

Health Insurance Plan of Greater New York
New York City
Rates Effective 1/1/2014

Metal Level	Standard Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	Current Rates	Proposed Rates	\$ Change	% Change
						2013	2014	2014 / 2013	2014 / 2013
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind	\$0.00	\$554.22	\$554.22	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind + Sp	\$0.00	\$1,108.44	\$1,108.44	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Parent + Chld(rn)	\$0.00	\$942.17	\$942.17	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Family	\$0.00	\$1,579.53	\$1,579.53	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Child Only	\$0.00	\$228.34	\$228.34	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind	\$0.00	\$570.85	\$570.85	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind + Sp	\$0.00	\$1,141.70	\$1,141.70	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Parent + Chld(rn)	\$0.00	\$970.45	\$970.45	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Family	\$0.00	\$1,626.92	\$1,626.92	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Ind	\$0.00	\$473.70	\$473.70	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Ind + Sp	\$0.00	\$947.40	\$947.40	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Parent + Chld(rn)	\$0.00	\$805.29	\$805.29	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Family	\$0.00	\$1,350.05	\$1,350.05	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Child Only	\$0.00	\$195.16	\$195.16	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Ind	\$0.00	\$487.91	\$487.91	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Ind + Sp	\$0.00	\$975.82	\$975.82	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Parent + Chld(rn)	\$0.00	\$829.45	\$829.45	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Family	\$0.00	\$1,390.54	\$1,390.54	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Ind	\$0.00	\$385.31	\$385.31	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Ind + Sp	\$0.00	\$770.62	\$770.62	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Parent + Chld(rn)	\$0.00	\$655.03	\$655.03	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Family	\$0.00	\$1,098.13	\$1,098.13	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Child Only	\$0.00	\$158.75	\$158.75	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Ind	\$0.00	\$396.87	\$396.87	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Ind + Sp	\$0.00	\$793.74	\$793.74	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Parent + Chld(rn)	\$0.00	\$674.68	\$674.68	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Family	\$0.00	\$1,131.08	\$1,131.08	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind	\$0.00	\$332.89	\$332.89	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind + Sp	\$0.00	\$665.78	\$665.78	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Parent + Chld(rn)	\$0.00	\$565.91	\$565.91	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Family	\$0.00	\$948.74	\$948.74	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Child Only	\$0.00	\$137.15	\$137.15	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind	\$0.00	\$342.88	\$342.88	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind + Sp	\$0.00	\$685.76	\$685.76	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Parent + Chld(rn)	\$0.00	\$582.90	\$582.90	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Family	\$0.00	\$977.21	\$977.21	N/A

Health Insurance Plan of Greater New York

Long Island

Rates Effective 1/1/2014

Metal Level	Standard Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	Current Rates	Proposed Rates	\$ Change	% Change
						2013	2014	2014 / 2013	2014 / 2013
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind	\$0.00	\$629.85	\$629.85	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind + Sp	\$0.00	\$1,259.70	\$1,259.70	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,070.75	\$1,070.75	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Family	\$0.00	\$1,795.07	\$1,795.07	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Child Only	\$0.00	\$259.50	\$259.50	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind	\$0.00	\$648.75	\$648.75	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind + Sp	\$0.00	\$1,297.50	\$1,297.50	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,102.88	\$1,102.88	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Family	\$0.00	\$1,848.94	\$1,848.94	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Ind	\$0.00	\$538.34	\$538.34	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Ind + Sp	\$0.00	\$1,076.68	\$1,076.68	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Parent + Chld(rn)	\$0.00	\$915.18	\$915.18	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Family	\$0.00	\$1,534.27	\$1,534.27	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Child Only	\$0.00	\$221.80	\$221.80	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Ind	\$0.00	\$554.49	\$554.49	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Ind + Sp	\$0.00	\$1,108.98	\$1,108.98	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Parent + Chld(rn)	\$0.00	\$942.63	\$942.63	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Family	\$0.00	\$1,580.30	\$1,580.30	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Ind	\$0.00	\$437.89	\$437.89	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Ind + Sp	\$0.00	\$875.78	\$875.78	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Parent + Chld(rn)	\$0.00	\$744.41	\$744.41	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Family	\$0.00	\$1,247.99	\$1,247.99	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Child Only	\$0.00	\$180.41	\$180.41	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Ind	\$0.00	\$451.03	\$451.03	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Ind + Sp	\$0.00	\$902.06	\$902.06	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Parent + Chld(rn)	\$0.00	\$766.75	\$766.75	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Family	\$0.00	\$1,285.44	\$1,285.44	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind	\$0.00	\$378.31	\$378.31	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind + Sp	\$0.00	\$756.62	\$756.62	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Parent + Chld(rn)	\$0.00	\$643.13	\$643.13	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Family	\$0.00	\$1,078.18	\$1,078.18	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Child Only	\$0.00	\$155.86	\$155.86	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind	\$0.00	\$389.66	\$389.66	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind + Sp	\$0.00	\$779.32	\$779.32	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Parent + Chld(rn)	\$0.00	\$662.42	\$662.42	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Family	\$0.00	\$1,110.53	\$1,110.53	N/A

Health Insurance Plan of Greater New York
 Mid-Hudson
 Rates Effective 1/1/2014

						Current Rates	Proposed Rates	\$ Change	% Change
Metal Level	Standard Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2013	2014	2014 / 2013	2014 / 2013
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind	\$0.00	\$554.22	\$554.22	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind + Sp	\$0.00	\$1,108.44	\$1,108.44	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Parent + Chld(rn)	\$0.00	\$942.17	\$942.17	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Family	\$0.00	\$1,579.53	\$1,579.53	N/A
Platinum	Standard	EmblemHealth Select Care Platinum ^d	Off	0.881	Child Only	\$0.00	\$228.34	\$228.34	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind	\$0.00	\$570.85	\$570.85	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Ind + Sp	\$0.00	\$1,141.70	\$1,141.70	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Parent + Chld(rn)	\$0.00	\$970.45	\$970.45	N/A
Platinum	Age 29	EmblemHealth Select Care Platinum ^d	Off	0.881	Family	\$0.00	\$1,626.92	\$1,626.92	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Ind	\$0.00	\$473.70	\$473.70	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Ind + Sp	\$0.00	\$947.40	\$947.40	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Parent + Chld(rn)	\$0.00	\$805.29	\$805.29	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Family	\$0.00	\$1,350.05	\$1,350.05	N/A
Gold	Standard	EmblemHealth Select Care Gold ^d	Off	0.817	Child Only	\$0.00	\$195.16	\$195.16	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Ind	\$0.00	\$487.91	\$487.91	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Ind + Sp	\$0.00	\$975.82	\$975.82	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Parent + Chld(rn)	\$0.00	\$829.45	\$829.45	N/A
Gold	Age 29	EmblemHealth Select Care Gold ^d	Off	0.817	Family	\$0.00	\$1,390.54	\$1,390.54	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Ind	\$0.00	\$385.31	\$385.31	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Ind + Sp	\$0.00	\$770.62	\$770.62	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Parent + Chld(rn)	\$0.00	\$655.03	\$655.03	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Family	\$0.00	\$1,098.13	\$1,098.13	N/A
Silver	Standard	EmblemHealth Select Care Silver ^d	Off	0.707	Child Only	\$0.00	\$158.75	\$158.75	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Ind	\$0.00	\$396.87	\$396.87	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Ind + Sp	\$0.00	\$793.74	\$793.74	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Parent + Chld(rn)	\$0.00	\$674.68	\$674.68	N/A
Silver	Age 29	EmblemHealth Select Care Silver ^d	Off	0.707	Family	\$0.00	\$1,131.08	\$1,131.08	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind	\$0.00	\$332.89	\$332.89	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind + Sp	\$0.00	\$665.78	\$665.78	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Parent + Chld(rn)	\$0.00	\$565.91	\$565.91	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Family	\$0.00	\$948.74	\$948.74	N/A
Bronze	Standard	EmblemHealth Select Care Bronze ^d	Off	0.620	Child Only	\$0.00	\$137.15	\$137.15	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind	\$0.00	\$342.88	\$342.88	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Ind + Sp	\$0.00	\$685.76	\$685.76	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Parent + Chld(rn)	\$0.00	\$582.90	\$582.90	N/A
Bronze	Age 29	EmblemHealth Select Care Bronze ^d	Off	0.620	Family	\$0.00	\$977.21	\$977.21	N/A

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Riders**

Rider Type	Additional Cost
Domestic Partner Rider	\$0.00

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Form Name and Number**

Form Name	Form Number
Contract	155-23-IOFFHIXCONTRACT (04/13)
Young adults through age 29 rider	155-23-HIX29 (04/13)
Domestic Partner Rider	155-23-HIXDP (04/13)
Out-of-network coverage rider	155-23-HIXOON (04/13)
Bronze Schedule of Benefits	155-23-IOFFHIXBSchedule (04/13)
Gold Schedule of Benefits	155-23-IOFFHIXGSchedule (04/13)
Silver Schedule of Benefits	155-23-IOFFHIXSSchedule (04/13)
Platinum Schedule of Benefits	155-23-IOFFHIXPSchedule (04/13)

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Region and Area Factors**

<u>County</u>	<u>Region</u>	<u>Area Factor</u>
Bronx	New York City	0.9556
Kings	New York City	0.9556
New York	New York City	0.9556
Queens	New York City	0.9556
Richmond	New York City	0.9556
Rockland	New York City	0.9556
Westchester	New York City	0.9556
Nassau	Long Island	1.0860
Suffolk	Long Island	1.0860
Orange	Mid-Hudson	0.9556

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Expected Loss Ratios**

EmblemHealth Individual on Off Exchange Expected Loss 89.27%

**Health Insurance Plan of Greater New York
Individual Off Exchange Products**

TYPE OF SERVICE	Select Care DP POS (AV = 0.881)	Select Care Gold ^d (AV = 0.81.7)	Select Care Silver ^d (AV = 0.707)	Select Care Bronze ^d (AV = 0.62)
DEDUCTIBLE (single/family)	\$0/\$0	\$0/\$0	\$ 2000/ \$4000 (Medical only)	\$ 3000/ \$6000 (Med & RX)
MAXIMUM OUT OF POCKET LIMIT (Med/Hosp/Vision/Rx) (single/family)	\$ 2000/ \$4000	\$ 4000/ \$8000	\$ 5500/ \$11000	\$ 6350/ \$ 12700
Includes the deductible				
COST SHARING - MEDICAL SERVICES				
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,500 per admission	\$1,500 per admission	50% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$150	\$100	50% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	Covered in Full	\$100	50% cost sharing
PCP	\$15	\$40	\$30	50% cost sharing
Specialist	\$35	\$60	\$50	50% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$60	\$30	50% cost sharing
ER	\$100	\$200	\$150	50% cost sharing
Ambulance	\$100	\$100	\$150	50% cost sharing
Urgent Care	\$55	\$60	\$70	50% cost sharing
DME/Medical supplies	10% cost sharing	10% cost sharing	30% cost sharing	50% cost sharing
Hearing aids	10% cost sharing	10% cost sharing	30% cost sharing	50% cost sharing
Eyewear	10% cost sharing	10% cost sharing	30% cost sharing	50% cost sharing
INPATIENT HOSPITAL SERVICES				
Observation stay		ER copay per case		50% cost sharing
Hospital services - non-maternity		Inpatient Facility copay per admission #		50% cost sharing
Maternity care stay (covers mother and well newborn combined)		Inpatient Facility copay per admission #		50% cost sharing
Mental health/Behavioral health care		Inpatient Facility copay per admission #		50% cost sharing
Detoxification		Inpatient Facility copay per admission #		50% cost sharing
Substance abuse disorder services		Inpatient Facility copay per admission #		50% cost sharing
Skilled nursing facility		Inpatient Facility copay per admission #		50% cost sharing
		Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility		
Hospice (inpatient)		Inpatient Facility copay per admission #		50% cost sharing
		Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility		
EMERGENCY MEDICAL SERVICES				
Facility charge - Emergency Room		ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay) directly from the emergency room		50% cost sharing
Physician charge - Emergency Room visit		\$0 copay per visit		50% cost sharing
Facility charge - Freestanding urgent care center		Urgent Care copay per visit		50% cost sharing
Physician charge - Free standing urgent care center visit		\$0 copay per visit		50% cost sharing
Prehospital emergency services/ transportation, includes air ambulance		Ambulance copay per case		50% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES				
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters		Outpatient Facility-Surgery copay per case		50% cost sharing
Pre-admission/pre-operative testing		\$0 copay		50% cost sharing
Diagnostic and routine laboratory and pathology		Specialist copay per visit		50% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI		Specialist copay per visit		50% cost sharing
Imaging: CAT/PET scans, MRI		Specialist copay		50% cost sharing
Chemotherapy		PCP copay per visit		50% cost sharing
Radiation therapy		PCP copay per visit		50% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		50% cost sharing

**Health Insurance Plan of Greater New York
Individual Off Exchange Products**

TYPE OF SERVICE	Select Care DP POS (AV = 0.881)	Select Care Gold ^d (AV = 0.81.7)	Select Care Silver ^d (AV = 0.707)	Select Care Bronze ^d (AV = 0.62)
Mental health/Behavioral health care		PCP copay per visit		50% cost sharing
Substance abuse disorder services		PCP copay per visit		50% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative		PT/OT/ST copay per visit		50% cost sharing
Home care		PCP copay per visit		50% cost sharing
Hospice		PCP copay per visit		50% cost sharing

PREVENTIVE & PRIMARY CARE SERVICES

Allergy testing	or preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies.		
Bone density testing	Otherwise the cost sharing indicated below applies to all services in this benefit service category.		
Cervical cytology			
Colonoscopy screening			
Gynecological exams	PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Immunizations			
Mammography			
Prenatal maternity care			
Prostate cancer screening			
Routine exams			
Women's preventive health services			

PHYSICIAN/PROFESSIONAL SERVICES

Inpatient hospital surgery - surgeon	Surgeon copay per case		50% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case		50% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies		50% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit		50% cost sharing
Additional surgical opinion	Specialist copay per visit		50% cost sharing
Second medical opinion for cancer	Specialist copay per visit		50% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)		50% cost sharing
In-hospital physician visits	\$0 copay per visit		50% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit		50% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit		50% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit		50% cost sharing
Allergy shots	PCP/Specialist copay per visit		50% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Mental health/Behavioral health care	PCP copay per visit		50% cost sharing
Substance abuse disorder services	PCP copay per visit		50% cost sharing
Chemotherapy	PCP copay per visit		50% cost sharing
Radiation therapy	PCP copay per visit		50% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit		50% cost sharing
Chiropractic care	Specialist copay per visit		50% cost sharing

ADDITIONAL BENEFITS/SERVICES

ABA treatment for Autism Specturm Disorder	PCP copay per visit		50% cost sharing
	PCP copay per device		50% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder			
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies		50% cost sharing
Hearing evaluations/testing	Specialist copay per visit		50% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies		50% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply		50% cost sharing
Diabetic education and self-management	PCP copay per visit		50% cost sharing
Home care	PCP copay per visit		50% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.		

**Health Insurance Plan of Greater New York
Individual Off Exchange Products**

TYPE OF SERVICE	Select Care DP POS (AV = 0.881)	Select Care Gold ^d (AV = 0.81.7)	Select Care Silver ^d (AV = 0.707)	Select Care Bronze ^d (AV = 0.62)
PEDIATRIC VISION SERVICES				
Eye exam visit		PCP copay per visit		50% cost sharing
Prescribed lenses and frames		Eyewear coinsurance cost sharing applies to combined cost of lenses and frames		50% cost sharing
Contact lenses		Eyewear coinsurance cost sharing applies		50% cost sharing

PEDIATRIC DENTAL SERVICES **Not Covered**

PRESCRIPTION DRUGS

				\$ 3000/ \$6000 (Med & RX)
Deductible	\$0	\$0	\$0	
Generic or Tier 1	\$10	\$15	\$10	\$10
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70

Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply

OONET Benefit

OON: Ind/Fam Deductible (Med/Hosp/Vision) (single/family)	3,000/6,000	N/A	N/A	N/A
Coinsurance	30%	N/A	N/A	N/A
OON: Ind/Fam Maximum OOP (incl. Ded.) (single/family)	9,000/ 18,000	N/A	N/A	N/A
		N/A	N/A	N/A

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Underwriting Guidelines**

Family verification

- EmblemHealth will request a Federal 1040 form and/or a marriage certificate to verify the marriage of two individuals with different last names. In addition, EmblemHealth will require a birth certificate and/or Federal 1040 Form as proof that a dependent is eligible for coverage if the dependent has a last name different from the subscriber.

Domestic Partners

Domestic partner coverage is available with EmblemHealth.

- A domestic partner will be treated as a dependent.
- Eligible dependents of the domestic partner may be added.
- Domestic partners are not recognized by the IRS and may not receive tax benefits afforded to non-domestic partners (e.g., Health Savings Accounts).
- Domestic partners must submit the following form to EmblemHealth. This form must be notarized.

EmblemHealth's Declaration of Cohabitation & Financial Interdependence Form (DCFIF). In addition, the partners must also provide three documents showing a similar residence and financial interdependence. The specific list of acceptable documents is shown on the Declaration of Cohabitation & Financial Interdependence Form.

High Deductible Health Plans

- The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product.
- EmblemHealth will require a signed statement that the deductible is not being funded by the employer or any other first dollar coverage plan.

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Commission Schedule and Fees**

HIP Individual on Off Exchange Commission	0% of premium
HIP Individual on Off Exchange General Agent	\$0.00

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Effective January 1, 2014-December 31, 2014**

Contents

Page #

Premium Rates New York City Region	1
Premium Rates Long Island Region	2
Premium Rates Mid Hudson Region	3
Form Numbers	4
Regions and area factors	5
Expected Loss Ratios	6
Benefit Summary	7-9
Underwriting Guidelines	10
Commission Schedule	11
Contents	12