

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).