

RELEASE DATE: 11/17/11



1st QUARTER 2012

**CONSUMER DRIVEN
RENEWAL RATES**

DATED: 11/16/11

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

SHEET PLAN #	Easy Choice Health Plan of NY				MONTHLY 4 TIER RATES				
	COPAY	Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY	
1	POS 20/2000 HRA Option #1								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$0 Generic Only	Atlantis	522.76	1045.52	1051.27	1609.06
2	POS 20/2000 HRA Option #2								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$250 Deductible \$7/30/50	Atlantis	542.38	1084.76	1090.73	1669.45
3	POS 20/2000 HRA Option #3								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$100 Deductible \$7/30/50	Atlantis	551.45	1102.90	1108.97	1697.36
4	POS 20/2000 HRA Option #4								
	<u>In Network</u> Copay \$20 Hospital Copay \$500	<u>Out of Network</u> Deductible \$2,000/\$4,000 70% to \$5,000/\$10,000 OOP	No Referral	\$7/30/50	Atlantis	559.89	1119.78	1125.94	1723.34

Note:

The Rates contained in this document have been filed with the NYS Insurance Department but have not received final approval and therefore are subject to change.

Easy Choice POS Rates are available for Renewals Only.

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

**CONSUMER DRIVEN
RENEWAL RATES**

DATED: 11/15/2011

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

RATE SHEET PLAN #	EMBLEM HEALTH				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
HSA HIGH DEDUCTIBLE EPO PLANS										
1	EPO 3000 80% INDEXED* (PLAN REPLACES EPO 3000 100% at renewal)									
	<u>In Network</u> Deductible \$3,000/\$5,950 80%	No Referral	\$15 Generic \$35 Brand/\$75 Non Pref after Deductible	National	417.56	1,210.92	417.56	1002.14	772.49	1,294.44
2	EPO 5800 100% INDEXED*									
	<u>In Network</u> Deductible \$5,800/\$11,600 100%	No Referral	Covered in full after deductible	National	291.37	844.96	291.37	699.29	539.03	874.10
3	PPO 3000/6000 80/60									
	<u>In Network</u> Deductible \$3,000/\$5,950 100%	No Referral	\$10 Generic \$35 Brand/\$75 Non Pref after Deductible	National	492.64	1,428.64	492.64	1182.31	911.37	1,527.18

Rates are subject to NYS Insurance Department Approval.

NOTES:

* **INDEXED** - deductible and out of pocket max will increase in January according to IRS guidelines.