

**TRADITIONAL
NEW BUSINESS 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 #	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 PESLT2253 \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$15 (Generic Only)	SELECT PRIME	384.41	1135.20	384.41	912.29	738.44	1198.67	
2	EPO 30/50 1000B Select 56 PESLT2381 \$30 PCP / \$50 Specialist Copay, \$1000 ded. hospital based services. 90% coin, \$1000 coin max.	No Referral	\$50 Ded. \$20/30/50	SELECT PRIME	448.38	1326.09	448.38	1065.82	861.29	1397.87	
3	PPO 30/50 1000D Select 57 PFSLT6186 <u>In Network</u> \$30 Copay, \$1000 ded. hospital based services 90% coin, \$1000 coin max. <u>Out of Network</u> \$1000/2000 Deductible 70% to \$3000/6000 coin max.	No Referral	\$50 Ded. \$20/30/50	SELECT PRIME	641.56	1902.54	641.56	1529.45	1232.24	1999.43	
4	PPO 30/50 2000A Select 62 PFSLTA038 <u>In Network</u> \$30 PCP/\$50 Specialist Copay, \$2000 ded hospital based services 80% coin, \$3,500 coin max. <u>Out of Network</u> \$2500/5000 Deductible 70% coins to \$4,000/8,000 coins max.	No Referral	Not Covered	SELECT PRIME	504.82	1494.52	504.82	1201.28	969.67	1573.64	

Rates are subject to NYS Insurance Department Approval