

RENEWAL RATES (existing groups)

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)	FAMILY
COST SHARING											
1*	EPO 30/50 1000A Select \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	PESLT2253D	No Referral	\$15 (Generic Only)	SELECT PRIME	382.29	1128.88	382.29	907.21	734.41	1192.09
2	EPO 30/50 1000 Select \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	PESLT2254	No Referral	\$20/30/50	SELECT PRIME	448.74	1327.17	448.74	1,066.70	862.01	1399.01
3*	EPO 30/50 1000B Select \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	56 PESLT2381	No Referral	\$50 Ded. \$20/30/50	SELECT PRIME	445.87	1318.61	445.87	1059.81	856.50	1390.08
4	EPO 25/1000 Select \$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	PESLT2051	No Referral	\$20/30/50	SELECT PRIME	481.14	1423.88	481.14	1144.46	924.23	1499.91
5	PPO 15/1000 Select In Network \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. Out of Network \$1000/2000 Deductible 80% to \$3,000/6,000 coin max.	PFSLT5026	No Referral	\$15/30/50	SELECT PRIME	720.23	2137.32	720.23	1718.26	1383.35	2244.40
6*	PPO 30/50 1000 Select In Network \$30 Copay, \$1000 ded. hospital based services 90% coin, \$1,000 coin max. Out of Network \$1000/2000 Deductible 70% to \$3,000/6,000 coin max.	57 PFSLT6186	No Referral	\$50 Ded. \$20/30/50	SELECT PRIME	637.90	1891.64	637.90	1520.66	1225.25	1988.05
7	PPO 30/50 2000 Select In Network \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$5,000 coin max. Out of Network \$4000/8000 Deductible 60% coins to \$10,000/20,000 coins max.	PFSLTB017	No Referral	Not Covered	SELECT PRIME			461.40	1097.04	886.30	1438.40
8*	PPO 30/50 2000A Select In Network \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$3,500 coin max. Out of Network \$2500/5000 Deductible 70% coins to \$4,000/8,000 coins max.	62 PFSLTA038	No Referral	Not Covered	SELECT PRIME	501.98	1486.04	501.98	1194.45	964.25	1564.80
HMO PLANS											
9	HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	PHSTD4057	Referral	\$50 Deductible \$20/\$30/\$50	PRIME	643.40	1787.56	643.40	1512.00	1235.53	2003.55

Rates are subject to NYS Insurance Department Approval

NOTES:

- 1) HIP members may renew in their existing plan ONLY or in those plans available for new business *.
- 2) New members to HIP from existing groups (coming from Atlantis) may renew into plans available for new business *.
- 3) Existing HIP members who want to make changes on renewal may only change into plans available for new business *.