

TRADITIONAL
RENEWAL RATES (existing groups)

4th QUARTER 2011

DATED: 8/24/11

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

RATE SHEET PLAN #	EMBLEM HEALTH (formerly GHI renewals)										
	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	
NON COST SHARING											
1	PPO 30/1000G (2 tier available for existing enrollees only) <u>In Network</u> \$30 Copay \$0 Copay Children \$500 Hospital Copay	No Referral	\$0 Generic \$100 Ded, Brand \$25, Non Pref \$50	National	1047.66	3043.30	1047.66	2514.35	1942.78	3149.07	
	<u>Out of Network</u> \$1000/3000 Annual Deductible 70% to \$3000/9000 OOP										
2	PPO 20/500 (2 tier available for existing enrollees only) <u>In Network</u> \$20 Copay \$0 Copay Children No Hospital Copay	No Referral	\$0/25/40	National	1602.56	4652.61	1602.56	3846.13	2969.37	4813.84	
	<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.