



4th QUART

TRADITIONAL
NEW BUSINESS RATES

DATED: 10/31/11

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)	
COST SHARING										
1	EPO 30/50 1000A Select PESLT2253 \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$15 (Generic Only)	SELECT PRIME	382.29	1128.88	382.29	907.21	734.41	
2	EPO 30/50 1000B Select 56 PESLT2381 \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$50 Ded. \$20/30/50	SELECT PRIME	445.87	1318.61	445.87	1059.81	856.50	
3	PPO 30/50 1000 Select 57 PFSLT6186 <u>In Network</u> \$30 Copay, \$1000 ded. hospital based services 90% coin, \$1000 coin max. <u>Out of Network</u> \$1000/2000 Deductible 70% to \$3000/6000 coin max.	No Referral	\$50 Ded. \$20/30/50	SELECT PRIME	637.90	1891.64	637.90	1520.66	1225.25	
4	PPO 30/50 2000A Select 62 PFSLTA038 <u>In Network</u> \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$3,500 coin max. <u>Out of Network</u> \$2500/5000 Deductible 70% coins to \$4,000/8,000 coins max.	No Referral	Not Covered	SELECT PRIME	501.98	1486.04	501.98	1194.45	964.25	

Rates are subject to NYS Insurance Department Approval