

RENEWAL RATES (existing groups)

DATED: 8/24/11

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

RATE SHEET PLAN #	HIP	COPAY	Referral No Ref	RX	NET WORK	Monthly Two Tier Rates		Monthly Four Tier Rates			
						EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY
COST SHARING											
1	EPO 30/50 1000A Select PESLT2253D	\$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	1192.09
2	EPO 30/50 1000 Select PESLT2254	\$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$20/30/50	SELECT PRIME	448.74	1327.17	448.74	1,066.70	862.01	1399.01
3	EPO 25/1000 Select PESLT2051	\$25 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	481.14	1423.88	481.14	1144.46	924.23	1499.91
4	EPO 15/1000 Select PESLT2053	\$15 Copay, \$1000 ded. hospital based services. 90% coin, \$500 coin max.	No Referral	\$20/30/50	SELECT PRIME	501.63	1485.02	501.63	1193.64	963.58	1563.69
5*	PPO 15/1000 Select PFSLT5026	In Network \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. Out of Network \$1000/2000 Deductible 80% to \$3000/6000 coin max.	No Referral	\$15/30/50	SELECT PRIME	720.23	2137.32	720.23	1718.26	1383.35	2244.40
6	PPO 30/50 2000 Select** PFSLTB017	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.	No Referral	Not Covered	SELECT PRIME			461.40	1097.04	886.30	1438.40
HMO PLANS											
7*	HMO 25/40A PHSTD4057	\$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	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

- * THE 2 PLANS ABOVE WITH AN * ARE ONLY AVAILABLE FOR GROUPS WHO CURRENTLY HAVE EMPLOYEES ENROLLED IN
- ** Replacement plan for SmartStart enrollees.
- *** Existing accounts who wish to change plan options will only be allowed to change into plan options available for new sales w are Plans 1,2,3,5,& 6 unless you choose a different insurer.