

RELEASE DATE: 1/5/12



**TRADITIONAL
NEW BUSINESS RATES**

1st QUARTER 2012

DATED: 11/17/11

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

| RATE SHEET PLAN # | Easy Choice Health Plan of NY | | | | | | | | | |
|-------------------|---|-----------------|-------------|------------|---------------|---------|---------------|------------------|----------------------|---------|
| | COPAY | Referral No Ref | RX | Net Work | EMPLOYEE ONLY | FAMILY | EMPLOYEE ONLY | EMPLOYEE +SPOUSE | EMPLOYEE +CHILD(ren) | FAMILY |
| HMO PLANS | | | | | | | | | | |
| 1 | HMO 25/40A \$25 PCP / \$40 Specialist Copay \$500 Hospital Copay | No Referral | \$0 Generic | 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 | 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 |

Rates are subject to NYS Insurance Department approval.