

RELEASE DATE: 1/5/12



TRADITIONAL

1st QUARTER 2012

RENEWAL RATES

DATED: 11/17/11

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

RATE SHEET PLAN #	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
Easy Choice Health Plan of NY										
HMO PLANS										
1	HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	\$0 Generic Only	EasyChoice	433.94	1113.06	433.94	867.88	872.65	1335.67
2	HMO 20A \$20 Copay \$500 Hospital Copay	No Referral	\$0 Generic Only	EasyChoice	453.47	1163.15	453.47	906.94	911.93	1395.78
3	HMO 25/40 \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	No Referral	\$0/30/50	EasyChoice	472.64	1212.32	472.64	945.28	950.48	1454.79
4	HMO 20 \$20 Copay \$500 Hospital Copay	No Referral	\$20/30/40	EasyChoice	483.74	1240.79	483.74	967.48	972.80	1488.95
5	HMO 25/40 Plus \$25 PCP / \$40 Specialist Copay No Hospital Copay	No Referral	\$0/30/50	EasyChoice	537.74	1379.30	537.74	1075.48	1081.40	1655.16
6	HMO 20 Plus \$20 Copay No Hospital Copay	No Referral	\$20/30/40	EasyChoice	552.88	1418.14	552.88	1105.76	1111.84	1701.78
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	EasyChoice	505.59	1296.84	505.59	1011.18	1016.74	1556.21
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	EasyChoice	522.76	1340.88	522.76	1045.52	1051.27	1609.06
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	EasyChoice	535.86	1374.48	535.86	1071.72	1077.61	1649.38
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	EasyChoice	659.40	1691.36	659.40	1318.80	1326.05	2029.63
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	EasyChoice	627.81	1610.33	627.81	1255.62	1262.53	1932.40
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	EasyChoice	722.49	1853.19	722.49	1444.98	1452.93	2223.82

Rates are subject to NYS Insurance Department Approval

NOTE: Easy Choice POS plans are available for existing enrollees only.

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

DATED: 1/5/12

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RATE SHEET	Monthly										
	Two Tier Rates					Monthly Four Tier Rates					
PLAN #	EMBLEM HEALTH		Referral No Ref	RX	NET WORK	EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY
	COPAY										
COST SHARING											
1*	CS EPO 40/2500/80		No Referral	\$15 Generic Only	National	376.10	1,093.57	376.10	899.65	701.23	1169.70
	\$40 Copay \$0 Copay Children \$200 ER Copay	\$2,500/7,500 Annual Deductible for hospital based services with 80% to \$2,000/6,000 OOP									
2*	CS EPO 40/2500/80 A		No Referral	\$10 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	458.31	1334.22	458.31	1099.94	852.52	1426.78
	\$40 Copay \$0 Copay Children \$200 ER Copay	\$2,500/7,500 Annual Deductible for hospital based services with 80% to \$2,000/6,000 OOP									
3	CS EPO 40/1000A		No Referral	None	National	402.23	1171.62	402.23	965.39	748.78	1212.82
	\$40 Copay \$0 Copay Children \$100 ER Copay	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP									
4	CS EPO 40/1000C		No Referral	\$0 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	463.93	1,350.48	463.93	1,113.41	862.87	1397.87
	\$40 Copay \$0 Copay Children \$100 ER Copay	\$1000/3000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP									
5	CS EPO 40/2000B		No Referral	\$0 Generic, \$50 ded Brand \$30, Non Pref \$50 \$3,000 threshold; 50% thereafter Mail Order Unlimited	National	456.39	1328.65	456.39	1095.35	848.97	1375.30
	\$40 Copay \$0 Copay Children \$100 ER Copay	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP									
6	CS EPO 40/2000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	491.62	1430.75	491.62	1179.84	914.12	1480.94
	\$40 Copay \$0 Copay Children \$100 ER Copay	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP									
7	CS EPO 40/2000A		No Referral	\$15 GENERIC ONLY	National	357.64	1040.03	357.64	885.36	667.09	1078.34
	\$40 Copay \$0 Copay Children \$100 ER Copay	\$2000/6000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP									
8	CS EPO 40/1000		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	551.38	1604.08	551.38	1323.29	1024.67	1660.21
	\$40 Copay \$0 Copay Children \$100 ER Copay	\$1000/3000 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP									
9	CS EPO 40/1000B		No Referral	\$15 GENERIC ONLY	National	391.80	1139.06	391.80	937.32	730.23	1180.77
	\$40 Copay \$0 Copay Children \$100 ER Copay	\$1000/3000 Annual Deductible for hospital based services with 80% to \$3,000/9,000 OOP									
10	CS EPO 30/500		No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	598.93	1741.90	598.93	1437.34	1112.60	1802.81
	\$30 Copay \$0 Copay Children \$100 ER Copay	\$500/1500 Annual Deductible for hospital based services with 90% to \$500/1,500 OOP									

RENEWAL RATES (continued)

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
NON COST SHARING										
11	EPO 40/1000 \$40 Copay \$0 Copay Children \$100 ER Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	588.26	1711.09	588.26	1411.79	1092.92	1770.91
12	EPO 40/1000A \$40 Copay \$0 Copay Children \$100 ER Copay	No Referral	\$15 GENERIC ONLY	National	454.28	1320.37	454.28	1087.31	845.89	1368.31
13	EPO 40/1000B \$40 Copay \$0 Copay Children \$100 ER Copay	No Referral	\$0 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	526.41	1531.79	526.41	1263.40	978.53	1585.41
14*	EPO 40/1000/750 \$40 Copay \$0 Copay Children \$100 ER	No Referral	\$10 Generic, \$50 ded Brand \$30, Non Pref \$50 \$1,000 threshold; 50% thereafter Mail Order Unlimited	National	536.49	1561.02	536.49	1287.60	997.18	1625.39
15*	PPO 40/500/5000 <u>In Network</u> \$40 Copay \$0 Copay Children \$500x3 Hosp Copay; \$300 Ambulatory	No Referral	<u>Out of Network</u> \$5,000/15,000 Annual Deductible 70% to \$3,000/9,000 OOP 140% of RBRVS**	National			887.24	2129.37	1646.02	2756.43
16	EPO 30/1000 \$30 Copay \$0 Copay Children \$100 ER Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	630.97	1834.91	630.97	1514.28	1171.92	1899.03
17	EPO 30/500 \$30 Copay \$0 Copay Children \$100 ER Copay	No Referral	\$0 Generic Brand \$30, Non Pref \$50	National	683.45	1987.11	683.45	1640.22	1268.98	2056.45

RENEWAL RATES (continued)

RATE SHEET	EMBLEM HEALTH										
	COPAY		Referral No Ref	RX	NET WORK	Monthly Two Tier Rates		Monthly Four Tier Rates			
PLAN #					EMPLOYEE ONLY	FAMILY	EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(ren)	FAMILY	
	HMO- COMPREHEALTH										
18*	HMO-30/50/1000 \$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$1000 Hospital Copay \$150 ER / \$75 Ambulatory	Referral	\$15 Generic Only	Comprehealth	316.92	926.15	316.92	744.83	608.58	986.89
19*	HMO-30/50/1000A \$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$1000 Hospital Copay \$150 ER / \$75 Ambulatory	Referral	\$15 Generic \$35 Brand, \$75 Non Pref \$100 Brand Deductible	Comprehealth	366.59	1071.30	366.59	861.93	703.96	1141.56
20	HMO-30/50/500 \$30 PCP / \$50 Specialist Copay \$0 Copay Children	\$500 Hospital Copay \$100 ER / \$75 Ambulatory	Referral	\$15 Generic Only	Comprehealth	352.24	1029.37	352.24	827.83	676.40	1096.87
21	HMO-25/40/500A \$25 PCP / \$40 Specialist Copay \$0 Copay Children	\$500 Hospital Copay \$100 ER / \$50 Ambulatory	Referral	\$25 Generic/\$35 Brand	Comprehealth	400.91	1171.58	400.91	942.33	769.88	1248.44
22	HMO-25/40/500 \$25 PCP / \$40 Specialist Copay \$0 Copay Children	\$500 Hospital Copay \$100 ER / \$50 Ambulatory	Referral	\$0 Generic \$30 Brand, \$50 Non Pref	Comprehealth	484.20	1414.99	484.20	1138.69	929.82	1507.80

Rates are subject to NYS Insurance Department approval.

NOTES:

- 1) EH members may renew into their existing plan if available.
- 2) Existing EH members who want to make changes at renewal may ONLY change into their groups other existing plans or plans that are available for new business *.
- 3) New members to EH from existing groups (coming from Easy Choice) may enroll in any of their groups existing plan(s) or plans that are available for new business*.
- 4) NY Metro (Comprehealth) is a limited network
- 5) Any changes to plan offerings must be in compliance with Emblem Small Group Underwriting Guidelines.

* Denotes plans available for New Business

** RBRVS (Resource-Based Relative Value Scale)

RENEWAL RATES (existing groups)

DATED: 11/16/11

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.	PESLT2253	No Referral	\$15 (Generic Only)	SELECT PRIME	384.41	1135.20	384.41	912.29	738.44	1198.67
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	451.26	1334.68	451.26	1,072.73	866.81	1406.84
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	448.38	1326.09	448.38	1065.82	861.29	1397.87
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	483.87	1431.97	483.87	1150.97	929.42	1508.37
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	724.38	2149.68	724.38	1728.20	1391.27	2257.33
6*	PPO 30/50 1000D 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	641.56	1902.54	641.56	1529.45	1232.24	1999.43
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	464.01	1372.73	464.01	1103.34	891.31	1446.55
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	504.82	1494.52	504.82	1201.28	969.67	1573.64
HMO PLANS											
9	HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay	PHSTD4057	Referral	\$50 Deductible \$20/\$30/\$50	PRIME	645.43	1793.20	645.43	1516.76	1239.42	2009.87

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NOTES:

- HIP members may renew into their existing plan if available.
- Existing HIP members who want to make changes at renewal may ONLY change into their groups other existing plans or plans that are available for new business *.
- New members to HIP from existing groups (coming from Easy Choice) may enroll in any of their groups existing plan(s) or plans that are available for new business *.
- Any changes to plan offerings must be in compliance with HIP Small Group Underwriting Guidelines.

* Denotes plans available for New Business