

**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.