

RELEASE DATE: 9/27/11 FOR NOVEMBER



TRADITIONAL

4th QUARTER 2011

RENEWAL RATES

DATED: 8/22/11

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

RATE SHEET PLAN #	ATLANTIS										
	COPAY		Referral No Ref	RX	Net Work	EMPLOYEE ONLY	FAMILY	Monthly Two Tier Rates		Monthly Four Tier Rates	
							EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY	
HMO PLANS											
1	HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay		No Referral	\$0 Generic Only	Atlantis	423.90	1087.30	423.90	847.80	852.46	1304.76
2	HMO 20A \$20 Copay \$500 Hospital Copay		No Referral	\$0 Generic Only	Atlantis	442.98	1136.24	442.98	885.96	890.83	1363.49
3	HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay		No Referral	\$0/30/50	Atlantis	461.70	1184.26	461.70	923.40	928.48	1421.11
4	HMO 20 \$20 Copay \$500 Hospital Copay		No Referral	\$20/30/40	Atlantis	472.54	1212.07	472.54	945.08	950.28	1454.48
5	HMO 25/40 Plus \$25 PCP / \$40 Specialist Copay No Hospital Copay		No Referral	\$0/30/50	Atlantis	525.28	1347.34	525.28	1050.56	1056.34	1616.81
6	HMO 20 Plus \$20 Copay No Hospital Copay		No Referral	\$20/30/40	Atlantis	540.06	1385.25	540.06	1080.12	1086.06	1662.30
POS PLANS											
7	POS 25/40 2000A In Network: \$25 PCP/\$40 Spec Copay, \$500 Hospital Copay Out of Network: \$2000/4000 Deductible, 70% to \$5,000/\$10,000 Max OOP		No Referral	\$0 Generic Only	Atlantis	493.94	1266.96	493.94	987.88	993.31	1520.35
8	POS 20/2000 In Network: \$20 Copay, \$500 Hospital Copay Out of Network: \$2000/4000 Deductible, 70% to \$5,000/\$10,000 Max OOP		No Referral	\$0 Generic Only	Atlantis	510.70	1309.95	510.70	1021.40	1027.02	1571.93
9	POS 25/40 2000 In Network: \$25 PCP/\$40 Spec Copay, \$500 Hospital Copay Out of Network: \$2000/4000 Deductible, 70% to \$5,000/\$10,000 Max OOP		No Referral	\$20/30/40	Atlantis	523.50	1342.78	523.50	1047.00	1052.76	1611.33
10	POS 20/1000 In Network: \$20 Copay, \$0 Hospital Copay Out of Network: \$1000/2500 Deductible, 70% to \$3,000/\$7,500 Max OOP		No Referral	\$0/30/50	Atlantis	644.15	1652.24	644.15	1288.30	1295.39	1982.69
11	POS 25/40 1000 Plus In Network: \$25 PCP/\$40 Spec Copay, \$0 Hospital Copay Out of Network: \$1000/2500 Deductible, 70% to \$3,000/\$7,500 Max OOP		No Referral	\$0/\$30/\$50	Atlantis	613.30	1573.11	613.30	1226.60	1233.35	1887.74
12	POS 20/500 In Network: \$20 Copay, \$0 Hospital Copay Out of Network: \$500/1250 Deductible, 70% to \$3,000/\$7,500 Max OOP		No Referral	\$20/30/40	Atlantis	705.76	1810.27	705.76	1411.52	1419.28	2172.33

Rates are subject to NYS Insurance Department Approval

NOTE: Atlantis POS plans are available for existing enrollees only.

The above rates include adjustments for Health Care Reform (PPACA).