



**TRADITIONAL
RENEWAL RATES (existing groups)**

3rd QUARTER 2011

DATED: 5/19/11

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

| RATE SHEET | Monthly | | | | | | | | | |
|--------------------------------|--|--------------------|--|---------------|------------------|-----------------|------------------|---------------------|-------------------------|---------|
| | Two Tier Rates | | | | | Four Tier Rates | | | | |
| PLAN # | HIP Plans with VYTRA Premium Network | | | | | | | | | |
| | COPAY | Referral No Ref | RX | NET WORK | EMPLOYEE ONLY | FAMILY | EMPLOYEE ONLY | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(ren) | FAMILY |
| HMO PLANS | | | | | | | | | | |
| DIRECT ACCESS HMO PLANS | | | | | | | | | | |
| 1 | HMO 20 \$20 Copay \$250 Hospital Copay | No Referral | \$10/20/50 | Vytra Premium | 851.23 | 2364.98 | 851.23 | 2000.38 | 1634.59 | 2650.73 |
| 2 | HMO 15 \$15 Copay \$250 Hospital Copay | No Referral | \$10/20/50 | Vytra Premium | 863.60 | 2399.35 | 863.60 | 2029.45 | 1658.35 | 2689.26 |
| 3 | HMO 10 \$10 Copay No Hospital Copay | No Referral | \$10/20/50 | Vytra Premium | 880.65 | 2446.71 | 880.65 | 2069.50 | 1691.08 | 2742.34 |
| POS PLANS | | | | | | | | | | |
| 4 | POS 20/1000 In Network \$20 Copay Hospital Copay \$250 Out of Network \$1000/2000 Deductible 70% to \$2000/\$4000 OOP | Referral | \$10/20/40 Covered only at participating pharmacies | Vytra Premium | 839.18 | 2331.49 | 839.18 | 1972.09 | 1611.47 | 2613.21 |
| 5 | POS 15/500 In Network \$15 Copay No Hospital Copay Out of Network \$500/1000 Deductible 70% to \$2000/\$4000 OOP | Referral | \$7/15/35 Covered only at participating pharmacies | Vytra Premium | 931.98 | 2589.32 | 931.98 | 1957.15 | 1789.66 | 2902.18 |
| 6 | POS 10/250 In Network \$10 Copay No Hospital Copay Out of Network \$250/500 Deductible 80% to \$1000/\$2000 OOP | Referral | \$5/10/35 Covered only at participating pharmacies | Vytra Premium | 1073.64 | 2982.91 | 1073.64 | 2254.64 | 2061.73 | 3343.31 |

Rates are subject to NYS Insurance Department Approval

The PPO Plans utilize the PHCS network providers ONLY OUTSIDE the 10 county service area which includes: Nassau, Suffolk, Brooklyn, Bronx, Queens, Manhattan, Staten Island, Westchester, Rockland and Orange counties.

THESE BENEFIT PLANS ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN HIP.