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State:

New York

Filing Company:

North Shore LIJ Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

NSLIJ IND OFF EXCHANGE FILING

Project Name/Number:

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Individual Rate Manual		New		Individual Off Exchange Rate Manual.pdf,

**North Shore-LIJ Insurance Company, Inc.**

2014 Individual Off-Exchange Plans Rating Manual

2014 Premium Rates

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**

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**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Premium Rates Effective January 1, 2014**  
**New York City Area (Region 4)**

Product Description	Form Number	Single	Premium Per Contract		
			Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)
<b>Base Plans</b>					
<b>Platinum</b>	NSLIJIO/NSLIJP	\$568.13	\$1,136.25	\$965.81	\$1,619.16
<b>Gold</b>	NSLIJIO/NSLIJG	\$487.34	\$974.68	\$828.47	\$1,388.91
<b>Silver</b>	NSLIJIO/NSLIJS	\$419.62	\$839.24	\$713.36	\$1,195.92
<b>Bronze</b>	NSLIJIO/NSLIJB	\$330.13	\$660.27	\$561.23	\$940.88
<b>Riders</b>					
Dependent Age 29 - (Platinum)	NSLIJIO/NSLIJR29	\$4.07	\$8.15	\$6.93	\$11.62
Dependent Age 29 - (Gold)	NSLIJIO/NSLIJR29	\$3.49	\$6.97	\$5.94	\$9.95
Dependent Age 29 - (Silver)	NSLIJIO/NSLIJR29	\$3.00	\$6.00	\$5.09	\$8.54
Dependent Age 29 - (Bronze)	NSLIJIO/NSLIJR29	\$2.35	\$4.69	\$3.99	\$6.69

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Premium Rates Effective January 1, 2014**  
**Long Island Area (Region 8)**

Product Description	Form Number	Single	Premium Per Contract		
			Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)
<b>Base Plans</b>					
<b>Platinum</b>	NSLIJIO/NSLIJP	\$568.13	\$1,136.25	\$965.81	\$1,619.16
<b>Gold</b>	NSLIJIO/NSLIJG	\$487.34	\$974.68	\$828.47	\$1,388.91
<b>Silver</b>	NSLIJIO/NSLIJS	\$419.62	\$839.24	\$713.36	\$1,195.92
<b>Bronze</b>	NSLIJIO/NSLIJB	\$330.13	\$660.27	\$561.23	\$940.88
<b>Riders</b>					
Dependent Age 29 - (Platinum)	NSLIJIO/NSLIJR29	\$4.07	\$8.15	\$6.93	\$11.62
Dependent Age 29 - (Gold)	NSLIJIO/NSLIJR29	\$3.49	\$6.97	\$5.94	\$9.95
Dependent Age 29 - (Silver)	NSLIJIO/NSLIJR29	\$3.00	\$6.00	\$5.09	\$8.54
Dependent Age 29 - (Bronze)	NSLIJIO/NSLIJR29	\$2.35	\$4.69	\$3.99	\$6.69

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Composition of Rating Regions**

**Region 4 (New York City Area)**

New York  
Queens  
Richmond

**Region 8 (Long Island Area)**

Nassau  
Suffolk

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**Benefit Design Description Grid**

For all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.

If the copay payable is more than the allowed amount (or remainder of the allowed amount), the copay payable is reduced to the allowed amount (or to the remainder of the allowed amount).

The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products.

For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.

For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).

No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA.

The family deductible is two times the single deductible and the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and

each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the

family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family member needs to accumulate any more dollars towards the deductible (or out-of-pocket limit).

**\*\*Note: CMS anticipates that the IRS will publish the HDHP limit for 2014 in Spring 2013.**

**CMS has estimated that the annual limit on cost sharing for the 2014 plan year will be approximately \$6,400 for self only coverage and \$12,800 for family coverage.**

If the IRS published maximum value is \$6,350 (single) or more then no change to the standard Bronze plan design is needed.

Form Number	NSLIJO / NSLIJP	NSLIJO / NSLIJG	NSLIJO / NSLIJS	NSLIJO / NSLIJB
	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
TYPE OF SERVICE				
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$3,000
MAXIMUM OUT OF POCKET LIMIT (single)	\$2,000	\$4,000	\$5,500	\$6,350**
Includes the deductible				
COST SHARING - MEDICAL SERVICES				
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	50% cost sharing

The following applies to the Platinum, Gold, and Silver Plans:

For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.

There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.

For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn.

# The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	50% cost sharing
Surgeon - Inpatient facility,	\$100	\$100	\$100	50% cost sharing







Form Number	NSLIJO / NSLIJP	NSLIJO / NSLIJG	NSLIJO / NSLIJS	NSLIJO / NSLIJB
	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
<b>PEDIATRIC DENTAL SERVICES</b>				
Dental office visit		PCP copay per visit		50% cost sharing
<b>PEDIATRIC VISION SERVICES</b>				
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
<b>PRESCRIPTION DRUGS</b>				
Generic or Tier 1	\$10	\$10	\$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				

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Description of Revised Rating Classes, Factors, and Discounts**

Not applicable for Individual Off-Exchange products.

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Examples of Rate Calculations**

Not applicable for Individual Off-Exchange products. See pages 1-2 for premium rates by tier.

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Commission Schedule**

Broker	2.0% of premium
General Agents	1.5% of premium

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Underwriting Guidelines**

Not applicable for Individual Off-Exchange products.

**North Shore-LIJ Insurance Company, Inc.**  
**2014 Individual Off-Exchange Plans Rating Manual**  
**Expected Loss Ratio**

<b>Product Description</b>	<b>Form Number</b>	<b>Expected Loss Ratio</b>
<b>Platinum</b>	NSLIJIO/NSLIJP	83%
<b>Gold</b>	NSLIJIO/NSLIJG	83%
<b>Silver</b>	NSLIJIO/NSLIJS	83%
<b>Bronze</b>	NSLIJIO/NSLIJB	82%
<b>Catastrophic Coverage</b>	NSLIJIO/NSLIJC	82%