TRADITIONAL  
RENEWAL RATES (existing groups)**

**3rd QUARTER 2011**

DATED: 5/19/11

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>EMBLEM HEALTH (formerly GHI renewals)</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>NON COST SHARING</b>											
3	<b>PPO 30/1000G (2 tier available for existing enrollees only)</b>		No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National	1007.37	2926.25	1007.37	2417.65	1868.06	3027.95
	<u>In Network</u> \$30 Copay \$0 Copay Children \$500 Hospital Copay	<u>Out of Network</u> \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP									
4	<b>PPO 20/500 (2 tier available for existing enrollees only)</b>		No Referral	\$0/25/40	National	1540.93	4473.66	1540.93	3698.21	2855.16	4628.69
	<u>In Network</u> \$20 Copay \$0 Copay Children No Hospital Copay	<u>Out of Network</u> \$500/1500 Annual Deductible 80% to \$2000/6000 OOP									

Rates are subject to NYS Insurance Department approval.

**NOTES:**

**EH plans with prescription retail maximums are no longer available and have been replaced with corresponding plans without retail maximums.**