

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			
						2013Q1	2013Q2	2013Q3	2013Q4	2014Q1	2014Q2	2014Q3	2014Q4	2014Q1 / 2013Q1	2014Q2 / 2013Q2	2014Q3 / 2013Q3	2014Q4 / 2013Q4	2014Q1 / 2013Q1	2014Q2 / 2013Q2	2014Q3 / 2013Q3	2014Q4 / 2013Q4
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$460.08	\$474.34	\$489.04	\$504.20	\$460.08	\$474.34	\$489.04	\$504.20	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$920.16	\$948.68	\$978.09	\$1,008.41	\$920.16	\$948.68	\$978.09	\$1,008.41	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$782.14	\$806.39	\$831.39	\$857.16	\$782.14	\$806.39	\$831.39	\$857.16	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,311.23	\$1,351.88	\$1,393.79	\$1,437.00	\$1,311.23	\$1,351.88	\$1,393.79	\$1,437.00	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$473.88	\$488.57	\$503.71	\$519.33	\$473.88	\$488.57	\$503.71	\$519.33	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$947.76	\$977.14	\$1,007.43	\$1,038.66	\$947.76	\$977.14	\$1,007.43	\$1,038.66	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$805.60	\$830.57	\$856.32	\$882.87	\$805.60	\$830.57	\$856.32	\$882.87	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,350.56	\$1,392.43	\$1,435.60	\$1,480.10	\$1,350.56	\$1,392.43	\$1,435.60	\$1,480.10	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$392.54	\$404.71	\$417.26	\$430.20	\$392.54	\$404.71	\$417.26	\$430.20	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$785.08	\$809.42	\$834.51	\$860.38	\$785.08	\$809.42	\$834.51	\$860.38	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$667.32	\$688.01	\$709.34	\$731.33	\$667.32	\$688.01	\$709.34	\$731.33	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,118.74	\$1,153.42	\$1,189.18	\$1,226.04	\$1,118.74	\$1,153.42	\$1,189.18	\$1,226.04	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$404.32	\$416.85	\$429.78	\$443.11	\$404.32	\$416.85	\$429.78	\$443.11	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$808.64	\$833.71	\$859.56	\$886.21	\$808.64	\$833.71	\$859.56	\$886.21	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$687.34	\$708.65	\$730.62	\$753.27	\$687.34	\$708.65	\$730.62	\$753.27	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,152.31	\$1,188.03	\$1,224.86	\$1,262.83	\$1,152.31	\$1,188.03	\$1,224.86	\$1,262.83	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$342.74	\$353.36	\$364.31	\$375.60	\$342.74	\$353.36	\$364.31	\$375.60	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$685.48	\$706.73	\$728.64	\$751.23	\$685.48	\$706.73	\$728.64	\$751.23	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$582.66	\$600.72	\$619.34	\$638.54	\$582.66	\$600.72	\$619.34	\$638.54	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$976.81	\$1,007.09	\$1,038.31	\$1,070.50	\$976.81	\$1,007.09	\$1,038.31	\$1,070.50	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$353.02	\$363.96	\$375.24	\$386.87	\$353.02	\$363.96	\$375.24	\$386.87	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$706.04	\$727.93	\$750.50	\$773.77	\$706.04	\$727.93	\$750.50	\$773.77	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$600.13	\$618.73	\$637.91	\$657.69	\$600.13	\$618.73	\$637.91	\$657.69	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,006.11	\$1,037.30	\$1,069.46	\$1,102.61	\$1,006.11	\$1,037.30	\$1,069.46	\$1,102.61	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$392.83	\$405.01	\$417.57	\$430.51	\$392.83	\$405.01	\$417.57	\$430.51	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$785.66	\$810.02	\$835.13	\$861.02	\$785.66	\$810.02	\$835.13	\$861.02	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$667.81	\$688.51	\$709.85	\$731.86	\$667.81	\$688.51	\$709.85	\$731.86	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,119.57	\$1,154.28	\$1,190.06	\$1,226.95	\$1,119.57	\$1,154.28	\$1,190.06	\$1,226.95	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$404.61	\$417.16	\$430.10	\$443.43	\$404.61	\$417.16	\$430.10	\$443.43	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$809.22	\$834.31	\$860.17	\$886.84	\$809.22	\$834.31	\$860.17	\$886.84	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$687.84	\$709.16	\$731.14	\$753.81	\$687.84	\$709.16	\$731.14	\$753.81	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,153.14	\$1,188.89	\$1,225.75	\$1,263.75	\$1,153.14	\$1,188.89	\$1,225.75	\$1,263.75	N/A	N/A	N/A	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			
						2013Q1	2013Q2	2013Q3	2013Q4	2014Q1	2014Q2	2014Q3	2014Q4	2014Q1 / 2013Q1	2014Q2 / 2013Q2	2014Q3 / 2013Q3	2014Q4 / 2013Q4	2014Q1 / 2013Q1	2014Q2 / 2013Q2	2014Q3 / 2013Q3	2014Q4 / 2013Q4
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$522.86	\$539.07	\$555.78	\$573.01	\$522.86	\$539.07	\$555.78	\$573.01	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,045.72	\$1,078.14	\$1,111.56	\$1,146.02	\$1,045.72	\$1,078.14	\$1,111.56	\$1,146.02	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$888.86	\$916.41	\$944.82	\$974.11	\$888.86	\$916.41	\$944.82	\$974.11	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,490.15	\$1,536.34	\$1,583.97	\$1,633.07	\$1,490.15	\$1,536.34	\$1,583.97	\$1,633.07	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$538.55	\$555.24	\$572.45	\$590.20	\$538.55	\$555.24	\$572.45	\$590.20	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,077.10	\$1,110.49	\$1,144.92	\$1,180.41	\$1,077.10	\$1,110.49	\$1,144.92	\$1,180.41	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$915.54	\$943.92	\$973.18	\$1,003.35	\$915.54	\$943.92	\$973.18	\$1,003.35	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,534.87	\$1,582.45	\$1,631.51	\$1,682.09	\$1,534.87	\$1,582.45	\$1,631.51	\$1,682.09	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$446.10	\$459.93	\$474.19	\$488.89	\$446.10	\$459.93	\$474.19	\$488.89	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$892.20	\$919.86	\$948.38	\$977.78	\$892.20	\$919.86	\$948.38	\$977.78	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$758.37	\$781.88	\$806.12	\$831.11	\$758.37	\$781.88	\$806.12	\$831.11	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,271.39	\$1,310.80	\$1,351.43	\$1,393.32	\$1,271.39	\$1,310.80	\$1,351.43	\$1,393.32	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$459.48	\$473.73	\$488.42	\$503.56	\$459.48	\$473.73	\$488.42	\$503.56	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$918.96	\$947.45	\$976.82	\$1,007.10	\$918.96	\$947.45	\$976.82	\$1,007.10	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$781.12	\$805.33	\$830.30	\$856.04	\$781.12	\$805.33	\$830.30	\$856.04	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,309.52	\$1,350.12	\$1,391.97	\$1,435.12	\$1,309.52	\$1,350.12	\$1,391.97	\$1,435.12	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$389.51	\$401.58	\$414.03	\$426.86	\$389.51	\$401.58	\$414.03	\$426.86	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$779.02	\$803.17	\$828.07	\$853.74	\$779.02	\$803.17	\$828.07	\$853.74	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$662.17	\$682.70	\$703.86	\$725.68	\$662.17	\$682.70	\$703.86	\$725.68	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,110.10	\$1,144.51	\$1,179.99	\$1,216.57	\$1,110.10	\$1,144.51	\$1,179.99	\$1,216.57	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$401.20	\$413.63	\$426.45	\$439.67	\$401.20	\$413.63	\$426.45	\$439.67	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$802.40	\$827.27	\$852.92	\$879.36	\$802.40	\$827.27	\$852.92	\$879.36	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$682.04	\$703.18	\$724.98	\$747.45	\$682.04	\$703.18	\$724.98	\$747.45	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,143.42	\$1,178.87	\$1,215.41	\$1,253.09	\$1,143.42	\$1,178.87	\$1,215.41	\$1,253.09	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$446.44	\$460.28	\$474.55	\$489.26	\$446.44	\$460.28	\$474.55	\$489.26	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$892.88	\$920.56	\$949.10	\$978.52	\$892.88	\$920.56	\$949.10	\$978.52	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$758.95	\$782.48	\$806.74	\$831.75	\$758.95	\$782.48	\$806.74	\$831.75	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,272.35	\$1,311.79	\$1,352.46	\$1,394.39	\$1,272.35	\$1,311.79	\$1,352.46	\$1,394.39	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$459.83	\$474.09	\$488.79	\$503.94	\$459.83	\$474.09	\$488.79	\$503.94	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$919.66	\$948.17	\$977.56	\$1,007.86	\$919.66	\$948.17	\$977.56	\$1,007.86	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$781.71	\$805.94	\$830.92	\$856.68	\$781.71	\$805.94	\$830.92	\$856.68	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,310.52	\$1,351.15	\$1,393.04	\$1,436.22	\$1,310.52	\$1,351.15	\$1,393.04	\$1,436.22	N/A	N/A	N/A	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			
						2013Q1	2013Q2	2013Q3	2013Q4	2014Q1	2014Q2	2014Q3	2014Q4	2014Q1 / 2013Q1	2014Q2 / 2013Q2	2014Q3 / 2013Q3	2014Q4 / 2013Q4	2014Q1 / 2013Q1	2014Q2 / 2013Q2	2014Q3 / 2013Q3	2014Q4 / 2013Q4
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$460.08	\$474.34	\$489.04	\$504.20	\$460.08	\$474.34	\$489.04	\$504.20	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$920.16	\$948.68	\$978.09	\$1,008.41	\$920.16	\$948.68	\$978.09	\$1,008.41	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$782.14	\$806.39	\$831.39	\$857.16	\$782.14	\$806.39	\$831.39	\$857.16	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HMO 40/60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,311.23	\$1,351.88	\$1,393.79	\$1,437.00	\$1,311.23	\$1,351.88	\$1,393.79	\$1,437.00	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$473.88	\$488.57	\$503.71	\$519.33	\$473.88	\$488.57	\$503.71	\$519.33	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$947.76	\$977.14	\$1,007.43	\$1,038.66	\$947.76	\$977.14	\$1,007.43	\$1,038.66	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$805.60	\$830.57	\$856.32	\$882.87	\$805.60	\$830.57	\$856.32	\$882.87	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HMO 40/60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,350.56	\$1,392.43	\$1,435.60	\$1,480.10	\$1,350.56	\$1,392.43	\$1,435.60	\$1,480.10	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$392.54	\$404.71	\$417.26	\$430.20	\$392.54	\$404.71	\$417.26	\$430.20	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$785.08	\$809.42	\$834.51	\$860.38	\$785.08	\$809.42	\$834.51	\$860.38	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$667.32	\$688.01	\$709.34	\$731.33	\$667.32	\$688.01	\$709.34	\$731.33	N/A	N/A	N/A	N/A
Silver	Standard	EmblemHealth Select Care HMO 35/55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,118.74	\$1,153.42	\$1,189.18	\$1,226.04	\$1,118.74	\$1,153.42	\$1,189.18	\$1,226.04	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$404.32	\$416.85	\$429.78	\$443.11	\$404.32	\$416.85	\$429.78	\$443.11	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$808.64	\$833.71	\$859.56	\$886.21	\$808.64	\$833.71	\$859.56	\$886.21	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$687.34	\$708.65	\$730.62	\$753.27	\$687.34	\$708.65	\$730.62	\$753.27	N/A	N/A	N/A	N/A
Silver	Age 29	EmblemHealth Select Care HMO 35/55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,152.31	\$1,188.03	\$1,224.86	\$1,262.83	\$1,152.31	\$1,188.03	\$1,224.86	\$1,262.83	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$342.74	\$353.36	\$364.31	\$375.60	\$342.74	\$353.36	\$364.31	\$375.60	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$685.48	\$706.73	\$728.64	\$751.23	\$685.48	\$706.73	\$728.64	\$751.23	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$582.66	\$600.72	\$619.34	\$638.54	\$582.66	\$600.72	\$619.34	\$638.54	N/A	N/A	N/A	N/A
Bronze	Standard	EmblemHealth Select Care HMO HD3600	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$976.81	\$1,007.09	\$1,038.31	\$1,070.50	\$976.81	\$1,007.09	\$1,038.31	\$1,070.50	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$353.02	\$363.96	\$375.24	\$386.87	\$353.02	\$363.96	\$375.24	\$386.87	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$706.04	\$727.93	\$750.50	\$773.77	\$706.04	\$727.93	\$750.50	\$773.77	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$600.13	\$618.73	\$637.91	\$657.69	\$600.13	\$618.73	\$637.91	\$657.69	N/A	N/A	N/A	N/A
Bronze	Age 29	EmblemHealth Select Care HMO HD3600	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,006.11	\$1,037.30	\$1,069.46	\$1,102.61	\$1,006.11	\$1,037.30	\$1,069.46	\$1,102.61	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$392.83	\$405.01	\$417.57	\$430.51	\$392.83	\$405.01	\$417.57	\$430.51	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$785.66	\$810.02	\$835.13	\$861.02	\$785.66	\$810.02	\$835.13	\$861.02	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$667.81	\$688.51	\$709.85	\$731.86	\$667.81	\$688.51	\$709.85	\$731.86	N/A	N/A	N/A	N/A
Gold	Standard	EmblemHealth Select Care HNY	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,119.57	\$1,154.28	\$1,190.06	\$1,226.95	\$1,119.57	\$1,154.28	\$1,190.06	\$1,226.95	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$404.61	\$417.16	\$430.10	\$443.43	\$404.61	\$417.16	\$430.10	\$443.43	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$809.22	\$834.31	\$860.17	\$886.84	\$809.22	\$834.31	\$860.17	\$886.84	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Parent + Child(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$667.84	\$709.16	\$731.14	\$753.81	\$667.84	\$709.16	\$731.14	\$753.81	N/A	N/A	N/A	N/A
Gold	Age 29	EmblemHealth Select Care HNY	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,153.14	\$1,188.89	\$1,225.75	\$1,263.75	\$1,153.14	\$1,188.89	\$1,225.75	\$1,263.75	N/A	N/A	N/A	N/A

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

<b>Rider Type</b>	<b>Additional Cost</b>
Domestic Partner	\$0.00
Family Planning	\$0.00

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

<b>Form Number</b>	<b>Form Name</b>
155-23-SGOFFHIXCERT (04/13)	Certificate of coverage
155-23-SGOFFHIXCONTRACT (04/13)	Contract
155-23-SGOFFHIXSSchedule	Silver Schedule of Benefits
155-23-SGOFFHIXGSchedule	Gold Schedule of Benefits
155-23-SGOFFHIXGNYSchedule	Gold (HNY) Schedule of Benefits
155-23-SGOFFHIXBSchedule	Bronze Schedule of Benefits
155-23-HIXD29 (04/13)	Young Adults through Age 29 Rider
155-23-HIXCONTRA (04/13)	Contraceptive Drugs and Devices Rider
155-23-HIXDP (04/13)	Domestic Partner Rider

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

<b><u>County</u></b>	<b><u>Region</u></b>	<b><u>Area Factor</u></b>
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  
Small Group Off Exchange Products  
Expected Loss Ratios**

**HIP Small Group on Off Exchange Expected Loss Ratio 90.33%**

**Health Insurance Plan of Greater New York  
Small Group Off Exchange Products  
Benefit Summary**

TYPE OF SERVICE	Select Care HNY - Gold (AV = 0.790)	Select Care HMO 40/60 - Gold (AV = 0.817)	Select Care HMO 35/55 - Silver (AV = 0.719)	Select Care HMO HD3600 - Bronze (AV = 0.582)
DEDUCTIBLE (single/ family)	\$ 600/ \$1200 (Medical only)	\$0 / \$0 (Medical only)	\$ 2000 / \$ 4000 (Medical only)	\$ 6300 / \$ 12600 (Med & RX)
MAXIMUM OUT OF POCKET LIMIT (Med/Hosp/Vision/RX ) (single / family) Includes the deductible	\$ 4000/ \$ 8000	\$ 4000 / \$8000	\$ 6000 / \$ 12000	\$ 6300 / \$ 12600
<b>COST SHARING - MEDICAL SERVICES</b>				
Inpatient Facility/SNF/Hospice	\$1,000 per admission	\$1,500 per admission	Ded & 30% Coins	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$150	Ded & 30% Coins	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	Covered in Full	Ded & 30% Coins	0% cost sharing
PCP	\$25	\$40	\$35	0% cost sharing
Specialist	\$40	\$60	\$55	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$30	\$60	\$55	0% cost sharing
ER	\$150	\$200	\$200	0% cost sharing
Ambulance	\$150	\$100	\$150	0% cost sharing
Urgent Care	\$60	\$60	\$60	0% cost sharing
DME/Medical supplies	20% cost sharing	10% cost sharing	30% cost sharing	0% cost sharing
Hearing aids	20% cost sharing	10% cost sharing	30% cost sharing	0% cost sharing
Eyewear	20% cost sharing	10% cost sharing	30% cost sharing	0% cost sharing
<b>INPATIENT HOSPITAL SERVICES</b>				
Observation stay	ER copay per case		Ded & 30% Coins	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #		Ded & 30% Coins	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #		Ded & 30% Coins	0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #		Ded & 30% Coins	0% cost sharing
Detoxification	Inpatient Facility copay per admission #		Ded & 30% Coins	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #		Ded & 30% Coins	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #		Ded & 30% Coins	0% 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 #		Ded & 30% Coins	0% cost sharing
	Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility			
<b>EMERGENCY MEDICAL SERVICES</b>				
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			0% cost sharing
Physician charge - Emergency Room visit	\$0 copay per visit			0% cost sharing

Facility charge - Freestanding urgent care center	Urgent Care copay per visit	0% cost sharing
Physician charge - Free standing urgent care center visit	\$0 copay per visit	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case	0% cost sharing

**OUTPATIENT HOSPITAL/FACILITY SERVICES**

Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case	Ded & 30% Coins	0% cost sharing
Pre-admission/pre-operative testing	\$0 copay		0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit		0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit		0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay		0% cost sharing
Chemotherapy	PCP copay per visit		0% cost sharing
Radiation therapy	PCP copay per visit		0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit		0% cost sharing
Mental health/Behavioral health care	PCP copay per visit		0% cost sharing
Substance abuse disorder services	PCP copay per visit		0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit		0% cost sharing
Home care	PCP copay per visit		0% cost sharing
Hospice	PCP copay per visit		0% 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. otherwise the cost sharing indicated below applies to all services in this benefit service category.		
Bone density testing			
Cervical cytology	PCP/Specialist copay per visit (based on type of physician performing the service)		0% cost sharing
Colonoscopy screening			
Gynecological exams			
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	Ded & 30% Coins	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case	Ded & 30% Coins	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)		0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies		0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit		0% cost sharing
Additional surgical opinion	Specialist copay per visit		0% cost sharing
Second medical opinion for cancer	Specialist copay per visit		0% 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)	Ded & 30% Coins	0% cost sharing

In-hospital physician visits	\$0 copay per visit	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit	0% cost sharing
Allergy shots	PCP/Specialist copay per visit	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit	0% cost sharing
Substance abuse disorder services	PCP copay per visit	0% cost sharing
Chemotherapy	PCP copay per visit	0% cost sharing
Radiation therapy	PCP copay per visit	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit	0% cost sharing
Chiropractic care	Specialist copay per visit	0% cost sharing

**ADDITIONAL BENEFITS/SERVICES**

ABA treatment for Autism Spectrum Disorder	PCP copay per visit	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder	PCP copay per device	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply	0% cost sharing
Diabetic education and self-management	PCP copay per visit	0% cost sharing
Home care	PCP copay per visit	0% 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.	

**PEDIATRIC VISION SERVICES**

Eye exam visit	PCP copay per visit	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies	0% cost sharing

**PEDIATRIC DENTAL SERVICES**

**NOT COVERED**

**PRESCRIPTION DRUGS**

				\$ 6300 / \$ 12600 (Med & RX)
Deductible	\$0	\$100	\$100	
Generic or Tier 1	\$10	\$15	\$15	\$0
Formulary Brand or Tier 2	\$30	\$35	\$35	\$0
Non-Formulary Brand or Tier 3	\$60	\$75	\$75	\$0

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

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

Please refer to Underwriting Guidelines document attached in this filing.

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

<b>HIP Small Group on Off Exchange Commission</b>	<b>0% - 3% of premium</b>
<b>HIP Small Group on Off Exchange General Agent</b>	<b>\$0- \$10 PCPM</b>

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

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