

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 DP POS	Off	0.881	Ind	\$0.00	\$601.70	\$601.70	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,203.40	\$1,203.40	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,022.89	\$1,022.89	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Family	\$0.00	\$1,714.85	\$1,714.85	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Ind	\$0.00	\$619.75	\$619.75	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,239.50	\$1,239.50	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,053.58	\$1,053.58	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Family	\$0.00	\$1,766.29	\$1,766.29	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 DP POS	Off	0.881	Ind	\$0.00	\$683.81	\$683.81	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,367.62	\$1,367.62	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,162.48	\$1,162.48	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Family	\$0.00	\$1,948.86	\$1,948.86	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Ind	\$0.00	\$704.32	\$704.32	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,408.64	\$1,408.64	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,197.34	\$1,197.34	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Family	\$0.00	\$2,007.31	\$2,007.31	N/A

Health Insurance Plan of Greater New York

Mid-Hudson

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 DP POS	Off	0.881	Ind	\$0.00	\$601.70	\$601.70	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,203.40	\$1,203.40	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,022.89	\$1,022.89	N/A
Platinum	Standard	EmblemHealth Select Care DP POS	Off	0.881	Family	\$0.00	\$1,714.85	\$1,714.85	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Ind	\$0.00	\$619.75	\$619.75	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,239.50	\$1,239.50	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,053.58	\$1,053.58	N/A
Platinum	Age 29	EmblemHealth Select Care DP POS	Off	0.881	Family	\$0.00	\$1,766.29	\$1,766.29	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)
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)
DEDUCTIBLE (single/family)	\$0/\$0
MAXIMUM OUT OF POCKET LIMIT (Med/Hosp/Vision/Rx) (single/family)	\$ 2000/ \$4000
Includes the deductible	
COST SHARING - MEDICAL SERVICES	
Inpatient Facility/SNF/Hospice	\$500 per admission
Outpatient Facility-Surgery, including freestanding surgicenters	\$100
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100
PCP	\$15
Specialist	\$35
PT/OT/ST - rehabilitative & habilitative therapies	\$25
ER	\$100
Ambulance	\$100
Urgent Care	\$55
DME/Medical supplies	10% cost sharing
Hearing aids	10% cost sharing
Eyewear	10% cost sharing
INPATIENT HOSPITAL SERVICES	
Observation stay	ER copay per case
Hospital services - non-maternity	Inpatient Facility copay per admission #
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #
Mental health/Behavioral health care	Inpatient Facility copay per admission #
Detoxification	Inpatient Facility copay per admission #
Substance abuse disorder services	Inpatient Facility copay per admission #
Skilled nursing facility	Inpatient Facility copay per admission #
	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility
Hospice (inpatient)	Inpatient Facility copay per admission #
	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
Physician charge - Emergency Room visit	\$0 copay per visit
Facility charge - Freestanding urgent care center	Urgent Care copay per visit
Physician charge - Free standing urgent care center visit	\$0 copay per visit
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case

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

TYPE OF SERVICE	Select Care DP POS (AV = 0.881)
OUTPATIENT HOSPITAL/FACILITY SERVICES	
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case
Pre-admission/pre-operative testing	\$0 copay
Diagnostic and routine laboratory and pathology	Specialist copay per visit
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit
Imaging: CAT/PET scans, MRI	Specialist copay
Chemotherapy	PCP copay per visit
Radiation therapy	PCP copay per visit
Hemodialysis/Renal dialysis	PCP copay per visit
Mental health/Behavioral health care	PCP copay per visit
Substance abuse disorder services	PCP copay per visit
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit
Home care	PCP copay per visit
Hospice	PCP copay per visit
PREVENTIVE & PRIMARY CARE SERVICES	
Allergy testing	defined in section 2713 c
Bone density testing	l below applies to all sen
Cervical cytology	
Colonoscopy screening	
Gynecological exams	PCP/Specialist copay per visit (based on type of physician performing the service)
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
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit
Additional surgical opinion	Specialist copay per visit
Second medical opinion for cancer	Specialist copay per visit
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)
In-hospital physician visits	\$0 copay per visit
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit
Imaging: CAT/PET scans, MRI	Specialist copay per visit
Allergy shots	PCP/Specialist copay per visit

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

TYPE OF SERVICE	Select Care DP POS (AV = 0.881)
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)
Mental health/Behavioral health care	PCP copay per visit
Substance abuse disorder services	PCP copay per visit
Chemotherapy	PCP copay per visit
Radiation therapy	PCP copay per visit
Hemodialysis/Renal dialysis	PCP copay per visit
Chiropractic care	Specialist copay per visit

ADDITIONAL BENEFITS/SERVICES

ABA treatment for Autism Spectrum Disorder	PCP copay per visit
Assistive Communication Devices for Autism Spectrum Disorder	PCP copay per device
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies
Hearing evaluations/testing	Specialist copay per visit
Hearing aids	Hearing aid coinsurance cost sharing applies
Diabetic drugs and supplies	PCP copay per 30 days supply
Diabetic education and self-management	PCP copay per visit
Home care	PCP copay per visit
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.

PEDIATRIC VISION SERVICES

Eye exam visit	PCP copay per visit
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames
Contact lenses	Eyewear coinsurance cost sharing applies

PEDIATRIC DENTAL SERVICES

Not Covered

PRESCRIPTION DRUGS

Deductible	\$0
Generic or Tier 1	\$10
Formulary Brand or Tier 2	\$30
Non-Formulary Brand or Tier 3	\$60

Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catast

OONET Benefit

OON: Ind/Fam Deductible (Med/Hosp/Vision) (single/family)	\$1000/\$2000
Coinsurance	20%
OON: Ind/Fam Maximum OOP (incl. Ded.) (single/family)	3,000/ 5,000

**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