

**RENEWAL RATES (existing groups)**

DATED: 11/16/11

Please visit our web site, [www.LIAHealthAlliance.com](http://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
<b>COST SHARING</b>											
1*	<b>EPO 30/50 1000A Select</b> \$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	<b>EPO 30/50 1000 Select</b> \$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*	<b>EPO 30/50 1000B Select</b> \$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	<b>EPO 25/1000 Select</b> \$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	<b>PPO 15/1000 Select</b> <b>In Network</b> \$15 Copay, \$1000 ded. hospital based services 90% coin, \$500 coin max. <b>Out of Network</b> \$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*	<b>PPO 30/50 1000D Select</b> <b>In Network</b> \$30 Copay, \$1000 ded. hospital based services 90% coin, \$1,000 coin max. <b>Out of Network</b> \$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	<b>PPO 30/50 2000 Select</b> <b>In Network</b> \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$5,000 coin max. <b>Out of Network</b> \$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*	<b>PPO 30/50 2000A Select</b> <b>In Network</b> \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$3,500 coin max. <b>Out of Network</b> \$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
<b>HMO PLANS</b>											
9	<b>HMO 25/40A</b> \$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

Rates are subject to NYS Insurance Department Approval

**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