

**TRADITIONAL  
NEW BUSINESS RATES**

**4th QUARTER 2011**

DATED: 11/8/11

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

RATE SHEET	Monthly										
	Two Tier Rates						Monthly Four Tier Rates				
PLAN #	<b>EMBLEM HEALTH</b>										
	COPAY	Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY	
<b>COST SHARING</b>											
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 \$2,000/6,000 OOP	No Referral	\$15 Generic Only	National	362.26	1,053.43	362.26	866.43	675.62	1126.79
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 \$2,000/6,000 OOP	No Referral	\$10 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	440.72	1283.22	440.72	1057.70	819.98	1372.26
<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	532.74	1550.16	532.74	1278.61	990.25	1613.78
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 \$3,000/9,000 OOP 70th percentile UCR	No Referral	\$10 Generic, \$50 ded Brand \$25, Non Pref \$50	National			853.15	2047.56	1582.96	2650.77
<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	301.71	881.80	301.71	709.10	579.42	939.60
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	349.93	1022.72	349.93	822.42	672.02	1089.76

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.