State: *New York* **Filing Company:** *HIP Insurance Company of New York*
TOI/Sub-TOI: *H21 Health - Other/H21.000 Health - Other*
Product Name: *2013 HIPIC SG Prior Approval Rate Filing*
Project Name/Number: */*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	2013 Q1 Rate Manuals with Approved Rates		
Comments:			
Attachment(s):			
2013 HIPIC SG 1Q Rate Manual work copy final.pdf 2013 HIPIC SG 1Q Rate Manual Rate Change final.pdf			

		Item Status:	Status Date:
Satisfied - Item:	2013 Q2 - Q4 Rate Manuals with Approved Rates		
Comments:			
Attachment(s):			
2013 HIPIC SG 2Q Rate Manual work copy final.pdf 2013 HIPIC SG 2Q Rate Manual Rate Change final.pdf 2013 HIPIC SG 3Q Rate Manual work copy final.pdf 2013 HIPIC SG 3Q Rate Manual Rate Change final.pdf 2013 HIPIC SG 4Q Rate Manual work copy final .pdf 2013 HIPIC SG 4Q Rate Manual Rate Change final.pdf			

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

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HIP Select EPO and PPO Small Group Contract

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HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate	=	**([(Par Claim Cost + Non-Par Claim Cost)** *** (100% + 37%*HCRA Surcharge Percentage)** **+ HCRA Covered Lives Assessment]** **/ (100% - Retention Percentage)** **+ Mental Health + Rider Premium)** *** Network/Area Factor** *** Sole Proprietor Factor**
Par Claim Cost:		
EPO	=	[(1) + (2)] * (4) * (5)
PPO	=	**[(1) + (2)] * (4) * (5) * 113%** note: use Par Benefits, Par Deductible, Par Coinsurance %, Par Coinsurance Max., and Par Calendar Year Max.
Non-Par Claim Cost:		
EPO	=	0
PPO	=	**[(1) + (3)] * (4) * (6) * 50%** note: use Non-Par Deductible, Non-Par Coinsurance %, Non-Par Coinsurance Max., and Non-Par Calendar Year Max.
	where:	(1) = Base Benefits Claim Cost {Table 1, page } (2) = Par Benefit Dollar Variable adjustments {Table 2, pages } (3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page } (4) = Dependent Coverge percentage {Table 4, page } (5) = Par Benefit Percentage Variable adjustments {Table 5, pages } (6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages } Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.
HCRA Surcharge	=	currently 9.63% (subject to changes as amended by law)
HCRA CLA	=	Covered Lives Assessment {Table 7, page } (subject to changes as amended by law)
Retention Percentage	=	Retention Percentage {Table 7, page }
Mental Health Coverage + Riders	=	[Mental Health Coverage (Table 8, pages) + (Drug riders {pages } + Other riders {Table 9, pages }] * Dependent Coverage percentage {Table 4, page }
Network/Area Factor	=	Network/Area Factor (employee composite) {Table 7, page }
Sole Proprietor Factor	=	Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

Table 1

HIP SELECT EPO/PPO POLICY - BASE BENEFITS

Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
	Effective January 01, 2013 - March 31, 2013 (w/ WH & Autism)						
Small Group*	406.25	1,178.13	na	na	751.56	975.00	1,218.75
	Effective January 01, 2013 - March 31, 2013 (w/out WH & Autism)						
Small Group*	402.23	1,166.47	na	na	744.13	965.35	1,206.69

* ***Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.75)	(5.08)	na	na	(3.24)	(4.20)	(5.25)
$150	(2.91)	(8.44)	na	na	(5.38)	(6.98)	(8.73)
$200	(4.11)	(11.92)	na	na	(7.60)	(9.86)	(12.33)
$250	(5.31)	(15.40)	na	na	(9.82)	(12.74)	(15.93)
$500	(11.54)	(33.47)	na	na	(21.35)	(27.70)	(34.62)
$750	(18.24)	(52.90)	na	na	(33.74)	(43.78)	(54.72)
$1,000	(25.44)	(73.78)	na	na	(47.06)	(61.06)	(76.32)
Copay/Day							
$50 w/3 Day Max	(3.62)	(10.50)	na	na	(6.70)	(8.69)	(10.86)
$50 w/5 Day Max	(4.28)	(12.41)	na	na	(7.92)	(10.27)	(12.84)
$100 w/3 Day Max	(7.42)	(21.52)	na	na	(13.73)	(17.81)	(22.26)
$100 w/5 Day Max	(9.40)	(27.26)	na	na	(17.39)	(22.56)	(28.20)
$250 w/3 Day Max	(20.00)	(58.00)	na	na	(37.00)	(48.00)	(60.00)
# Days	**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.23	0.67	na	na	0.43	0.55	0.69
90	0.31	0.90	na	na	0.57	0.74	0.93
not covered	(0.28)	(0.81)	na	na	(0.52)	(0.67)	(0.84)
	Inpatient Chemical Abuse Detoxification Limit [std: 7 days]						
# Days	**[Copay same as Inpatient Facility]**						
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.24)	(0.70)	na	na	(0.44)	(0.58)	(0.72)
	Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]						
# Days	**[Copay same as Inpatient Facility]**						
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.36	1.04	na	na	0.67	0.86	1.08
60	0.43	1.25	na	na	0.80	1.03	1.29
90	0.49	1.42	na	na	0.91	1.18	1.47
Unlimited	0.58	1.68	na	na	1.07	1.39	1.74

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.31	0.90	na	na	0.57	0.74	0.93
90	0.47	1.36	na	na	0.87	1.13	1.41
120	0.58	1.68	na	na	1.07	1.39	1.74
Unlimited	0.66	1.91	na	na	1.22	1.58	1.98
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$25	(1.21)	(3.51)	na	na	(2.24)	(2.90)	(3.63)
$35	(1.93)	(5.60)	na	na	(3.57)	(4.63)	(5.79)
$50	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$75	(5.02)	(14.56)	na	na	(9.29)	(12.05)	(15.06)
$100	(6.68)	(19.37)	na	na	(12.36)	(16.03)	(20.04)
$125	(8.35)	(24.22)	na	na	(15.45)	(20.04)	(25.05)
$150	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.08)	(3.13)	na	na	(2.00)	(2.59)	(3.24)
$75	(1.73)	(5.02)	na	na	(3.20)	(4.15)	(5.19)
$100	(2.41)	(6.99)	na	na	(4.46)	(5.78)	(7.23)
$125	(3.11)	(9.02)	na	na	(5.75)	(7.46)	(9.33)
$150	(3.86)	(11.19)	na	na	(7.14)	(9.26)	(11.58)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.23	0.67	na	na	0.43	0.55	0.69
200	0.30	0.87	na	na	0.56	0.72	0.90
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(3.58)	(10.38)	na	na	(6.62)	(8.59)	(10.74)
$10	(7.40)	(21.46)	na	na	(13.69)	(17.76)	(22.20)
$15	(11.38)	(33.00)	na	na	(21.05)	(27.31)	(34.14)
$20	(16.20)	(46.98)	na	na	(29.97)	(38.88)	(48.60)
$25	(20.04)	(58.12)	na	na	(37.07)	(48.10)	(60.12)
$30	(23.89)	(69.28)	na	na	(44.20)	(57.34)	(71.67)

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.06)	(5.97)	na	na	(3.81)	(4.94)	(6.18)
$10	(4.26)	(12.35)	na	na	(7.88)	(10.22)	(12.78)
$15	(6.53)	(18.94)	na	na	(12.08)	(15.67)	(19.59)
$20	(9.30)	(26.97)	na	na	(17.21)	(22.32)	(27.90)
$25	(11.51)	(33.38)	na	na	(21.29)	(27.62)	(34.53)
$30	(13.69)	(39.70)	na	na	(25.33)	(32.86)	(41.07)
Copay	**Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.06)	(14.67)	na	na	(9.36)	(12.14)	(15.18)
$10	(10.37)	(30.07)	na	na	(19.18)	(24.89)	(31.11)
$15	(15.43)	(44.75)	na	na	(28.55)	(37.03)	(46.29)
$20	(20.80)	(60.32)	na	na	(38.48)	(49.92)	(62.40)
$25	(26.39)	(76.53)	na	na	(48.82)	(63.34)	(79.17)
$30	(32.32)	(93.73)	na	na	(59.79)	(77.57)	(96.96)
$35	(37.35)	(108.32)	na	na	(69.10)	(89.64)	(112.05)
$40	(42.31)	(122.70)	na	na	(78.27)	(101.54)	(126.93)
$45	(47.22)	(136.94)	na	na	(87.36)	(113.33)	(141.66)
$50	(52.06)	(150.97)	na	na	(96.31)	(124.94)	(156.18)
Copay	**Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.26)	(12.35)	na	na	(7.88)	(10.22)	(12.78)
$10	(8.77)	(25.43)	na	na	(16.22)	(21.05)	(26.31)
$15	(13.05)	(37.85)	na	na	(24.14)	(31.32)	(39.15)
$20	(17.58)	(50.98)	na	na	(32.52)	(42.19)	(52.74)
$25	(22.31)	(64.70)	na	na	(41.27)	(53.54)	(66.93)
$30	(27.32)	(79.23)	na	na	(50.54)	(65.57)	(81.96)
$35	(31.59)	(91.61)	na	na	(58.44)	(75.82)	(94.77)
$40	(35.77)	(103.73)	na	na	(66.17)	(85.85)	(107.31)
$45	(39.91)	(115.74)	na	na	(73.83)	(95.78)	(119.73)
$50	(44.06)	(127.77)	na	na	(81.51)	(105.74)	(132.18)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	**[Copay same as Specialist Physician Office Visit]**						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.48	1.39	na	na	0.89	1.15	1.44
Unlimited	0.58	1.68	na	na	1.07	1.39	1.74

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
			Outpatient Therapies Limit [std: 30 visits]				
# Visits			**[Copay same as Specialist Physician Office Visit]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.79	2.29	na	na	1.46	1.90	2.37
90	1.23	3.57	na	na	2.28	2.95	3.69
not covered	(2.84)	(8.24)	na	na	(5.25)	(6.82)	(8.52)
Copay			**Refractive Eye Exam Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.31)	(0.90)	na	na	(0.57)	(0.74)	(0.93)
$15	(0.44)	(1.28)	na	na	(0.81)	(1.06)	(1.32)
$20	(0.48)	(1.39)	na	na	(0.89)	(1.15)	(1.44)
$25	(0.65)	(1.89)	na	na	(1.20)	(1.56)	(1.95)
$30	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$35	(0.84)	(2.44)	na	na	(1.55)	(2.02)	(2.52)
$40	(0.97)	(2.81)	na	na	(1.79)	(2.33)	(2.91)
$45	(1.11)	(3.22)	na	na	(2.05)	(2.66)	(3.33)
$50	(1.23)	(3.57)	na	na	(2.28)	(2.95)	(3.69)
			Ambulance Copay [std: $0]				
Copay			**[Copay same or less than Emergency Room Copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.19)	(0.55)	na	na	(0.35)	(0.46)	(0.57)
$35	(0.27)	(0.78)	na	na	(0.50)	(0.65)	(0.81)
$50	(0.36)	(1.04)	na	na	(0.67)	(0.86)	(1.08)
$60	(0.44)	(1.28)	na	na	(0.81)	(1.06)	(1.32)
$75	(0.56)	(1.62)	na	na	(1.04)	(1.34)	(1.68)
$100	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$125	(0.95)	(2.76)	na	na	(1.76)	(2.28)	(2.85)
$150	(1.14)	(3.31)	na	na	(2.11)	(2.74)	(3.42)
			Surgery [std: $0 copay]				
			Copay per procedure of minimum of [20%, $300]				
	(4.55)	(13.20)	na	na	(8.42)	(10.92)	(13.65)
			Diagnostic Testing [std: $0]				
			Copay per procedure minimum of [20%, $500], $500 annual maximum				
	(0.59)	(1.71)	na	na	(1.09)	(1.42)	(1.77)
Maximum			**Calendar Year Maximum [std: unlimited]**				
$100,000	(5.36)	(15.54)	na	na	(9.92)	(12.86)	(16.08)
$500,000	(1.60)	(4.64)	na	na	(2.96)	(3.84)	(4.80)

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 3

HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES

Monthly NON-PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$25	(1.21)	(3.51)	na	na	(2.24)	(2.90)	(3.63)
$35	(1.93)	(5.60)	na	na	(3.57)	(4.63)	(5.79)
$50	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$75	(5.02)	(14.56)	na	na	(9.29)	(12.05)	(15.06)
$100	(6.68)	(19.37)	na	na	(12.36)	(16.03)	(20.04)
$125	(8.35)	(24.22)	na	na	(15.45)	(20.04)	(25.05)
$150	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.22)	(15.14)	na	na	(9.66)	(12.53)	(15.66)
$500,000	(1.53)	(4.44)	na	na	(2.83)	(3.67)	(4.59)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 4

HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
			Dependent Coverage				
			Expressed as % add-on to each premium rate otherwise computed				
			Minimum Mandatory Coverage = Dependent Children to Age 26 EOM				
			Dependent Children				
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
			Full-time Students				
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

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TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
					20% Member Coinsurance				
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
					20% Member Coinsurance				
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	**Fam. Ded= 2.25 x Ind. Ded**	**Fam. Ded= 2.5 x Ind. Ded**	**Fam. Ded= 3.0. x Ind. Ded**
$0	1.000	1.000	1.000

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 5

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

PAR PROVIDER

[std: deductible $0; no coinsurance]

$500	0.994	0.988	0.978
$1,000	0.991	0.983	0.966
$1,500	0.987	0.978	0.963
$2,000	0.989	0.979	0.957
$2,500	0.986	0.973	0.953
$3,000	0.982	0.967	0.949
$3,500	0.977	0.962	0.945

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x I	Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.997	0.995	0.991

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
	40% Member Coinsurance						
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
	50% Member Coinsurance						
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
				10% Member Coinsurance					
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
				20% Member Coinsurance					
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
				30% Member Coinsurance					
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
				40% Member Coinsurance					
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
				50% Member Coinsurance					
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS

NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ıt Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]

Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment

(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	19.76	na	19.76
Two Persons	na	na	na
EE & Child(ren)	na	na	36.75
EE + Spouse	na	na	39.52
Family	48.41	na	60.47

Network Area Factors

	Network	
	HIP	VYTRA
Area*/Plan	Prime	Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups	23.3%

Sole Proprietor Contracts

Sole Proprietor Factor	115.0%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	**Inpatient Mental Health Care [minimum mandatory coverage: 30 days]**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	2.78	8.06	na	na	5.14	6.67	8.34
60	3.56	10.32	na	na	6.59	8.54	10.68
90	4.15	12.04	na	na	7.68	9.96	12.45
Unlimited	4.24	12.30	na	na	7.84	10.18	12.72
SMALL GROUP	**Inpatient Mental Health Care with Unlimited Bio and CSED Coverage**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	4.33	12.56	na	na	8.01	10.39	12.99
60	4.48	12.99	na	na	8.29	10.75	13.44
90	4.66	13.51	na	na	8.62	11.18	13.98
Unlimited	4.75	13.78	na	na	8.79	11.40	14.25
SMALL GROUP							
Inpatient Mental Htlh	0.00	0.00	na	na	0.00	0.00	0.00
	**Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	**[Copay same or less than Specialist Physician Office Visit]**						
20 visits/$0	6.07	17.60	na	na	11.23	14.57	18.21
20 visits/$5	5.75	16.68	na	na	10.64	13.80	17.25
20 visits/$10	5.46	15.83	na	na	10.10	13.10	16.38
20 visits/$15	5.17	14.99	na	na	9.56	12.41	15.51
20 visits/$20	4.92	14.27	na	na	9.10	11.81	14.76
20 visits/$25	4.67	13.54	na	na	8.64	11.21	14.01
20 visits/$30	4.50	13.05	na	na	8.33	10.80	13.50
20 visits/$35	4.34	12.59	na	na	8.03	10.42	13.02
20 visits/$40	4.18	12.12	na	na	7.73	10.03	12.54
20 visits/$45	4.00	11.60	na	na	7.40	9.60	12.00
20 visits/$50	3.85	11.17	na	na	7.12	9.24	11.55

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$0	7.81	22.65	na	na	14.45	18.74	23.43
30 visits/$5	7.09	20.56	na	na	13.12	17.02	21.27
30 visits/$10	6.65	19.29	na	na	12.30	15.96	19.95
30 visits/$15	6.45	18.71	na	na	11.93	15.48	19.35
30 visits/$20	6.17	17.89	na	na	11.41	14.81	18.51
30 visits/$25	6.05	17.55	na	na	11.19	14.52	18.15
30 visits/$30	5.71	16.56	na	na	10.56	13.70	17.13
30 visits/$35	5.33	15.46	na	na	9.86	12.79	15.99
30 visits/$40	5.28	15.31	na	na	9.77	12.67	15.84
30 visits/$45	5.12	14.85	na	na	9.47	12.29	15.36
30 visits/$50	4.87	14.12	na	na	9.01	11.69	14.61
40 visits/$0	8.21	23.81	na	na	15.19	19.70	24.63
40 visits/$5	7.82	22.68	na	na	14.47	18.77	23.46
40 visits/$10	7.55	21.90	na	na	13.97	18.12	22.65
40 visits/$15	7.24	21.00	na	na	13.39	17.38	21.72
40 visits/$20	6.98	20.24	na	na	12.91	16.75	20.94
40 visits/$25	6.75	19.58	na	na	12.49	16.20	20.25
40 visits/$30	6.45	18.71	na	na	11.93	15.48	19.35
40 visits/$35	6.14	17.81	na	na	11.36	14.74	18.42
40 visits/$40	5.73	16.62	na	na	10.60	13.75	17.19
40 visits/$45	5.75	16.68	na	na	10.64	13.80	17.25
40 visits/$50	5.88	17.05	na	na	10.88	14.11	17.64
60 visits/$0	8.96	25.98	na	na	16.58	21.50	26.88
60 visits/$5	8.64	25.06	na	na	15.98	20.74	25.92
60 visits/$10	8.24	23.90	na	na	15.24	19.78	24.72
60 visits/$15	8.00	23.20	na	na	14.80	19.20	24.00
60 visits/$20	7.63	22.13	na	na	14.12	18.31	22.89
60 visits/$25	7.54	21.87	na	na	13.95	18.10	22.62
60 visits/$30	7.22	20.94	na	na	13.36	17.33	21.66
60 visits/$35	6.74	19.55	na	na	12.47	16.18	20.22
60 visits/$40	6.17	17.89	na	na	11.41	14.81	18.51
60 visits/$45	5.99	17.37	na	na	11.08	14.38	17.97
60 visits/$50	6.08	17.63	na	na	11.25	14.59	18.24
Unlimited visits/$0	9.06	26.27	na	na	16.76	21.74	27.18
Unlimited visits/$5	8.74	25.35	na	na	16.17	20.98	26.22
Unlimited visits/$10	8.33	24.16	na	na	15.41	19.99	24.99
Unlimited visits/$15	8.08	23.43	na	na	14.95	19.39	24.24
Unlimited visits/$20	7.70	22.33	na	na	14.25	18.48	23.10
Unlimited visits/$25	7.61	22.07	na	na	14.08	18.26	22.83
Unlimited visits/$30	7.28	21.11	na	na	13.47	17.47	21.84
Unlimited visits/$35	6.79	19.69	na	na	12.56	16.30	20.37
Unlimited visits/$40	6.23	18.07	na	na	11.53	14.95	18.69
Unlimited visits/$45	6.05	17.55	na	na	11.19	14.52	18.15
Unlimited visits/$50	6.13	17.78	na	na	11.34	14.71	18.39

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage
[Copay same or less than Specialist Physician Office Visit]

SMALL GROUP	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
20 visits/$0	7.79	22.59	na	na	14.41	18.70	23.37
20 visits/$5	7.49	21.72	na	na	13.86	17.98	22.47
20 visits/$10	7.08	20.53	na	na	13.10	16.99	21.24
20 visits/$15	6.75	19.58	na	na	12.49	16.20	20.25
20 visits/$20	6.46	18.73	na	na	11.95	15.50	19.38
20 visits/$25	6.31	18.30	na	na	11.67	15.14	18.93
20 visits/$30	6.07	17.60	na	na	11.23	14.57	18.21
20 visits/$35	5.70	16.53	na	na	10.55	13.68	17.10
20 visits/$40	5.36	15.54	na	na	9.92	12.86	16.08
20 visits/$45	5.12	14.85	na	na	9.47	12.29	15.36
20 visits/$50	5.08	14.73	na	na	9.40	12.19	15.24
30 visits/$0	8.94	25.93	na	na	16.54	21.46	26.82
30 visits/$5	8.32	24.13	na	na	15.39	19.97	24.96
30 visits/$10	7.83	22.71	na	na	14.49	18.79	23.49
30 visits/$15	7.66	22.21	na	na	14.17	18.38	22.98
30 visits/$20	7.31	21.20	na	na	13.52	17.54	21.93
30 visits/$25	7.20	20.88	na	na	13.32	17.28	21.60
30 visits/$30	6.83	19.81	na	na	12.64	16.39	20.49
30 visits/$35	6.38	18.50	na	na	11.80	15.31	19.14
30 visits/$40	6.10	17.69	na	na	11.29	14.64	18.30
30 visits/$45	5.88	17.05	na	na	10.88	14.11	17.64
30 visits/$50	5.88	17.05	na	na	10.88	14.11	17.64
40 visits/$0	9.22	26.74	na	na	17.06	22.13	27.66
40 visits/$5	8.85	25.67	na	na	16.37	21.24	26.55
40 visits/$10	8.44	24.48	na	na	15.61	20.26	25.32
40 visits/$15	8.17	23.69	na	na	15.11	19.61	24.51
40 visits/$20	7.81	22.65	na	na	14.45	18.74	23.43
40 visits/$25	7.63	22.13	na	na	14.12	18.31	22.89
40 visits/$30	7.35	21.32	na	na	13.60	17.64	22.05
40 visits/$35	6.90	20.01	na	na	12.77	16.56	20.70
40 visits/$40	6.34	18.39	na	na	11.73	15.22	19.02
40 visits/$45	6.39	18.53	na	na	11.82	15.34	19.17
40 visits/$50	6.48	18.79	na	na	11.99	15.55	19.44

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
60 visits/$0	9.67	28.04	na	na	17.89	23.21	29.01
60 visits/$5	9.36	27.14	na	na	17.32	22.46	28.08
60 visits/$10	8.91	25.84	na	na	16.48	21.38	26.73
60 visits/$15	8.67	25.14	na	na	16.04	20.81	26.01
60 visits/$20	8.23	23.87	na	na	15.23	19.75	24.69
60 visits/$25	8.19	23.75	na	na	15.15	19.66	24.57
60 visits/$30	7.84	22.74	na	na	14.50	18.82	23.52
60 visits/$35	7.35	21.32	na	na	13.60	17.64	22.05
60 visits/$40	6.73	19.52	na	na	12.45	16.15	20.19
60 visits/$45	6.51	18.88	na	na	12.04	15.62	19.53
60 visits/$50	6.68	19.37	na	na	12.36	16.03	20.04
Unlimited visits/$0	9.77	28.33	na	na	18.07	23.45	29.31
Unlimited visits/$5	9.46	27.43	na	na	17.50	22.70	28.38
Unlimited visits/$10	9.00	26.10	na	na	16.65	21.60	27.00
Unlimited visits/$15	8.76	25.40	na	na	16.21	21.02	26.28
Unlimited visits/$20	8.30	24.07	na	na	15.36	19.92	24.90
Unlimited visits/$25	8.25	23.93	na	na	15.26	19.80	24.75
Unlimited visits/$30	7.91	22.94	na	na	14.63	18.98	23.73
Unlimited visits/$35	7.40	21.46	na	na	13.69	17.76	22.20
Unlimited visits/$40	6.78	19.66	na	na	12.54	16.27	20.34
Unlimited visits/$45	6.55	19.00	na	na	12.12	15.72	19.65
Unlimited visits/$50	6.73	19.52	na	na	12.45	16.15	20.19

SMALL GROUP	**Small Group Premium Credit - Oupatient Mental Health**						
Specialist Copay	****[above rates must be reduced by premium credit]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors

All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based

CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

1st Quarter 2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Deductible			**Durable Medical Equipment Riders ****				
$0	4.41	12.79	na	na	8.16	10.58	13.23
$25	4.15	12.04	na	na	7.68	9.96	12.45
$50	3.86	11.19	na	na	7.14	9.26	11.58
$100	3.59	10.41	na	na	6.64	8.62	10.77
$500	1.72	4.99	na	na	3.18	4.13	5.16
Coinsurance							
80%	3.51	10.18	na	na	6.49	8.42	10.53
75%	3.31	9.60	na	na	6.12	7.94	9.93
70%	3.10	8.99	na	na	5.74	7.44	9.30
			Orthotics **				
$0	0.80	2.32	na	na	1.48	1.92	2.40
$25	0.78	2.26	na	na	1.44	1.87	2.34
$50	0.72	2.09	na	na	1.33	1.73	2.16
$100	0.67	1.94	na	na	1.24	1.61	2.01
$500	0.32	0.93	na	na	0.59	0.77	0.96
Coinsurance							
80%	0.66	1.91	na	na	1.22	1.58	1.98
75%	0.63	1.83	na	na	1.17	1.51	1.89
70%	0.58	1.68	na	na	1.07	1.39	1.74
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	1.96	5.68	na	na	3.63	4.70	5.88
12 Months	3.13	9.08	na	na	5.79	7.51	9.39
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.05	8.85	na	na	5.64	7.32	9.15
12 Months	4.85	14.07	na	na	8.97	11.64	14.55

HIP INSURANCE COMPANY OF NEW YORK

1st Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

1st Quarter 2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
			Private Duty Nursing Riders **				
In Full	0.50	1.45	na	na	0.93	1.20	1.50
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.59	1.71	na	na	1.09	1.42	1.77
			Infertility Riders **				
Limit							
No IVF	3.70	10.73	na	na	6.85	8.88	11.10
2 IVF	9.26	26.85	na	na	17.13	22.22	27.78
3 IVF	11.21	32.51	na	na	20.74	26.90	33.63
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.02	14.56	na	na	9.29	12.05	15.06
			Health Club Reimbursement				
$200 per year	1.52	4.41	na	na	2.81	3.65	4.56
			Nurse Advice Line Rider				
	0.34	0.99	na	na	0.63	0.82	1.02

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Produc

Product	Factor
EPO	100%
PPO	105%

			Wellness Rider				
	0.81	2.35	na	na	1.50	1.94	2.43

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[g]
+ applicable pmpm for Women's Preventive Services Table 4 [h]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values	
Drug Rider Variations	**% Adjustment To Above Rates**
[a] Exclude Contraceptives	-3.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-6.0%
$2,000 (Brand & Generic)	-4.0%
$2,500 (Brand & Generic)	-3.5%
$3,000 (Brand & Generic)	-3.0%
$4,000 (Brand & Generic)	-2.0%
$5,000 (Brand & Generic)	-1.0%
[c] Non Formulary Coverage, Generic Only Plans	5.0%
[d] PICA Adjustme Applies only to New York City account	-10.0%
[e] IC Adjustmer Applies only to New York City account	-2.0%
[f] Product Facto HMO, Access I, and EPO	0.0%
POS, Access II, and PPO	0.0%
[g] Trend per Quarter	
2Q2010-4Q2010	2.50%
1Q2011	0.00%
2Q2011	10.00%
3Q2011-4Q2011	3.00%
1Q2013 EPO	**0.60%**
2Q 2012	**10.00%**
3Q2012-4Q2012	**3.00%**
1Q2013 EPO	**0.00%**
1Q2013 PPO	**-4.50%**
[h] Mandatory Women's Preventive Services EPO	**$1.10**
[h] Mandatory Women's Preventive Services PPO	**$1.05**

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(ren	2.2531
EE + Spouse	2.9230
Family	3.6537

HIP Insurance Company of New York

Rating Region Definitions

County	Region
Bronx	Downstate
Kings	Downstate
Nassau	Downstate
New York	Downstate
Orange	Downstate
Queens	Downstate
Richmond	Downstate
Rockland	Downstate
Suffolk	Downstate
Westchester	Downstate

Commissions Schedule

Please see SERFF filing # HPHP-127874919

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 118%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 54%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

HCRA CLA = Covered Lives Assessment {Table 7, page }
(subject to changes as amended by law)

etention Percenta = Retention Percentage {Table 7, page }

Mental Health Coverage + Riders = [Mental Health Coverage (Table 8, pages)
+ (Drug riders {pages }
+ Other riders {Table 9, pages }]
* Dependent Coverage percentage {Table 4, page }

etwork/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

ole Proprietor Fact = Sole Proprietor Factor {Table 7, page }

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 113%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 50%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

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+ (Drug riders {pages }
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* Dependent Coverage percentage {Table 4, page }

Network/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

Sole Proprietor Fac = Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Small Group*	344.67	999.54	na	na	637.64	827.21	1,034.01
Small Group*	344.67	999.54	na	na	637.64	827.21	1,034.01

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective January 01, 2013 - March 31, 2013 (w/ WH & Autism)							
Small Group*	406.25	1,178.13	na	na	751.56	975.00	1,218.75
Effective January 01, 2013 - March 31, 2013 (w/out WH & Autism)							
Small Group*	402.23	1,166.47	na	na	744.13	965.35	1,206.69

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
DOLLAR CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective January 01, 2013 - March 31, 2013 (w/ WH & Autism)							
Small Group*	61.58	178.59	na	na	113.92	147.79	184.74
Effective January 01, 2013 - March 31, 2013 (w/out WH & Autism)							
Small Group*	57.56	166.93	na	na	106.49	138.14	172.68

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
PERCENTAGE CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective January 01, 2013 - March 31, 2013 (w/ WH & Autism)							
Small Group*	17.9%	17.9%	na	na	17.9%	17.9%	17.9%
Effective January 01, 2013 - March 31, 2013 (w/out WH & Autism)							
Small Group*	16.7%	16.7%	na	na	16.7%	16.7%	16.7%

**** Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.50)	(4.35)	na	na	(2.78)	(3.60)	(4.50)
$150	(2.50)	(7.25)	na	na	(4.63)	(6.00)	(7.50)
$200	(3.52)	(10.21)	na	na	(6.51)	(8.45)	(10.56)
$250	(4.55)	(13.20)	na	na	(8.42)	(10.92)	(13.65)
$500	(9.88)	(28.65)	na	na	(18.28)	(23.71)	(29.64)
$750	(15.63)	(45.33)	na	na	(28.92)	(37.51)	(46.89)
$1,000	(21.80)	(63.22)	na	na	(40.33)	(52.32)	(65.40)
Copay/Day							
$50 w/3 Day Max	(3.10)	(8.99)	na	na	(5.74)	(7.44)	(9.30)
$50 w/5 Day Max	(3.67)	(10.64)	na	na	(6.79)	(8.81)	(11.01)
$100 w/3 Day Max	(6.35)	(18.42)	na	na	(11.75)	(15.24)	(19.05)
$100 w/5 Day Max	(8.05)	(23.35)	na	na	(14.89)	(19.32)	(24.15)
$250 w/3 Day Max	(17.14)	(49.71)	na	na	(31.71)	(41.14)	(51.42)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.19	0.55	na	na	0.35	0.46	0.57
90	0.26	0.75	na	na	0.48	0.62	0.78
not covered	(0.24)	(0.70)	na	na	(0.44)	(0.58)	(0.72)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.08	0.23	na	na	0.15	0.19	0.24
Unlimited	0.13	0.38	na	na	0.24	0.31	0.39
not covered	(0.20)	(0.58)	na	na	(0.37)	(0.48)	(0.60)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.31	0.90	na	na	0.57	0.74	0.93
60	0.37	1.07	na	na	0.68	0.89	1.11
90	0.43	1.25	na	na	0.80	1.03	1.29
Unlimited	0.49	1.42	na	na	0.91	1.18	1.47
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.26	0.75	na	na	0.48	0.62	0.78
90	0.41	1.19	na	na	0.76	0.98	1.23
120	0.49	1.42	na	na	0.91	1.18	1.47
Unlimited	0.56	1.62	na	na	1.04	1.34	1.68
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.62)	(1.80)	na	na	(1.15)	(1.49)	(1.86)
$25	(1.04)	(3.02)	na	na	(1.92)	(2.50)	(3.12)
$35	(1.65)	(4.79)	na	na	(3.05)	(3.96)	(4.95)
$50	(2.63)	(7.63)	na	na	(4.87)	(6.31)	(7.89)
$75	(4.30)	(12.47)	na	na	(7.96)	(10.32)	(12.90)
$100	(5.73)	(16.62)	na	na	(10.60)	(13.75)	(17.19)
$125	(7.15)	(20.74)	na	na	(13.23)	(17.16)	(21.45)
$150	(8.58)	(24.88)	na	na	(15.87)	(20.59)	(25.74)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(0.93)	(2.70)	na	na	(1.72)	(2.23)	(2.79)
$75	(1.48)	(4.29)	na	na	(2.74)	(3.55)	(4.44)
$100	(2.06)	(5.97)	na	na	(3.81)	(4.94)	(6.18)
$125	(2.66)	(7.71)	na	na	(4.92)	(6.38)	(7.98)
$150	(3.31)	(9.60)	na	na	(6.12)	(7.94)	(9.93)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.08	0.23	na	na	0.15	0.19	0.24
100	0.19	0.55	na	na	0.35	0.46	0.57
200	0.25	0.73	na	na	0.46	0.60	0.75
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.75)	(5.08)	na	na	(3.24)	(4.20)	(5.25)
$150	(2.91)	(8.44)	na	na	(5.38)	(6.98)	(8.73)
$200	(4.11)	(11.92)	na	na	(7.60)	(9.86)	(12.33)
$250	(5.31)	(15.40)	na	na	(9.82)	(12.74)	(15.93)
$500	(11.54)	(33.47)	na	na	(21.35)	(27.70)	(34.62)
$750	(18.24)	(52.90)	na	na	(33.74)	(43.78)	(54.72)
$1,000	(25.44)	(73.78)	na	na	(47.06)	(61.06)	(76.32)
Copay/Day							
$50 w/3 Day Max	(3.62)	(10.50)	na	na	(6.70)	(8.69)	(10.86)
$50 w/5 Day Max	(4.28)	(12.41)	na	na	(7.92)	(10.27)	(12.84)
$100 w/3 Day Max	(7.42)	(21.52)	na	na	(13.73)	(17.81)	(22.26)
$100 w/5 Day Max	(9.40)	(27.26)	na	na	(17.39)	(22.56)	(28.20)
$250 w/3 Day Max	(20.00)	(58.00)	na	na	(37.00)	(48.00)	(60.00)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.23	0.67	na	na	0.43	0.55	0.69
90	0.31	0.90	na	na	0.57	0.74	0.93
not covered	(0.28)	(0.81)	na	na	(0.52)	(0.67)	(0.84)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.24)	(0.70)	na	na	(0.44)	(0.58)	(0.72)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.36	1.04	na	na	0.67	0.86	1.08
60	0.43	1.25	na	na	0.80	1.03	1.29
90	0.49	1.42	na	na	0.91	1.18	1.47
Unlimited	0.58	1.68	na	na	1.07	1.39	1.74
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.31	0.90	na	na	0.57	0.74	0.93
90	0.47	1.36	na	na	0.87	1.13	1.41
120	0.58	1.68	na	na	1.07	1.39	1.74
Unlimited	0.66	1.91	na	na	1.22	1.58	1.98
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$25	(1.21)	(3.51)	na	na	(2.24)	(2.90)	(3.63)
$35	(1.93)	(5.60)	na	na	(3.57)	(4.63)	(5.79)
$50	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$75	(5.02)	(14.56)	na	na	(9.29)	(12.05)	(15.06)
$100	(6.68)	(19.37)	na	na	(12.36)	(16.03)	(20.04)
$125	(8.35)	(24.22)	na	na	(15.45)	(20.04)	(25.05)
$150	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.08)	(3.13)	na	na	(2.00)	(2.59)	(3.24)
$75	(1.73)	(5.02)	na	na	(3.20)	(4.15)	(5.19)
$100	(2.41)	(6.99)	na	na	(4.46)	(5.78)	(7.23)
$125	(3.11)	(9.02)	na	na	(5.75)	(7.46)	(9.33)
$150	(3.86)	(11.19)	na	na	(7.14)	(9.26)	(11.58)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.23	0.67	na	na	0.43	0.55	0.69
200	0.30	0.87	na	na	0.56	0.72	0.90
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$100	(0.25)	(0.73)	na	na	(0.46)	(0.60)	(0.75)
$150	(0.41)	(1.19)	na	na	(0.75)	(0.98)	(1.23)
$200	(0.59)	(1.71)	na	na	(1.09)	(1.41)	(1.77)
$250	(0.76)	(2.20)	na	na	(1.40)	(1.82)	(2.28)
$500	(1.66)	(4.82)	na	na	(3.07)	(3.99)	(4.98)
$750	(2.61)	(7.57)	na	na	(4.82)	(6.27)	(7.83)
$1,000	(3.64)	(10.56)	na	na	(6.73)	(8.74)	(10.92)
Copay/Day							
$50 w/3 Day Max	(0.52)	(1.51)	na	na	(0.96)	(1.25)	(1.56)
$50 w/5 Day Max	(0.61)	(1.77)	na	na	(1.13)	(1.46)	(1.83)
$100 w/3 Day Max	(1.07)	(3.10)	na	na	(1.98)	(2.57)	(3.21)
$100 w/5 Day Max	(1.35)	(3.91)	na	na	(2.50)	(3.24)	(4.05)
$250 w/3 Day Max	(2.86)	(8.29)	na	na	(5.29)	(6.86)	(8.58)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	-	-	na	na	-	-	-
60	0.04	0.12	na	na	0.08	0.09	0.12
90	0.05	0.15	na	na	0.09	0.12	0.15
not covered	(0.04)	(0.11)	na	na	(0.08)	(0.09)	(0.12)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	-	-	na	na	-	-	-
21	-	-	na	na	-	-	-
30	0.01	0.03	na	na	0.02	0.03	0.03
Unlimited	0.01	0.03	na	na	0.02	0.03	0.03
not covered	(0.04)	(0.12)	na	na	(0.07)	(0.10)	(0.12)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	-	-	na	na	-	-	-
30	0.05	0.14	na	na	0.10	0.12	0.15
60	0.06	0.18	na	na	0.12	0.14	0.18
90	0.06	0.17	na	na	0.11	0.15	0.18
Unlimited	0.09	0.26	na	na	0.16	0.21	0.27
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	-	-	na	na	-	-	-
60	0.05	0.15	na	na	0.09	0.12	0.15
90	0.06	0.17	na	na	0.11	0.15	0.18
120	0.09	0.26	na	na	0.16	0.21	0.27
Unlimited	0.10	0.29	na	na	0.18	0.24	0.30
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$15	(0.10)	(0.29)	na	na	(0.18)	(0.24)	(0.30)
$25	(0.17)	(0.49)	na	na	(0.32)	(0.40)	(0.51)
$35	(0.28)	(0.81)	na	na	(0.52)	(0.67)	(0.84)
$50	(0.44)	(1.27)	na	na	(0.81)	(1.06)	(1.32)
$75	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$100	(0.95)	(2.75)	na	na	(1.76)	(2.28)	(2.85)
$125	(1.20)	(3.48)	na	na	(2.22)	(2.88)	(3.60)
$150	(1.43)	(4.15)	na	na	(2.65)	(3.43)	(4.29)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$50	(0.15)	(0.43)	na	na	(0.28)	(0.36)	(0.45)
$75	(0.25)	(0.73)	na	na	(0.46)	(0.60)	(0.75)
$100	(0.35)	(1.02)	na	na	(0.65)	(0.84)	(1.05)
$125	(0.45)	(1.31)	na	na	(0.83)	(1.08)	(1.35)
$150	(0.55)	(1.59)	na	na	(1.02)	(1.32)	(1.65)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	-	-	na	na	-	-	-
60	0.01	0.03	na	na	0.02	0.03	0.03
100	0.04	0.12	na	na	0.08	0.09	0.12
200	0.05	0.14	na	na	0.10	0.12	0.15
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$100	16.7%	16.8%	na	na	16.5%	16.7%	16.7%
$150	16.4%	16.4%	na	na	16.2%	16.3%	16.4%
$200	16.8%	16.7%	na	na	16.7%	16.7%	16.8%
$250	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
$500	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
$750	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$1,000	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Copay/Day							
$50 w/3 Day Max	16.8%	16.8%	na	na	16.7%	16.8%	16.8%
$50 w/5 Day Max	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
$100 w/3 Day Max	16.9%	16.8%	na	na	16.9%	16.9%	16.9%
$100 w/5 Day Max	16.8%	16.7%	na	na	16.8%	16.8%	16.8%
$250 w/3 Day Max	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	21.1%	21.8%	na	na	22.9%	19.6%	21.1%
90	19.2%	20.0%	na	na	18.8%	19.4%	19.2%
not covered	16.7%	15.7%	na	na	18.2%	15.5%	16.7%
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
21	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	12.5%	13.0%	na	na	13.3%	15.8%	12.5%
Unlimited	7.7%	7.9%	na	na	8.3%	9.7%	7.7%
not covered	20.0%	20.7%	na	na	18.9%	20.8%	20.0%
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
30	16.1%	15.6%	na	na	17.5%	16.2%	16.1%
60	16.2%	16.8%	na	na	17.6%	15.7%	16.2%
90	14.0%	13.6%	na	na	13.8%	14.6%	14.0%
Unlimited	18.4%	18.3%	na	na	17.6%	17.8%	18.4%
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	19.2%	20.0%	na	na	18.8%	19.4%	19.2%
90	14.6%	14.3%	na	na	14.5%	15.3%	14.6%
120	18.4%	18.3%	na	na	17.6%	17.8%	18.4%
Unlimited	17.9%	17.9%	na	na	17.3%	17.9%	17.9%
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	16.1%	16.1%	na	na	15.7%	16.1%	16.1%
$25	16.3%	16.2%	na	na	16.7%	16.0%	16.3%
$35	17.0%	16.9%	na	na	17.0%	16.9%	17.0%
$50	16.7%	16.6%	na	na	16.6%	16.8%	16.7%
$75	16.7%	16.8%	na	na	16.7%	16.8%	16.7%
$100	16.6%	16.5%	na	na	16.6%	16.6%	16.6%
$125	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
$150	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	16.1%	15.9%	na	na	16.3%	16.1%	16.1%
$75	16.9%	17.0%	na	na	16.8%	16.9%	16.9%
$100	17.0%	17.1%	na	na	17.1%	17.0%	17.0%
$125	16.9%	17.0%	na	na	16.9%	16.9%	16.9%
$150	16.6%	16.6%	na	na	16.7%	16.6%	16.6%
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	12.5%	13.0%	na	na	13.3%	15.8%	12.5%
100	21.1%	21.8%	na	na	22.9%	19.6%	21.1%
200	20.0%	19.2%	na	na	21.7%	20.0%	20.0%
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
$5	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$10	(6.34)	(18.39)	na	na	(11.73)	(15.22)	(19.02)
$15	(9.75)	(28.28)	na	na	(18.04)	(23.40)	(29.25)
$20	(13.88)	(40.25)	na	na	(25.68)	(33.31)	(41.64)
$25	(17.17)	(49.79)	na	na	(31.76)	(41.21)	(51.51)
$30	(20.46)	(59.33)	na	na	(37.85)	(49.10)	(61.38)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(1.76)	(5.10)	na	na	(3.26)	(4.22)	(5.28)
$10	(3.65)	(10.59)	na	na	(6.75)	(8.76)	(10.95)
$15	(5.60)	(16.24)	na	na	(10.36)	(13.44)	(16.80)
$20	(7.97)	(23.11)	na	na	(14.74)	(19.13)	(23.91)
$25	(9.85)	(28.57)	na	na	(18.22)	(23.64)	(29.55)
$30	(11.73)	(34.02)	na	na	(21.70)	(28.15)	(35.19)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.34)	(12.59)	na	na	(8.03)	(10.42)	(13.02)
$10	(8.89)	(25.78)	na	na	(16.45)	(21.34)	(26.67)
$15	(13.22)	(38.34)	na	na	(24.46)	(31.73)	(39.66)
$20	(17.82)	(51.68)	na	na	(32.97)	(42.77)	(53.46)
$25	(22.61)	(65.57)	na	na	(41.83)	(54.26)	(67.83)
$30	(27.70)	(80.33)	na	na	(51.25)	(66.48)	(83.10)
$35	(32.00)	(92.80)	na	na	(59.20)	(76.80)	(96.00)
$40	(36.25)	(105.13)	na	na	(67.06)	(87.00)	(108.75)
$45	(40.45)	(117.31)	na	na	(74.83)	(97.08)	(121.35)
$50	(44.61)	(129.37)	na	na	(82.53)	(107.06)	(133.83)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(3.65)	(10.59)	na	na	(6.75)	(8.76)	(10.95)
$10	(7.51)	(21.78)	na	na	(13.89)	(18.02)	(22.53)
$15	(11.18)	(32.42)	na	na	(20.68)	(26.83)	(33.54)
$20	(15.06)	(43.67)	na	na	(27.86)	(36.14)	(45.18)
$25	(19.12)	(55.45)	na	na	(35.37)	(45.89)	(57.36)
$30	(23.41)	(67.89)	na	na	(43.31)	(56.18)	(70.23)
$35	(27.07)	(78.50)	na	na	(50.08)	(64.97)	(81.21)
$40	(30.65)	(88.89)	na	na	(56.70)	(73.56)	(91.95)
$45	(34.20)	(99.18)	na	na	(63.27)	(82.08)	(102.60)
$50	(37.75)	(109.48)	na	na	(69.84)	(90.60)	(113.25)
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.42	1.22	na	na	0.78	1.01	1.26
Unlimited	0.49	1.42	na	na	0.91	1.18	1.47
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.68	1.97	na	na	1.26	1.63	2.04
90	1.05	3.05	na	na	1.94	2.52	3.15
not covered	(2.44)	(7.08)	na	na	(4.51)	(5.86)	(7.32)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.12)	(0.35)	na	na	(0.22)	(0.29)	(0.36)
$10	(0.26)	(0.75)	na	na	(0.48)	(0.62)	(0.78)
$15	(0.38)	(1.10)	na	na	(0.70)	(0.91)	(1.14)
$20	(0.42)	(1.22)	na	na	(0.78)	(1.01)	(1.26)
$25	(0.55)	(1.60)	na	na	(1.02)	(1.32)	(1.65)
$30	(0.63)	(1.83)	na	na	(1.17)	(1.51)	(1.89)
$35	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$40	(0.83)	(2.41)	na	na	(1.54)	(1.99)	(2.49)
$45	(0.95)	(2.76)	na	na	(1.76)	(2.28)	(2.85)
$50	(1.05)	(3.05)	na	na	(1.94)	(2.52)	(3.15)
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.09)	(0.26)	na	na	(0.17)	(0.22)	(0.27)
$25	(0.15)	(0.44)	na	na	(0.28)	(0.36)	(0.45)

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
$5	(3.58)	(10.38)	na	na	(6.62)	(8.59)	(10.74)
$10	(7.40)	(21.46)	na	na	(13.69)	(17.76)	(22.20)
$15	(11.38)	(33.00)	na	na	(21.05)	(27.31)	(34.14)
$20	(16.20)	(46.98)	na	na	(29.97)	(38.88)	(48.60)
$25	(20.04)	(58.12)	na	na	(37.07)	(48.10)	(60.12)
$30	(23.89)	(69.28)	na	na	(44.20)	(57.34)	(71.67)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.06)	(5.97)	na	na	(3.81)	(4.94)	(6.18)
$10	(4.26)	(12.35)	na	na	(7.88)	(10.22)	(12.78)
$15	(6.53)	(18.94)	na	na	(12.08)	(15.67)	(19.59)
$20	(9.30)	(26.97)	na	na	(17.21)	(22.32)	(27.90)
$25	(11.51)	(33.38)	na	na	(21.29)	(27.62)	(34.53)
$30	(13.69)	(39.70)	na	na	(25.33)	(32.86)	(41.07)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.06)	(14.67)	na	na	(9.36)	(12.14)	(15.18)
$10	(10.37)	(30.07)	na	na	(19.18)	(24.89)	(31.11)
$15	(15.43)	(44.75)	na	na	(28.55)	(37.03)	(46.29)
$20	(20.80)	(60.32)	na	na	(38.48)	(49.92)	(62.40)
$25	(26.39)	(76.53)	na	na	(48.82)	(63.34)	(79.17)
$30	(32.32)	(93.73)	na	na	(59.79)	(77.57)	(96.96)
$35	(37.35)	(108.32)	na	na	(69.10)	(89.64)	(112.05)
$40	(42.31)	(122.70)	na	na	(78.27)	(101.54)	(126.93)
$45	(47.22)	(136.94)	na	na	(87.36)	(113.33)	(141.66)
$50	(52.06)	(150.97)	na	na	(96.31)	(124.94)	(156.18)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.26)	(12.35)	na	na	(7.88)	(10.22)	(12.78)
$10	(8.77)	(25.43)	na	na	(16.22)	(21.05)	(26.31)
$15	(13.05)	(37.85)	na	na	(24.14)	(31.32)	(39.15)
$20	(17.58)	(50.98)	na	na	(32.52)	(42.19)	(52.74)
$25	(22.31)	(64.70)	na	na	(41.27)	(53.54)	(66.93)
$30	(27.32)	(79.23)	na	na	(50.54)	(65.57)	(81.96)
$35	(31.59)	(91.61)	na	na	(58.44)	(75.82)	(94.77)
$40	(35.77)	(103.73)	na	na	(66.17)	(85.85)	(107.31)
$45	(39.91)	(115.74)	na	na	(73.83)	(95.78)	(119.73)
$50	(44.06)	(127.77)	na	na	(81.51)	(105.74)	(132.18)
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.48	1.39	na	na	0.89	1.15	1.44
Unlimited	0.58	1.68	na	na	1.07	1.39	1.74
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.79	2.29	na	na	1.46	1.90	2.37
90	1.23	3.57	na	na	2.28	2.95	3.69
not covered	(2.84)	(8.24)	na	na	(5.25)	(6.82)	(8.52)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.31)	(0.90)	na	na	(0.57)	(0.74)	(0.93)
$15	(0.44)	(1.28)	na	na	(0.81)	(1.06)	(1.32)
$20	(0.48)	(1.39)	na	na	(0.89)	(1.15)	(1.44)
$25	(0.65)	(1.89)	na	na	(1.20)	(1.56)	(1.95)
$30	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$35	(0.84)	(2.44)	na	na	(1.55)	(2.02)	(2.52)
$40	(0.97)	(2.81)	na	na	(1.79)	(2.33)	(2.91)
$45	(1.11)	(3.22)	na	na	(2.05)	(2.66)	(3.33)
$50	(1.23)	(3.57)	na	na	(2.28)	(2.95)	(3.69)
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.19)	(0.55)	na	na	(0.35)	(0.46)	(0.57)

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
$5	(0.51)	(1.48)	na	na	(0.94)	(1.22)	(1.53)
$10	(1.06)	(3.07)	na	na	(1.96)	(2.54)	(3.18)
$15	(1.63)	(4.72)	na	na	(3.01)	(3.91)	(4.89)
$20	(2.32)	(6.73)	na	na	(4.29)	(5.57)	(6.96)
$25	(2.87)	(8.33)	na	na	(5.31)	(6.89)	(8.61)
$30	(3.43)	(9.95)	na	na	(6.35)	(8.24)	(10.29)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.30)	(0.87)	na	na	(0.55)	(0.72)	(0.90)
$10	(0.61)	(1.76)	na	na	(1.13)	(1.46)	(1.83)
$15	(0.93)	(2.70)	na	na	(1.72)	(2.23)	(2.79)
$20	(1.33)	(3.86)	na	na	(2.47)	(3.19)	(3.99)
$25	(1.66)	(4.81)	na	na	(3.07)	(3.98)	(4.98)
$30	(1.96)	(5.68)	na	na	(3.63)	(4.71)	(5.88)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.72)	(2.08)	na	na	(1.33)	(1.72)	(2.16)
$10	(1.48)	(4.29)	na	na	(2.73)	(3.55)	(4.44)
$15	(2.21)	(6.41)	na	na	(4.09)	(5.30)	(6.63)
$20	(2.98)	(8.64)	na	na	(5.51)	(7.15)	(8.94)
$25	(3.78)	(10.96)	na	na	(6.99)	(9.08)	(11.34)
$30	(4.62)	(13.40)	na	na	(8.54)	(11.09)	(13.86)
$35	(5.35)	(15.52)	na	na	(9.90)	(12.84)	(16.05)
$40	(6.06)	(17.57)	na	na	(11.21)	(14.54)	(18.18)
$45	(6.77)	(19.63)	na	na	(12.53)	(16.25)	(20.31)
$50	(7.45)	(21.60)	na	na	(13.78)	(17.88)	(22.35)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.61)	(1.76)	na	na	(1.13)	(1.46)	(1.83)
$10	(1.26)	(3.65)	na	na	(2.33)	(3.03)	(3.78)
$15	(1.87)	(5.43)	na	na	(3.46)	(4.49)	(5.61)
$20	(2.52)	(7.31)	na	na	(4.66)	(6.05)	(7.56)
$25	(3.19)	(9.25)	na	na	(5.90)	(7.65)	(9.57)
$30	(3.91)	(11.34)	na	na	(7.23)	(9.39)	(11.73)
$35	(4.52)	(13.11)	na	na	(8.36)	(10.85)	(13.56)
$40	(5.12)	(14.84)	na	na	(9.47)	(12.29)	(15.36)
$45	(5.71)	(16.56)	na	na	(10.56)	(13.70)	(17.13)
$50	(6.31)	(18.29)	na	na	(11.67)	(15.14)	(18.93)
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	-	-	na	na	-	-	-
120	0.06	0.17	na	na	0.11	0.14	0.18
Unlimited	0.09	0.26	na	na	0.16	0.21	0.27
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	-	-	na	na	-	-	-
60	0.11	0.32	na	na	0.20	0.27	0.33
90	0.18	0.52	na	na	0.34	0.43	0.54
not covered	(0.40)	(1.16)	na	na	(0.74)	(0.96)	(1.20)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.01)	(0.03)	na	na	(0.02)	(0.02)	(0.03)
$10	(0.05)	(0.15)	na	na	(0.09)	(0.12)	(0.15)
$15	(0.06)	(0.18)	na	na	(0.11)	(0.15)	(0.18)
$20	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$25	(0.10)	(0.29)	na	na	(0.18)	(0.24)	(0.30)
$30	(0.10)	(0.29)	na	na	(0.18)	(0.24)	(0.30)
$35	(0.11)	(0.32)	na	na	(0.20)	(0.27)	(0.33)
$40	(0.14)	(0.40)	na	na	(0.25)	(0.34)	(0.42)
$45	(0.16)	(0.46)	na	na	(0.29)	(0.38)	(0.48)
$50	(0.18)	(0.52)	na	na	(0.34)	(0.43)	(0.54)
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	-	-	na	na	-	-	-
$15	(0.01)	(0.03)	na	na	(0.02)	(0.02)	(0.03)
$25	(0.04)	(0.11)	na	na	(0.07)	(0.10)	(0.12)

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
$5	16.6%	16.6%	na	na	16.5%	16.6%	16.6%
$10	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$15	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$20	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$25	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$30	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [st						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	17.0%	17.1%	na	na	16.9%	17.1%	17.0%
$10	16.7%	16.6%	na	na	16.7%	16.7%	16.7%
$15	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
$20	16.7%	16.7%	na	na	16.8%	16.7%	16.7%
$25	16.9%	16.8%	na	na	16.8%	16.8%	16.9%
$30	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	16.6%	16.5%	na	na	16.6%	16.5%	16.6%
$10	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
$15	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$20	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$25	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$30	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$35	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$40	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$45	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$50	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std:						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	16.7%	16.6%	na	na	16.7%	16.7%	16.7%
$10	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
$15	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$20	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$25	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$30	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$35	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$40	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$45	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
$50	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
120	14.3%	13.9%	na	na	14.1%	13.9%	14.3%
Unlimited	18.4%	18.3%	na	na	17.6%	17.8%	18.4%
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	16.2%	16.2%	na	na	15.9%	16.6%	16.2%
90	17.1%	17.0%	na	na	17.5%	17.1%	17.1%
not covered	16.4%	16.4%	na	na	16.4%	16.4%	16.4%
Copay	Refractive Eye Exam Copay [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	8.3%	8.6%	na	na	9.1%	6.9%	8.3%
$10	19.2%	20.0%	na	na	18.8%	19.4%	19.2%
$15	15.8%	16.4%	na	na	15.7%	16.5%	15.8%
$20	14.3%	13.9%	na	na	14.1%	13.9%	14.3%
$25	18.2%	18.1%	na	na	17.6%	18.2%	18.2%
$30	15.9%	15.8%	na	na	15.4%	15.9%	15.9%
$35	15.1%	15.1%	na	na	14.8%	15.4%	15.1%
$40	16.9%	16.6%	na	na	16.2%	17.1%	16.9%
$45	16.8%	16.7%	na	na	16.5%	16.7%	16.8%
$50	17.1%	17.0%	na	na	17.5%	17.1%	17.1%
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	11.1%	11.5%	na	na	11.8%	9.1%	11.1%
$25	26.7%	25.0%	na	na	25.0%	27.8%	26.7%

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.23)	(0.67)	na	na	(0.43)	(0.55)	(0.69)
$50	(0.31)	(0.90)	na	na	(0.57)	(0.74)	(0.93)
$60	(0.38)	(1.10)	na	na	(0.70)	(0.91)	(1.14)
$75	(0.47)	(1.36)	na	na	(0.87)	(1.13)	(1.41)
$100	(0.63)	(1.83)	na	na	(1.17)	(1.51)	(1.89)
$125	(0.81)	(2.35)	na	na	(1.50)	(1.94)	(2.43)
$150	(0.98)	(2.84)	na	na	(1.81)	(2.35)	(2.94)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(3.90)	(11.31)	na	na	(7.22)	(9.36)	(11.70)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.50)	(1.45)	na	na	(0.93)	(1.20)	(1.50)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(4.59)	(13.31)	na	na	(8.49)	(11.02)	(13.77)
$500,000	(1.36)	(3.94)	na	na	(2.52)	(3.26)	(4.08)

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.27)	(0.78)	na	na	(0.50)	(0.65)	(0.81)
$50	(0.36)	(1.04)	na	na	(0.67)	(0.86)	(1.08)
$60	(0.44)	(1.28)	na	na	(0.81)	(1.06)	(1.32)
$75	(0.56)	(1.62)	na	na	(1.04)	(1.34)	(1.68)
$100	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$125	(0.95)	(2.76)	na	na	(1.76)	(2.28)	(2.85)
$150	(1.14)	(3.31)	na	na	(2.11)	(2.74)	(3.42)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(4.55)	(13.20)	na	na	(8.42)	(10.92)	(13.65)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.59)	(1.71)	na	na	(1.09)	(1.42)	(1.77)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.36)	(15.54)	na	na	(9.92)	(12.86)	(16.08)
$500,000	(1.60)	(4.64)	na	na	(2.96)	(3.84)	(4.80)

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.04)	(0.11)	na	na	(0.07)	(0.10)	(0.12)
$50	(0.05)	(0.14)	na	na	(0.10)	(0.12)	(0.15)
$60	(0.06)	(0.18)	na	na	(0.11)	(0.15)	(0.18)
$75	(0.09)	(0.26)	na	na	(0.17)	(0.21)	(0.27)
$100	(0.10)	(0.29)	na	na	(0.18)	(0.24)	(0.30)
$125	(0.14)	(0.41)	na	na	(0.26)	(0.34)	(0.42)
$150	(0.16)	(0.47)	na	na	(0.30)	(0.39)	(0.48)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(0.65)	(1.89)	na	na	(1.20)	(1.56)	(1.95)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.09)	(0.26)	na	na	(0.16)	(0.22)	(0.27)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.77)	(2.23)	na	na	(1.43)	(1.84)	(2.31)
$500,000	(0.24)	(0.70)	na	na	(0.44)	(0.58)	(0.72)

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	17.4%	16.4%	na	na	16.3%	18.2%	17.4%
$50	16.1%	15.6%	na	na	17.5%	16.2%	16.1%
$60	15.8%	16.4%	na	na	15.7%	16.5%	15.8%
$75	19.1%	19.1%	na	na	19.5%	18.6%	19.1%
$100	15.9%	15.8%	na	na	15.4%	15.9%	15.9%
$125	17.3%	17.4%	na	na	17.3%	17.5%	17.3%
$150	16.3%	16.5%	na	na	16.6%	16.6%	16.3%
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	18.0%	17.9%	na	na	17.2%	18.3%	18.0%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	16.8%	16.8%	na	na	16.8%	16.7%	16.8%
$500,000	17.6%	17.8%	na	na	17.5%	17.8%	17.6%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.62)	(1.80)	na	na	(1.15)	(1.49)	(1.86)
$25	(1.04)	(3.02)	na	na	(1.92)	(2.50)	(3.12)
$35	(1.65)	(4.79)	na	na	(3.05)	(3.96)	(4.95)
$50	(2.63)	(7.63)	na	na	(4.87)	(6.31)	(7.89)
$75	(4.30)	(12.47)	na	na	(7.96)	(10.32)	(12.90)
$100	(5.73)	(16.62)	na	na	(10.60)	(13.75)	(17.19)
$125	(7.15)	(20.74)	na	na	(13.23)	(17.16)	(21.45)
$150	(8.58)	(24.88)	na	na	(15.87)	(20.59)	(25.74)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(4.47)	(12.96)	na	na	(8.27)	(10.73)	(13.41)
$500,000	(1.32)	(3.83)	na	na	(2.44)	(3.17)	(3.96)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$25	(1.21)	(3.51)	na	na	(2.24)	(2.90)	(3.63)
$35	(1.93)	(5.60)	na	na	(3.57)	(4.63)	(5.79)
$50	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$75	(5.02)	(14.56)	na	na	(9.29)	(12.05)	(15.06)
$100	(6.68)	(19.37)	na	na	(12.36)	(16.03)	(20.04)
$125	(8.35)	(24.22)	na	na	(15.45)	(20.04)	(25.05)
$150	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.22)	(15.14)	na	na	(9.66)	(12.53)	(15.66)
$500,000	(1.53)	(4.44)	na	na	(2.83)	(3.67)	(4.59)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	-	-	na	na	-	-	-
$15	(0.10)	(0.29)	na	na	(0.18)	(0.24)	(0.30)
$25	(0.17)	(0.49)	na	na	(0.32)	(0.40)	(0.51)
$35	(0.28)	(0.81)	na	na	(0.52)	(0.67)	(0.84)
$50	(0.44)	(1.27)	na	na	(0.81)	(1.06)	(1.32)
$75	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$100	(0.95)	(2.75)	na	na	(1.76)	(2.28)	(2.85)
$125	(1.20)	(3.48)	na	na	(2.22)	(2.88)	(3.60)
$150	(1.43)	(4.15)	na	na	(2.65)	(3.43)	(4.29)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.75)	(2.18)	na	na	(1.39)	(1.80)	(2.25)
$500,000	(0.21)	(0.61)	na	na	(0.39)	(0.50)	(0.63)
Unlimited	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	16.1%	16.1%	na	na	15.7%	16.1%	16.1%
$25	16.3%	16.2%	na	na	16.7%	16.0%	16.3%
$35	17.0%	16.9%	na	na	17.0%	16.9%	17.0%
$50	16.7%	16.6%	na	na	16.6%	16.8%	16.7%
$75	16.7%	16.8%	na	na	16.7%	16.8%	16.7%
$100	16.6%	16.5%	na	na	16.6%	16.6%	16.6%
$125	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
$150	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
$500,000	15.9%	15.9%	na	na	16.0%	15.8%	15.9%
Unlimited	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
DOLLAR CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
PERCENTAGE CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
30	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			Class II Dependents				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.Max.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.Max.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.Max.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.Max.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
					20% Member Coinsurance				
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
					30% Member Coinsurance				
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
					40% Member Coinsurance				
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
					50% Member Coinsurance				
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
					20% Member Coinsurance				
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
					30% Member Coinsurance				
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
					40% Member Coinsurance				
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
					50% Member Coinsurance				
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK

DOLLAR CHANGE IN RATES
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DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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PERCENTAGE IN RATES
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DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ut Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	-	-	-
$200	-	-	-
$250	-	-	-
$300	-	-	-
$350	-	-	-
$500	-	-	-
$750	-	-	-
$1,000	-	-	-
$1,500	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$6,000	-	-	-

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
-	-	-

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	-
90th Percentile of HIAA	-

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.0%
90th Percentile of HIAA	0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
JANUARY 1, 2012 - MARCH 31, 2012 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	19.76	na	19.76
Two Persons	na	na	na
EE & Child(ren)	na	na	36.75
EE + Spouse	na	na	39.52
Family	48.41	na	60.47

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	19.76	na	19.76
Two Persons	na	na	na
EE & Child(ren)	na	na	36.75
EE + Spouse	na	na	39.52
Family	48.41	na	60.47

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK

DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	-	na	-
Two Persons	na	na	na
EE & Child(ren)	na	na	-
EE + Spouse	na	na	-
Family	-	na	-

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	-	-
Select PPO	-	-
New York City, Westchester, Rockland and Orange Counties		
Select EPO	-	-
Select PPO	-	-
Upstate New York	-	-
New Jersey	-	-
Connecticut	-	-
All Other States	-	-

employer

Retention Percentage

All Small Groups -

Sole Proprietor Contracts

Sole Proprietor Factor -

HIP INSURANCE COMPANY OF NEW YORK

PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	0.0%	na	0.0%
Two Persons	na	na	na
EE & Child(ren)	na	na	0.0%
EE + Spouse	na	na	0.0%
Family	0.0%	na	0.0%

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
New York City, Westchester, Rockland and Orange Counties		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
Upstate New York	0.0%	0.0%
New Jersey	0.0%	0.0%
Connecticut	0.0%	0.0%
All Other States	0.0%	0.0%

employer

Retention Percentage

All Small Groups 0.0%

Sole Proprietor Contracts

Sole Proprietor Factor 0.0%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
JANUARY 1, 2012 - MARCH 31, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	2.38	6.90	na	na	4.40	5.71	7.14
60	3.05	8.85	na	na	5.64	7.32	9.15
90	3.55	10.30	na	na	6.57	8.52	10.65
Unlimited	3.64	10.56	na	na	6.73	8.74	10.92
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	3.71	10.76	na	na	6.86	8.90	11.13
60	3.84	11.14	na	na	7.10	9.22	11.52
90	3.99	11.57	na	na	7.38	9.58	11.97
Unlimited	4.07	11.80	na	na	7.53	9.77	12.21
SMALL GROUP							
Inpatient Mental Hlth	0.00	0.00	na	na	0.00	0.00	0.00
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	5.20	15.08	na	na	9.62	12.48	15.60
20 visits/$5	4.93	14.30	na	na	9.12	11.83	14.79
20 visits/$10	4.68	13.57	na	na	8.66	11.23	14.04
20 visits/$15	4.43	12.85	na	na	8.20	10.63	13.29
20 visits/$20	4.22	12.24	na	na	7.81	10.13	12.66
20 visits/$25	4.00	11.60	na	na	7.40	9.60	12.00
20 visits/$30	3.85	11.17	na	na	7.12	9.24	11.55
20 visits/$35	3.72	10.79	na	na	6.88	8.93	11.16
20 visits/$40	3.58	10.38	na	na	6.62	8.59	10.74
20 visits/$45	3.43	9.95	na	na	6.35	8.23	10.29
20 visits/$50	3.30	9.57	na	na	6.11	7.92	9.90
30 visits/$0	6.69	19.40	na	na	12.38	16.06	20.07
30 visits/$5	6.07	17.60	na	na	11.23	14.57	18.21
30 visits/$10	5.70	16.53	na	na	10.55	13.68	17.10
30 visits/$15	5.53	16.04	na	na	10.23	13.27	16.59
30 visits/$20	5.29	15.34	na	na	9.79	12.70	15.87
30 visits/$25	5.18	15.02	na	na	9.58	12.43	15.54
30 visits/$30	4.89	14.18	na	na	9.05	11.74	14.67
30 visits/$35	4.56	13.22	na	na	8.44	10.94	13.68
30 visits/$40	4.53	13.14	na	na	8.38	10.87	13.59
30 visits/$45	4.39	12.73	na	na	8.12	10.54	13.17
30 visits/$50	4.17	12.09	na	na	7.71	10.01	12.51
40 visits/$0	7.04	20.42	na	na	13.02	16.90	21.12
40 visits/$5	6.70	19.43	na	na	12.40	16.08	20.10
40 visits/$10	6.47	18.76	na	na	11.97	15.53	19.41
40 visits/$15	6.21	18.01	na	na	11.49	14.90	18.63
40 visits/$20	5.98	17.34	na	na	11.06	14.35	17.94
40 visits/$25	5.78	16.76	na	na	10.69	13.87	17.34
40 visits/$30	5.53	16.04	na	na	10.23	13.27	16.59
40 visits/$35	5.26	15.25	na	na	9.73	12.62	15.78
40 visits/$40	4.91	14.24	na	na	9.08	11.78	14.73
40 visits/$45	4.93	14.30	na	na	9.12	11.83	14.79
40 visits/$50	5.04	14.62	na	na	9.32	12.10	15.12
60 visits/$0	7.68	22.27	na	na	14.21	18.43	23.04
60 visits/$5	7.41	21.49	na	na	13.71	17.78	22.23
60 visits/$10	7.06	20.47	na	na	13.06	16.94	21.18
60 visits/$15	6.85	19.87	na	na	12.67	16.44	20.55
60 visits/$20	6.54	18.97	na	na	12.10	15.70	19.62
60 visits/$25	6.46	18.73	na	na	11.95	15.50	19.38
60 visits/$30	6.19	17.95	na	na	11.45	14.86	18.57
60 visits/$35	5.77	16.73	na	na	10.67	13.85	17.31
60 visits/$40	5.29	15.34	na	na	9.79	12.70	15.87
60 visits/$45	5.14	14.91	na	na	9.51	12.34	15.42
60 visits/$50	5.21	15.11	na	na	9.64	12.50	15.63
Unlimited visits/$0	7.76	22.50	na	na	14.36	18.62	23.28
Unlimited visits/$5	7.49	21.72	na	na	13.86	17.98	22.47
Unlimited visits/$10	7.14	20.71	na	na	13.21	17.14	21.42
Unlimited visits/$15	6.92	20.07	na	na	12.80	16.61	20.76
Unlimited visits/$20	6.60	19.14	na	na	12.21	15.84	19.80
Unlimited visits/$25	6.52	18.91	na	na	12.06	15.65	19.56
Unlimited visits/$30	6.24	18.10	na	na	11.54	14.98	18.72
Unlimited visits/$35	5.82	16.88	na	na	10.77	13.97	17.46
Unlimited visits/$40	5.34	15.49	na	na	9.88	12.82	16.02
Unlimited visits/$45	5.18	15.02	na	na	9.58	12.43	15.54
Unlimited visits/$50	5.25	15.23	na	na	9.71	12.60	15.75
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	6.67	19.34	na	na	12.34	16.01	20.01
20 visits/$5	6.42	18.62	na	na	11.88	15.41	19.26
20 visits/$10	6.06	17.57	na	na	11.21	14.54	18.18
20 visits/$15	5.78	16.76	na	na	10.69	13.87	17.34
20 visits/$20	5.54	16.07	na	na	10.25	13.30	16.62
20 visits/$25	5.41	15.69	na	na	10.01	12.98	16.23
20 visits/$30	5.20	15.08	na	na	9.62	12.48	15.60
20 visits/$35	4.88	14.15	na	na	9.03	11.71	14.64
20 visits/$40	4.59	13.31	na	na	8.49	11.02	13.77
20 visits/$45	4.39	12.73	na	na	8.12	10.54	13.17
20 visits/$50	4.35	12.62	na	na	8.05	10.44	13.05
30 visits/$0	7.66	22.21	na	na	14.17	18.38	22.98

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	2.78	8.06	na	na	5.14	6.67	8.34
60	3.56	10.32	na	na	6.59	8.54	10.68
90	4.15	12.04	na	na	7.68	9.96	12.45
Unlimited	4.24	12.30	na	na	7.84	10.18	12.72
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	4.33	12.56	na	na	8.01	10.39	12.99
60	4.48	12.99	na	na	8.29	10.75	13.44
90	4.66	13.51	na	na	8.62	11.18	13.98
Unlimited	4.75	13.78	na	na	8.79	11.40	14.25
SMALL GROUP							
Inpatient Mental Hlth	0.00	0.00	na	na	0.00	0.00	0.00
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	6.07	17.60	na	na	11.23	14.57	18.21
20 visits/$5	5.75	16.68	na	na	10.64	13.80	17.25
20 visits/$10	5.46	15.83	na	na	10.10	13.10	16.38
20 visits/$15	5.17	14.99	na	na	9.56	12.41	15.51
20 visits/$20	4.92	14.27	na	na	9.10	11.81	14.76
20 visits/$25	4.67	13.54	na	na	8.64	11.21	14.01
20 visits/$30	4.50	13.05	na	na	8.33	10.80	13.50
20 visits/$35	4.34	12.59	na	na	8.03	10.42	13.02
20 visits/$40	4.18	12.12	na	na	7.73	10.03	12.54
20 visits/$45	4.00	11.60	na	na	7.40	9.60	12.00
20 visits/$50	3.85	11.17	na	na	7.12	9.24	11.55
30 visits/$0	7.81	22.65	na	na	14.45	18.74	23.43
30 visits/$5	7.09	20.56	na	na	13.12	17.02	21.27
30 visits/$10	6.65	19.29	na	na	12.30	15.96	19.95
30 visits/$15	6.45	18.71	na	na	11.93	15.48	19.35
30 visits/$20	6.17	17.89	na	na	11.41	14.81	18.51
30 visits/$25	6.05	17.55	na	na	11.19	14.52	18.15
30 visits/$30	5.71	16.56	na	na	10.56	13.70	17.13
30 visits/$35	5.33	15.46	na	na	9.86	12.79	15.99
30 visits/$40	5.28	15.31	na	na	9.77	12.67	15.84
30 visits/$45	5.12	14.85	na	na	9.47	12.29	15.36
30 visits/$50	4.87	14.12	na	na	9.01	11.69	14.61
40 visits/$0	8.21	23.81	na	na	15.19	19.70	24.63
40 visits/$5	7.82	22.68	na	na	14.47	18.77	23.46
40 visits/$10	7.55	21.90	na	na	13.97	18.12	22.65
40 visits/$15	7.24	21.00	na	na	13.39	17.38	21.72
40 visits/$20	6.98	20.24	na	na	12.91	16.75	20.94
40 visits/$25	6.75	19.58	na	na	12.49	16.20	20.25
40 visits/$30	6.45	18.71	na	na	11.93	15.48	19.35
40 visits/$35	6.14	17.81	na	na	11.36	14.74	18.42
40 visits/$40	5.73	16.62	na	na	10.60	13.75	17.19
40 visits/$45	5.75	16.68	na	na	10.64	13.80	17.25
40 visits/$50	5.88	17.05	na	na	10.88	14.11	17.64
60 visits/$0	8.96	25.98	na	na	16.58	21.50	26.88
60 visits/$5	8.64	25.06	na	na	15.98	20.74	25.92
60 visits/$10	8.24	23.90	na	na	15.24	19.78	24.72
60 visits/$15	8.00	23.20	na	na	14.80	19.20	24.00
60 visits/$20	7.63	22.13	na	na	14.12	18.31	22.89
60 visits/$25	7.54	21.87	na	na	13.95	18.10	22.62
60 visits/$30	7.22	20.94	na	na	13.36	17.33	21.66
60 visits/$35	6.74	19.55	na	na	12.47	16.18	20.22
60 visits/$40	6.17	17.89	na	na	11.41	14.81	18.51
60 visits/$45	5.99	17.37	na	na	11.08	14.38	17.97
60 visits/$50	6.08	17.63	na	na	11.25	14.59	18.24
Unlimited visits/$0	9.06	26.27	na	na	16.76	21.74	27.18
Unlimited visits/$5	8.74	25.35	na	na	16.17	20.98	26.22
Unlimited visits/$10	8.33	24.16	na	na	15.41	19.99	24.99
Unlimited visits/$15	8.08	23.43	na	na	14.95	19.39	24.24
Unlimited visits/$20	7.70	22.33	na	na	14.25	18.48	23.10
Unlimited visits/$25	7.61	22.07	na	na	14.08	18.26	22.83
Unlimited visits/$30	7.28	21.11	na	na	13.47	17.47	21.84
Unlimited visits/$35	6.79	19.69	na	na	12.56	16.30	20.37
Unlimited visits/$40	6.23	18.07	na	na	11.53	14.95	18.69
Unlimited visits/$45	6.05	17.55	na	na	11.19	14.52	18.15
Unlimited visits/$50	6.13	17.78	na	na	11.34	14.71	18.39
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	7.79	22.59	na	na	14.41	18.70	23.37
20 visits/$5	7.49	21.72	na	na	13.86	17.98	22.47
20 visits/$10	7.08	20.53	na	na	13.10	16.99	21.24
20 visits/$15	6.75	19.58	na	na	12.49	16.20	20.25
20 visits/$20	6.46	18.73	na	na	11.95	15.50	19.38
20 visits/$25	6.31	18.30	na	na	11.67	15.14	18.93
20 visits/$30	6.07	17.60	na	na	11.23	14.57	18.21
20 visits/$35	5.70	16.53	na	na	10.55	13.68	17.10
20 visits/$40	5.36	15.54	na	na	9.92	12.86	16.08
20 visits/$45	5.12	14.85	na	na	9.47	12.29	15.36
20 visits/$50	5.08	14.73	na	na	9.40	12.19	15.24
30 visits/$0	8.94	25.93	na	na	16.54	21.46	26.82

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	0.40	1.16	na	na	0.74	0.96	1.20
60	0.51	1.47	na	na	0.95	1.22	1.53
90	0.60	1.74	na	na	1.11	1.44	1.80
Unlimited	0.60	1.74	na	na	1.11	1.44	1.80
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	0.62	1.80	na	na	1.15	1.49	1.86
60	0.64	1.85	na	na	1.19	1.53	1.92
90	0.67	1.94	na	na	1.24	1.60	2.01
Unlimited	0.68	1.98	na	na	1.26	1.63	2.04
SMALL GROUP							
Inpatient Mental Hlth	-	-	na	na	-	-	-
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	0.87	2.52	na	na	1.61	2.09	2.61
20 visits/$5	0.82	2.38	na	na	1.52	1.97	2.46
20 visits/$10	0.78	2.26	na	na	1.44	1.87	2.34
20 visits/$15	0.74	2.14	na	na	1.36	1.78	2.22
20 visits/$20	0.70	2.03	na	na	1.29	1.68	2.10
20 visits/$25	0.67	1.94	na	na	1.24	1.61	2.01
20 visits/$30	0.65	1.88	na	na	1.21	1.56	1.95
20 visits/$35	0.62	1.80	na	na	1.15	1.49	1.86
20 visits/$40	0.60	1.74	na	na	1.11	1.44	1.80
20 visits/$45	0.57	1.65	na	na	1.05	1.37	1.71
20 visits/$50	0.55	1.60	na	na	1.01	1.32	1.65
30 visits/$0	1.12	3.25	na	na	2.07	2.68	3.36
30 visits/$5	1.02	2.96	na	na	1.89	2.45	3.06
30 visits/$10	0.95	2.76	na	na	1.75	2.28	2.85
30 visits/$15	0.92	2.67	na	na	1.70	2.21	2.76
30 visits/$20	0.88	2.55	na	na	1.62	2.11	2.64
30 visits/$25	0.87	2.53	na	na	1.61	2.09	2.61
30 visits/$30	0.82	2.38	na	na	1.51	1.96	2.46
30 visits/$35	0.77	2.24	na	na	1.42	1.85	2.31
30 visits/$40	0.75	2.17	na	na	1.39	1.80	2.25
30 visits/$45	0.73	2.12	na	na	1.35	1.75	2.19
30 visits/$50	0.70	2.03	na	na	1.30	1.68	2.10
40 visits/$0	1.17	3.39	na	na	2.17	2.80	3.51
40 visits/$5	1.12	3.25	na	na	2.07	2.69	3.36
40 visits/$10	1.08	3.14	na	na	2.00	2.59	3.24
40 visits/$15	1.03	2.99	na	na	1.90	2.48	3.09
40 visits/$20	1.00	2.90	na	na	1.85	2.40	3.00
40 visits/$25	0.97	2.82	na	na	1.80	2.33	2.91
40 visits/$30	0.92	2.67	na	na	1.70	2.21	2.76
40 visits/$35	0.88	2.56	na	na	1.63	2.12	2.64
40 visits/$40	0.82	2.38	na	na	1.52	1.97	2.46
40 visits/$45	0.82	2.38	na	na	1.52	1.97	2.46
40 visits/$50	0.84	2.43	na	na	1.56	2.01	2.52
60 visits/$0	1.28	3.71	na	na	2.37	3.07	3.84
60 visits/$5	1.23	3.57	na	na	2.27	2.96	3.69
60 visits/$10	1.18	3.43	na	na	2.18	2.84	3.54
60 visits/$15	1.15	3.33	na	na	2.13	2.76	3.45
60 visits/$20	1.09	3.16	na	na	2.02	2.61	3.27
60 visits/$25	1.08	3.14	na	na	2.00	2.60	3.24
60 visits/$30	1.03	2.99	na	na	1.91	2.47	3.09
60 visits/$35	0.97	2.82	na	na	1.80	2.33	2.91
60 visits/$40	0.88	2.55	na	na	1.62	2.11	2.64
60 visits/$45	0.85	2.46	na	na	1.57	2.04	2.55
60 visits/$50	0.87	2.52	na	na	1.61	2.09	2.61
Unlimited visits/$0	1.30	3.77	na	na	2.40	3.12	3.90
Unlimited visits/$5	1.25	3.63	na	na	2.31	3.00	3.75
Unlimited visits/$10	1.19	3.45	na	na	2.20	2.85	3.57
Unlimited visits/$15	1.16	3.36	na	na	2.15	2.78	3.48
Unlimited visits/$20	1.10	3.19	na	na	2.04	2.64	3.30
Unlimited visits/$25	1.09	3.16	na	na	2.02	2.61	3.27
Unlimited visits/$30	1.04	3.01	na	na	1.93	2.49	3.12
Unlimited visits/$35	0.97	2.81	na	na	1.79	2.33	2.91
Unlimited visits/$40	0.89	2.58	na	na	1.65	2.13	2.67
Unlimited visits/$45	0.87	2.53	na	na	1.61	2.09	2.61
Unlimited visits/$50	0.88	2.55	na	na	1.63	2.11	2.64
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	1.12	3.25	na	na	2.07	2.69	3.36
20 visits/$5	1.07	3.10	na	na	1.98	2.57	3.21
20 visits/$10	1.02	2.96	na	na	1.89	2.45	3.06
20 visits/$15	0.97	2.82	na	na	1.80	2.33	2.91
20 visits/$20	0.92	2.66	na	na	1.70	2.20	2.76
20 visits/$25	0.90	2.61	na	na	1.66	2.16	2.70
20 visits/$30	0.87	2.52	na	na	1.61	2.09	2.61
20 visits/$35	0.82	2.38	na	na	1.52	1.97	2.46
20 visits/$40	0.77	2.23	na	na	1.43	1.84	2.31
20 visits/$45	0.73	2.12	na	na	1.35	1.75	2.19
20 visits/$50	0.73	2.11	na	na	1.35	1.75	2.19
30 visits/$0	1.28	3.72	na	na	2.37	3.08	3.84

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
60	16.7%	16.6%	na	na	16.8%	16.7%	16.7%
90	16.9%	16.9%	na	na	16.9%	16.9%	16.9%
Unlimited	16.5%	16.5%	na	na	16.5%	16.5%	16.5%
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	16.7%	16.7%	na	na	16.8%	16.7%	16.7%
60	16.7%	16.6%	na	na	16.8%	16.6%	16.7%
90	16.8%	16.8%	na	na	16.8%	16.7%	16.8%
Unlimited	16.7%	16.8%	na	na	16.7%	16.7%	16.7%
SMALL GROUP							
Inpatient Mental Hlth	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
20 visits/$5	16.6%	16.6%	na	na	16.7%	16.7%	16.6%
20 visits/$10	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
20 visits/$15	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
20 visits/$20	16.6%	16.6%	na	na	16.5%	16.6%	16.6%
20 visits/$25	16.8%	16.7%	na	na	16.8%	16.8%	16.8%
20 visits/$30	16.9%	16.8%	na	na	17.0%	16.9%	16.9%
20 visits/$35	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
20 visits/$40	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
20 visits/$45	16.6%	16.6%	na	na	16.5%	16.6%	16.6%
20 visits/$50	16.7%	16.7%	na	na	16.5%	16.7%	16.7%
30 visits/$0	16.7%	16.8%	na	na	16.7%	16.7%	16.7%
30 visits/$5	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
30 visits/$10	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
30 visits/$15	16.6%	16.6%	na	na	16.6%	16.7%	16.6%
30 visits/$20	16.6%	16.6%	na	na	16.5%	16.6%	16.6%
30 visits/$25	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
30 visits/$30	16.8%	16.8%	na	na	16.7%	16.7%	16.8%
30 visits/$35	16.9%	16.9%	na	na	16.8%	16.9%	16.9%
30 visits/$40	16.6%	16.5%	na	na	16.6%	16.6%	16.6%
30 visits/$45	16.6%	16.7%	na	na	16.6%	16.6%	16.6%
30 visits/$50	16.8%	16.8%	na	na	16.9%	16.8%	16.8%
40 visits/$0	16.6%	16.6%	na	na	16.7%	16.6%	16.6%
40 visits/$5	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
40 visits/$10	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
40 visits/$15	16.6%	16.6%	na	na	16.5%	16.6%	16.6%
40 visits/$20	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
40 visits/$25	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
40 visits/$30	16.6%	16.6%	na	na	16.6%	16.7%	16.6%
40 visits/$35	16.7%	16.8%	na	na	16.8%	16.8%	16.7%
40 visits/$40	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
40 visits/$45	16.6%	16.6%	na	na	16.7%	16.7%	16.6%
40 visits/$50	16.7%	16.6%	na	na	16.7%	16.6%	16.7%
60 visits/$0	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
60 visits/$5	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
60 visits/$10	16.7%	16.8%	na	na	16.7%	16.8%	16.7%
60 visits/$15	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
60 visits/$20	16.7%	16.7%	na	na	16.7%	16.6%	16.7%
60 visits/$25	16.7%	16.8%	na	na	16.7%	16.8%	16.7%
60 visits/$30	16.6%	16.7%	na	na	16.7%	16.6%	16.6%
60 visits/$35	16.8%	16.9%	na	na	16.9%	16.8%	16.8%
60 visits/$40	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
60 visits/$45	16.5%	16.5%	na	na	16.5%	16.5%	16.5%
60 visits/$50	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$0	16.8%	16.8%	na	na	16.7%	16.8%	16.8%
Unlimited visits/$5	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$10	16.7%	16.7%	na	na	16.7%	16.6%	16.7%
Unlimited visits/$15	16.8%	16.7%	na	na	16.8%	16.7%	16.8%
Unlimited visits/$20	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$25	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$30	16.7%	16.6%	na	na	16.7%	16.6%	16.7%
Unlimited visits/$35	16.7%	16.6%	na	na	16.6%	16.7%	16.7%
Unlimited visits/$40	16.7%	16.7%	na	na	16.7%	16.6%	16.7%
Unlimited visits/$45	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
Unlimited visits/$50	16.8%	16.7%	na	na	16.8%	16.7%	16.8%
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
20 visits/$5	16.7%	16.6%	na	na	16.7%	16.7%	16.7%
20 visits/$10	16.8%	16.8%	na	na	16.9%	16.9%	16.8%
20 visits/$15	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
20 visits/$20	16.6%	16.6%	na	na	16.6%	16.5%	16.6%
20 visits/$25	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
20 visits/$30	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
20 visits/$35	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
20 visits/$40	16.8%	16.8%	na	na	16.8%	16.7%	16.8%
20 visits/$45	16.6%	16.7%	na	na	16.6%	16.6%	16.6%
20 visits/$50	16.8%	16.7%	na	na	16.8%	16.8%	16.8%
30 visits/$0	16.7%	16.7%	na	na	16.7%	16.8%	16.7%

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
JANUARY 1, 2012 - MARCH 31, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	7.13	20.68	na	na	13.19	17.11	21.39
30 visits/$10	6.71	19.46	na	na	12.41	16.10	20.13
30 visits/$15	6.56	19.02	na	na	12.14	15.74	19.68
30 visits/$20	6.26	18.15	na	na	11.58	15.02	18.78
30 visits/$25	6.17	17.89	na	na	11.41	14.81	18.51
30 visits/$30	5.85	16.97	na	na	10.82	14.04	17.55
30 visits/$35	5.46	15.83	na	na	10.10	13.10	16.38
30 visits/$40	5.23	15.17	na	na	9.68	12.55	15.69
30 visits/$45	5.04	14.62	na	na	9.32	12.10	15.12
30 visits/$50	5.04	14.62	na	na	9.32	12.10	15.12
40 visits/$0	7.90	22.91	na	na	14.62	18.96	23.70
40 visits/$5	7.58	21.98	na	na	14.02	18.19	22.74
40 visits/$10	7.23	20.97	na	na	13.38	17.35	21.69
40 visits/$15	7.00	20.30	na	na	12.95	16.80	21.00
40 visits/$20	6.69	19.40	na	na	12.38	16.06	20.07
40 visits/$25	6.54	18.97	na	na	12.10	15.70	19.62
40 visits/$30	6.30	18.27	na	na	11.66	15.12	18.90
40 visits/$35	5.91	17.14	na	na	10.93	14.18	17.73
40 visits/$40	5.44	15.78	na	na	10.06	13.06	16.32
40 visits/$45	5.47	15.86	na	na	10.12	13.13	16.41
40 visits/$50	5.55	16.10	na	na	10.27	13.32	16.65
60 visits/$0	8.29	24.04	na	na	15.34	19.90	24.87
60 visits/$5	8.03	23.29	na	na	14.86	19.27	24.09
60 visits/$10	7.64	22.16	na	na	14.13	18.34	22.92
60 visits/$15	7.43	21.55	na	na	13.75	17.83	22.29
60 visits/$20	7.05	20.45	na	na	13.04	16.92	21.15
60 visits/$25	7.02	20.36	na	na	12.99	16.85	21.06
60 visits/$30	6.72	19.49	na	na	12.43	16.13	20.16
60 visits/$35	6.30	18.27	na	na	11.66	15.12	18.90
60 visits/$40	5.76	16.70	na	na	10.66	13.82	17.28
60 visits/$45	5.58	16.18	na	na	10.32	13.39	16.74
60 visits/$50	5.73	16.62	na	na	10.60	13.75	17.19
Unlimited visits/$0	8.37	24.27	na	na	15.48	20.09	25.11
Unlimited visits/$5	8.10	23.49	na	na	14.99	19.44	24.30
Unlimited visits/$10	7.72	22.39	na	na	14.28	18.53	23.16
Unlimited visits/$15	7.50	21.75	na	na	13.88	18.00	22.50
Unlimited visits/$20	7.12	20.65	na	na	13.17	17.09	21.36
Unlimited visits/$25	7.07	20.50	na	na	13.08	16.97	21.21
Unlimited visits/$30	6.78	19.66	na	na	12.54	16.27	20.34
Unlimited visits/$35	6.34	18.39	na	na	11.73	15.22	19.02
Unlimited visits/$40	5.81	16.85	na	na	10.75	13.94	17.43
Unlimited visits/$45	5.61	16.27	na	na	10.38	13.46	16.83
Unlimited visits/$50	5.76	16.70	na	na	10.66	13.82	17.28

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.32	24.13	na	na	15.39	19.97	24.96
30 visits/$10	7.83	22.71	na	na	14.49	18.79	23.49
30 visits/$15	7.66	22.21	na	na	14.17	18.38	22.98
30 visits/$20	7.31	21.20	na	na	13.52	17.54	21.93
30 visits/$25	7.20	20.88	na	na	13.32	17.28	21.60
30 visits/$30	6.83	19.81	na	na	12.64	16.39	20.49
30 visits/$35	6.38	18.50	na	na	11.80	15.31	19.14
30 visits/$40	6.10	17.69	na	na	11.29	14.64	18.30
30 visits/$45	5.88	17.05	na	na	10.88	14.11	17.64
30 visits/$50	5.88	17.05	na	na	10.88	14.11	17.64
40 visits/$0	9.22	26.74	na	na	17.06	22.13	27.66
40 visits/$5	8.85	25.67	na	na	16.37	21.24	26.55
40 visits/$10	8.44	24.48	na	na	15.61	20.26	25.32
40 visits/$15	8.17	23.69	na	na	15.11	19.61	24.51
40 visits/$20	7.81	22.65	na	na	14.45	18.74	23.43
40 visits/$25	7.63	22.13	na	na	14.12	18.31	22.89
40 visits/$30	7.35	21.32	na	na	13.60	17.64	22.05
40 visits/$35	6.90	20.01	na	na	12.77	16.56	20.70
40 visits/$40	6.34	18.39	na	na	11.73	15.22	19.02
40 visits/$45	6.39	18.53	na	na	11.82	15.34	19.17
40 visits/$50	6.48	18.79	na	na	11.99	15.55	19.44
60 visits/$0	9.67	28.04	na	na	17.89	23.21	29.01
60 visits/$5	9.36	27.14	na	na	17.32	22.46	28.08
60 visits/$10	8.91	25.84	na	na	16.48	21.38	26.73
60 visits/$15	8.67	25.14	na	na	16.04	20.81	26.01
60 visits/$20	8.23	23.87	na	na	15.23	19.75	24.69
60 visits/$25	8.19	23.75	na	na	15.15	19.66	24.57
60 visits/$30	7.84	22.74	na	na	14.50	18.82	23.52
60 visits/$35	7.35	21.32	na	na	13.60	17.64	22.05
60 visits/$40	6.73	19.52	na	na	12.45	16.15	20.19
60 visits/$45	6.51	18.88	na	na	12.04	15.62	19.53
60 visits/$50	6.68	19.37	na	na	12.36	16.03	20.04
Unlimited visits/$0	9.77	28.33	na	na	18.07	23.45	29.31
Unlimited visits/$5	9.46	27.43	na	na	17.50	22.70	28.38
Unlimited visits/$10	9.00	26.10	na	na	16.65	21.60	27.00
Unlimited visits/$15	8.76	25.40	na	na	16.21	21.02	26.28
Unlimited visits/$20	8.30	24.07	na	na	15.36	19.92	24.90
Unlimited visits/$25	8.25	23.93	na	na	15.26	19.80	24.75
Unlimited visits/$30	7.91	22.94	na	na	14.63	18.98	23.73
Unlimited visits/$35	7.40	21.46	na	na	13.69	17.76	22.20
Unlimited visits/$40	6.78	19.66	na	na	12.54	16.27	20.34
Unlimited visits/$45	6.55	19.00	na	na	12.12	15.72	19.65
Unlimited visits/$50	6.73	19.52	na	na	12.45	16.15	20.19

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	1.19	3.45	na	na	2.20	2.86	3.57
30 visits/$10	1.12	3.25	na	na	2.08	2.69	3.36
30 visits/$15	1.10	3.19	na	na	2.03	2.64	3.30
30 visits/$20	1.05	3.05	na	na	1.94	2.52	3.15
30 visits/$25	1.03	2.99	na	na	1.91	2.47	3.09
30 visits/$30	0.98	2.84	na	na	1.82	2.35	2.94
30 visits/$35	0.92	2.67	na	na	1.70	2.21	2.76
30 visits/$40	0.87	2.52	na	na	1.61	2.09	2.61
30 visits/$45	0.84	2.43	na	na	1.56	2.01	2.52
30 visits/$50	0.84	2.43	na	na	1.56	2.01	2.52
40 visits/$0	1.32	3.83	na	na	2.44	3.17	3.96
40 visits/$5	1.27	3.69	na	na	2.35	3.05	3.81
40 visits/$10	1.21	3.51	na	na	2.23	2.91	3.63
40 visits/$15	1.17	3.39	na	na	2.16	2.81	3.51
40 visits/$20	1.12	3.25	na	na	2.07	2.68	3.36
40 visits/$25	1.09	3.16	na	na	2.02	2.61	3.27
40 visits/$30	1.05	3.05	na	na	1.94	2.52	3.15
40 visits/$35	0.99	2.87	na	na	1.84	2.38	2.97
40 visits/$40	0.90	2.61	na	na	1.67	2.16	2.70
40 visits/$45	0.92	2.67	na	na	1.70	2.21	2.76
40 visits/$50	0.93	2.69	na	na	1.72	2.23	2.79
60 visits/$0	1.38	4.00	na	na	2.55	3.31	4.14
60 visits/$5	1.33	3.85	na	na	2.46	3.19	3.99
60 visits/$10	1.27	3.68	na	na	2.35	3.04	3.81
60 visits/$15	1.24	3.59	na	na	2.29	2.98	3.72
60 visits/$20	1.18	3.42	na	na	2.19	2.83	3.54
60 visits/$25	1.17	3.39	na	na	2.16	2.81	3.51
60 visits/$30	1.12	3.25	na	na	2.07	2.69	3.36
60 visits/$35	1.05	3.05	na	na	1.94	2.52	3.15
60 visits/$40	0.97	2.82	na	na	1.79	2.33	2.91
60 visits/$45	0.93	2.70	na	na	1.72	2.23	2.79
60 visits/$50	0.95	2.75	na	na	1.76	2.28	2.85
Unlimited visits/$0	1.40	4.06	na	na	2.59	3.36	4.20
Unlimited visits/$5	1.36	3.94	na	na	2.51	3.26	4.08
Unlimited visits/$10	1.28	3.71	na	na	2.37	3.07	3.84
Unlimited visits/$15	1.26	3.65	na	na	2.33	3.02	3.78
Unlimited visits/$20	1.18	3.42	na	na	2.19	2.83	3.54
Unlimited visits/$25	1.18	3.43	na	na	2.18	2.83	3.54
Unlimited visits/$30	1.13	3.28	na	na	2.09	2.71	3.39
Unlimited visits/$35	1.06	3.07	na	na	1.96	2.54	3.18
Unlimited visits/$40	0.97	2.81	na	na	1.79	2.33	2.91
Unlimited visits/$45	0.94	2.73	na	na	1.74	2.26	2.82
Unlimited visits/$50	0.97	2.82	na	na	1.79	2.33	2.91

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	-	-	na	na	-	-	-
$5	-	-	na	na	-	-	-
$10	-	-	na	na	-	-	-
$15	-	-	na	na	-	-	-
$20	-	-	na	na	-	-	-
$25	-	-	na	na	-	-	-
$30	-	-	na	na	-	-	-
$35	-	-	na	na	-	-	-
$40	-	-	na	na	-	-	-
$45	-	-	na	na	-	-	-
$50	-	-	na	na	-	-	-

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	-
PPO	-

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
30 visits/$10	16.7%	16.7%	na	na	16.8%	16.7%	16.7%
30 visits/$15	16.8%	16.8%	na	na	16.7%	16.8%	16.8%
30 visits/$20	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
30 visits/$25	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
30 visits/$30	16.8%	16.7%	na	na	16.8%	16.7%	16.8%
30 visits/$35	16.8%	16.9%	na	na	16.8%	16.9%	16.8%
30 visits/$40	16.6%	16.6%	na	na	16.6%	16.7%	16.6%
30 visits/$45	16.7%	16.6%	na	na	16.7%	16.6%	16.7%
30 visits/$50	16.7%	16.6%	na	na	16.7%	16.6%	16.7%
40 visits/$0	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
40 visits/$5	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
40 visits/$10	16.7%	16.7%	na	na	16.7%	16.8%	16.7%
40 visits/$15	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
40 visits/$20	16.7%	16.8%	na	na	16.7%	16.7%	16.7%
40 visits/$25	16.7%	16.7%	na	na	16.7%	16.6%	16.7%
40 visits/$30	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
40 visits/$35	16.8%	16.7%	na	na	16.8%	16.8%	16.8%
40 visits/$40	16.5%	16.5%	na	na	16.6%	16.5%	16.5%
40 visits/$45	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
40 visits/$50	16.8%	16.7%	na	na	16.7%	16.7%	16.8%
60 visits/$0	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
60 visits/$5	16.6%	16.5%	na	na	16.6%	16.6%	16.6%
60 visits/$10	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
60 visits/$15	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
60 visits/$20	16.7%	16.7%	na	na	16.8%	16.7%	16.7%
60 visits/$25	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
60 visits/$30	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
60 visits/$35	16.7%	16.7%	na	na	16.6%	16.7%	16.7%
60 visits/$40	16.8%	16.9%	na	na	16.8%	16.9%	16.8%
60 visits/$45	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
60 visits/$50	16.6%	16.5%	na	na	16.6%	16.6%	16.6%
Unlimited visits/$0	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$5	16.8%	16.8%	na	na	16.7%	16.8%	16.8%
Unlimited visits/$10	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
Unlimited visits/$15	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
Unlimited visits/$20	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
Unlimited visits/$25	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$30	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$35	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$40	16.7%	16.7%	na	na	16.7%	16.7%	16.7%
Unlimited visits/$45	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
Unlimited visits/$50	16.8%	16.9%	na	na	16.8%	16.9%	16.8%

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$10	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$20	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$25	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$35	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$40	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$45	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	0.0%
PPO	0.0%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
JANUARY 1, 2012 - MARCH 31, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	Individual	Family	Two Persons	Family	Employee Child(ren)	Employee & Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	3.78	10.96	na	na	6.99	9.07	11.34
$25	3.55	10.30	na	na	6.57	8.52	10.65
$50	3.31	9.60	na	na	6.12	7.94	9.93
$100	3.08	8.93	na	na	5.70	7.39	9.24
$500	1.47	4.26	na	na	2.72	3.53	4.41
Coinsurance							
80%	3.01	8.73	na	na	5.57	7.22	9.03
75%	2.84	8.24	na	na	5.25	6.82	8.52
70%	2.65	7.69	na	na	4.90	6.36	7.95
			Orthotics **				
$0	0.69	2.00	na	na	1.28	1.66	2.07
$25	0.67	1.94	na	na	1.24	1.61	2.01
$50	0.62	1.80	na	na	1.15	1.49	1.86
$100	0.57	1.65	na	na	1.05	1.37	1.71
$500	0.27	0.78	na	na	0.50	0.65	0.81
Coinsurance							
80%	0.56	1.62	na	na	1.04	1.34	1.68
75%	0.54	1.57	na	na	1.00	1.30	1.62
70%	0.49	1.42	na	na	0.91	1.18	1.47
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	1.67	4.84	na	na	3.09	4.01	5.01
12 Months	2.68	7.77	na	na	4.96	6.43	8.04
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	2.61	7.57	na	na	4.83	6.26	7.83
12 Months	4.15	12.04	na	na	7.68	9.96	12.45
			Private Duty Nursing Riders **				
In Full	0.44	1.28	na	na	0.81	1.06	1.32
80% hrs 73-504	0.06	0.17	na	na	0.11	0.14	0.18
100% hrs 73-504	0.10	0.29	na	na	0.19	0.24	0.30
			Dental Care Network Access				
	0.50	1.45	na	na	0.93	1.20	1.50
			Infertility Riders **				
Limit							
No IVF	3.17	9.19	na	na	5.86	7.61	9.51
2 IVF	7.94	23.03	na	na	14.69	19.06	23.82
3 IVF	9.60	27.84	na	na	17.76	23.04	28.80
			Complementary Alternative Medicine (CAM)				
$20 Copay	4.30	12.47	na	na	7.96	10.32	12.90
			Health Club Reimbursement				
$200 per year	1.31	3.80	na	na	2.42	3.14	3.93
			Nurse Advice Line Rider				
	0.29	0.84	na	na	0.54	0.70	0.87

**** Product Factors**
The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	Individual	Family	Two Persons	Family	Employee Child(ren)	Employee & Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	4.41	12.79	na	na	8.16	10.58	13.23
$25	4.15	12.04	na	na	7.68	9.96	12.45
$50	3.86	11.19	na	na	7.14	9.26	11.58
$100	3.59	10.41	na	na	6.64	8.62	10.77
$500	1.72	4.99	na	na	3.18	4.13	5.16
Coinsurance							
80%	3.51	10.18	na	na	6.49	8.42	10.53
75%	3.31	9.60	na	na	6.12	7.94	9.93
70%	3.10	8.99	na	na	5.74	7.44	9.30
			Orthotics **				
$0	0.80	2.32	na	na	1.48	1.92	2.40
$25	0.78	2.26	na	na	1.44	1.87	2.34
$50	0.72	2.09	na	na	1.33	1.73	2.16
$100	0.67	1.94	na	na	1.24	1.61	2.01
$500	0.32	0.93	na	na	0.59	0.77	0.96
Coinsurance							
80%	0.66	1.91	na	na	1.22	1.58	1.98
75%	0.63	1.83	na	na	1.17	1.51	1.89
70%	0.58	1.68	na	na	1.07	1.39	1.74
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	1.96	5.68	na	na	3.63	4.70	5.88
12 Months	3.13	9.08	na	na	5.79	7.51	9.39
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.05	8.85	na	na	5.64	7.32	9.15
12 Months	4.85	14.07	na	na	8.97	11.64	14.55
			Private Duty Nursing Riders **				
In Full	0.50	1.45	na	na	0.93	1.20	1.50
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.59	1.71	na	na	1.09	1.42	1.77
			Infertility Riders **				
Limit							
No IVF	3.70	10.73	na	na	6.85	8.88	11.10
2 IVF	9.26	26.85	na	na	17.13	22.22	27.78
3 IVF	11.21	32.51	na	na	20.74	26.90	33.63
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.02	14.56	na	na	9.29	12.05	15.06
			Health Club Reimbursement				
$200 per year	1.52	4.41	na	na	2.81	3.65	4.56
			Nurse Advice Line Rider				
	0.34	0.99	na	na	0.63	0.82	1.02

**** Product Factors**
The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	Individual	Family	Two Persons	Family	Employee Child(ren)	Employee & Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	0.63	1.83	na	na	1.17	1.51	1.89
$25	0.60	1.74	na	na	1.11	1.44	1.80
$50	0.55	1.59	na	na	1.02	1.32	1.65
$100	0.51	1.48	na	na	0.94	1.23	1.53
$500	0.25	0.73	na	na	0.46	0.60	0.75
Coinsurance							
80%	0.50	1.45	na	na	0.92	1.20	1.50
75%	0.47	1.36	na	na	0.87	1.12	1.41
70%	0.45	1.30	na	na	0.84	1.08	1.35
			Orthotics **				
$0	0.11	0.32	na	na	0.20	0.26	0.33
$25	0.11	0.32	na	na	0.20	0.26	0.33
$50	0.10	0.29	na	na	0.18	0.24	0.30
$100	0.10	0.29	na	na	0.19	0.24	0.30
$500	0.05	0.15	na	na	0.09	0.12	0.15
Coinsurance							
80%	0.10	0.29	na	na	0.18	0.24	0.30
75%	0.09	0.26	na	na	0.17	0.21	0.27
70%	0.09	0.26	na	na	0.16	0.21	0.27
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	0.29	0.84	na	na	0.54	0.69	0.87
12 Months	0.45	1.31	na	na	0.83	1.08	1.35
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	0.44	1.28	na	na	0.81	1.06	1.32
12 Months	0.70	2.03	na	na	1.29	1.68	2.10
			Private Duty Nursing Riders **				
In Full	0.06	0.17	na	na	0.12	0.14	0.18
80% hrs 73-504	0.01	0.03	na	na	0.02	0.03	0.03
100% hrs 73-504	0.01	0.03	na	na	0.01	0.02	0.03
			Dental Care Network Access				
	0.09	0.26	na	na	0.16	0.22	0.27
			Infertility Riders **				
Limit							
No IVF	0.53	1.54	na	na	0.99	1.27	1.59
2 IVF	1.32	3.82	na	na	2.44	3.16	3.96
3 IVF	1.61	4.67	na	na	2.98	3.86	4.83
			Complementary Alternative Medicine (CAM)				
$20 Copay	0.72	2.09	na	na	1.33	1.73	2.16
			Health Club Reimbursement				
$200 per year	0.21	0.61	na	na	0.39	0.51	0.63
			Nurse Advice Line Rider				
	0.05	0.15	na	na	0.09	0.12	0.15

**** Product Factors**
The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	Individual	Family	Two Persons	Family	Employee Child(ren)	Employee & Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	16.7%	16.7%	na	na	16.7%	16.6%	16.7%
$25	16.9%	16.9%	na	na	16.9%	16.9%	16.9%
$50	16.6%	16.6%	na	na	16.7%	16.6%	16.6%
$100	16.6%	16.6%	na	na	16.5%	16.6%	16.6%
$500	17.0%	17.1%	na	na	16.9%	17.0%	17.0%
Coinsurance							
80%	16.6%	16.6%	na	na	16.5%	16.6%	16.6%
75%	16.5%	16.5%	na	na	16.6%	16.4%	16.5%
70%	17.0%	16.9%	na	na	17.1%	17.0%	17.0%
			Orthotics **				
$0	15.9%	16.0%	na	na	15.6%	15.7%	15.9%
$25	16.4%	16.5%	na	na	16.1%	16.1%	16.4%
$50	16.1%	16.1%	na	na	15.7%	16.1%	16.1%
$100	17.5%	17.6%	na	na	18.1%	17.5%	17.5%
$500	18.5%	19.2%	na	na	18.0%	18.5%	18.5%
Coinsurance							
80%	17.9%	17.9%	na	na	17.3%	17.9%	17.9%
75%	16.7%	16.6%	na	na	17.0%	16.2%	16.7%
70%	18.4%	18.3%	na	na	17.6%	17.8%	18.4%
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	17.4%	17.4%	na	na	17.5%	17.2%	17.4%
12 Months	16.8%	16.9%	na	na	16.7%	16.8%	16.8%
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	16.9%	16.9%	na	na	16.8%	16.9%	16.9%
12 Months	16.9%	16.9%	na	na	16.8%	16.9%	16.9%
			Private Duty Nursing Riders **				
In Full	13.6%	13.3%	na	na	14.8%	13.2%	13.6%
80% hrs 73-504	16.7%	17.6%	na	na	18.2%	21.4%	16.7%
100% hrs 73-504	10.0%	10.3%	na	na	5.3%	8.3%	10.0%
			Dental Care Network Access				
	18.0%	17.9%	na	na	17.2%	18.3%	18.0%
			Infertility Riders **				
Limit							
No IVF	16.7%	16.8%	na	na	16.9%	16.7%	16.7%
2 IVF	16.6%	16.6%	na	na	16.6%	16.6%	16.6%
3 IVF	16.8%	16.8%	na	na	16.8%	16.8%	16.8%
			Complementary Alternative Medicine (CAM)				
$20 Copay	16.7%	16.8%	na	na	16.7%	16.8%	16.7%
			Health Club Reimbursement				
$200 per year	16.0%	16.1%	na	na	16.1%	16.2%	16.0%
			Nurse Advice Line Rider				
	17.2%	17.9%	na	na	16.7%	17.1%	17.2%

**** Product Factors**
The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product F

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	-
PPO	-

Product	Factor
EPO	0.0%
PPO	0.0%

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
JANUARY 1, 2012 - MARCH 31, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
1st Quarter 2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	-	-	-
$750 *	-	-	-
$1,000	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$5,000	-	-	-
Unlimited	-	-	-

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-
$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
1st QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
January 01, 2013 - March 31, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	#DIV/0!	0.0%
$1,000	0.0%	0.0%	#DIV/0!	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.0%	#DIV/0!	0.0%	#DIV/0!
$750 *	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%

$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values

Drug Rider Variations	**% Adjustment To Above Rates**
[a] Exclude Contraceptives	-3.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-6.0%
$2,000 (Brand & Generic)	-4.0%
$2,500 (Brand & Generic)	-3.5%
$3,000 (Brand & Generic)	-3.0%
$4,000 (Brand & Generic)	-2.0%
$5,000 (Brand & Generic)	-1.0%
[c] Non Formulary Coverage, Generic Only Plans	5.0%
[d] PICA Adjustm Applies only to New York City account	-10.0%
[e] IC Adjustmer Applies only to New York City account	-2.0%
[f] Product Facto HMO, Access I, and EPO	0.0%
POS, Access II, and PPO	0.0%
[g] Trend per Quarter	0%
2Q2010-4Q2010	3%
1Q2011	0%
2Q2011	10%
3Q2011-4Q2011	3%
1Q2012	1%

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(ren	2.2531
EE + Spouse	2.9230
Family	3.6537

$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values

Drug Rider Variations	**% Adjustment To Above Rates**
[a] Exclude Contraceptives	-3.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-6.0%
$2,000 (Brand & Generic)	-4.0%
$2,500 (Brand & Generic)	-3.5%
$3,000 (Brand & Generic)	-3.0%
$4,000 (Brand & Generic)	-2.0%
$5,000 (Brand & Generic)	-1.0%
[c] Non Formulary Coverage, Generic Only Plans	5.0%
[d] PICA Adjustm Applies only to New York City account	-10.0%
[e] IC Adjustmer Applies only to New York City account	-2.0%
[f] Product Facto HMO, Access I, and EPO	0.0%
POS, Access II, and PPO	0.0%
[g] Trend per Quarter	
2Q2010-4Q2010	2.5%
1Q2011	0.0%
2Q2011	10.0%
3Q2011-4Q2011	3.0%
1Q2013 EPO	0.6%
2Q 2012	10.0%
3Q2012-4Q2012	3.0%
1Q2013 EPO	0.0%
1Q2013 PPO	-4.5%

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(ren	2.2531
EE + Spouse	2.9230
Family	3.6537

$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values

Drug Rider Variations	**% Adjustment To Above Rates**
[a] Exclude Contraceptives	-
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-
$2,000 (Brand & Generic)	-
$2,500 (Brand & Generic)	-
$3,000 (Brand & Generic)	-
$4,000 (Brand & Generic)	-
$5,000 (Brand & Generic)	-
[c] Non Formulary Coverage, Generic Only Plans	-
[d] PICA Adjustm Applies only to New York City account	-
[e] IC Adjustmer Applies only to New York City account	-
[f] Product Facto HMO, Access I, and EPO	-
POS, Access II, and PPO	-
[g] Trend per Quarter	-
2Q2010-4Q2010	-
1Q2011	-
2Q2011	-
3Q2011-4Q2011	-
1Q2013 EPO	-
2Q 2012	0.10
3Q2012-4Q2012	0.03
1Q2013 EPO	-
1Q2013 PPO	(0.05)
$0	-

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	-
Family	-
Four Tier	
Individual EE	-
EE + Child(ren	-
EE + Spouse	-
Family	-

$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values

Drug Rider Variations	**% Adjustment To Above Rates**
[a] Exclude Contraceptives	0.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	0.0%
$2,000 (Brand & Generic)	0.0%
$2,500 (Brand & Generic)	0.0%
$3,000 (Brand & Generic)	0.0%
$4,000 (Brand & Generic)	0.0%
$5,000 (Brand & Generic)	0.0%
[c] Non Formulary Coverage, Generic Only Plans	0.0%
[d] PICA Adjustm Applies only to New York City account	0.0%
[e] IC Adjustmer Applies only to New York City account	0.0%
[f] Product Facto HMO, Access I, and EPO	#DIV/0!
POS, Access II, and PPO	#DIV/0!
[g] Trend per Quarter	#DIV/0!
2Q2010-4Q2010	0.0%
1Q2011	#DIV/0!
2Q2011	0.0%
3Q2011-4Q2011	0.0%
1Q2013 EPO	0.0%
2Q 2012	#DIV/0!
3Q2012-4Q2012	#DIV/0!
1Q2013 EPO	#DIV/0!
1Q2013 PPO	#DIV/0!
$0	#DIV/0!

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	0.0%
Family	0.0%
Four Tier	
Individual EE	0.0%
EE + Child(ren	0.0%
EE + Spouse	0.0%
Family	0.0%

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

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HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate	=	**([(Par Claim Cost + Non-Par Claim Cost)** *** (100% + 37%*HCRA Surcharge Percentage)** **+ HCRA Covered Lives Assessment]** **/ (100% - Retention Percentage)** **+ Mental Health + Rider Premium)** *** Network/Area Factor** *** Sole Proprietor Factor**
Par Claim Cost:		
EPO	=	[(1) + (2)] * (4) * (5)
PPO	=	**[(1) + (2)] * (4) * (5) * 114%** note: use Par Benefits, Par Deductible, Par Coinsurance %, Par Coinsurance Max., and Par Calendar Year Max.
Non-Par Claim Cost:		
EPO	=	0
PPO	=	**[(1) + (3)] * (4) * (6) * 50.5%** note: use Non-Par Deductible, Non-Par Coinsurance %, Non-Par Coinsurance Max., and Non-Par Calendar Year Max.
	where:	(1) = Base Benefits Claim Cost {Table 1, page } (2) = Par Benefit Dollar Variable adjustments {Table 2, pages } (3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page } (4) = Dependent Coverge percentage {Table 4, page } (5) = Par Benefit Percentage Variable adjustments {Table 5, pages } (6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages } Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.
HCRA Surcharge	=	currently 9.63% (subject to changes as amended by law)
HCRA CLA	=	Covered Lives Assessment {Table 7, page } (subject to changes as amended by law)
Retention Percentage	=	Retention Percentage {Table 7, page }
Mental Health Coverage + Riders	=	[Mental Health Coverage (Table 8, pages) + (Drug riders {pages } + Other riders {Table 9, pages }] * Dependent Coverage percentage {Table 4, page }
Network/Area Factor	=	Network/Area Factor (employee composite) {Table 7, page }
Sole Proprietor Factor	=	Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

Table 1

HIP SELECT EPO/PPO POLICY - BASE BENEFITS

Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Plan	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
	Effective April 01, 2013 - June 30, 2013 (w/ WH & Autism)						
Small Group*	416.41	1,111.81	na	na	770.36	874.46	1,249.23
	Effective April 01, 2013 - June 30, 2013 (w/out WH & Autism)						
Small Group*	412.29	1,100.81	na	na	762.74	865.81	1,236.87

**** Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.79)	(4.78)	na	na	(3.31)	(3.76)	(5.37)
$150	(2.98)	(7.96)	na	na	(5.51)	(6.26)	(8.94)
$200	(4.21)	(11.24)	na	na	(7.79)	(8.84)	(12.63)
$250	(5.44)	(14.52)	na	na	(10.06)	(11.42)	(16.32)
$500	(11.83)	(31.59)	na	na	(21.89)	(24.84)	(35.49)
$750	(18.70)	(49.93)	na	na	(34.60)	(39.27)	(56.10)
$1,000	(26.08)	(69.63)	na	na	(48.25)	(54.77)	(78.24)
Copay/Day							
$50 w/3 Day Max	(3.71)	(9.91)	na	na	(6.86)	(7.79)	(11.13)
$50 w/5 Day Max	(4.39)	(11.72)	na	na	(8.12)	(9.22)	(13.17)
$100 w/3 Day Max	(7.61)	(20.32)	na	na	(14.08)	(15.98)	(22.83)
$100 w/5 Day Max	(9.64)	(25.74)	na	na	(17.83)	(20.24)	(28.92)
$250 w/3 Day Max	(20.50)	(54.74)	na	na	(37.93)	(43.05)	(61.50)
# Days	**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.24	0.64	na	na	0.44	0.50	0.72
90	0.32	0.85	na	na	0.59	0.67	0.96
not covered	(0.29)	(0.77)	na	na	(0.54)	(0.61)	(0.87)
	Inpatient Chemical Abuse Detoxification Limit [std: 7 days]						
# Days	**[Copay same as Inpatient Facility]**						
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.05	na	na	0.04	0.04	0.06
30	0.09	0.24	na	na	0.17	0.19	0.27
Unlimited	0.14	0.37	na	na	0.26	0.29	0.42
not covered	(0.25)	(0.67)	na	na	(0.46)	(0.53)	(0.75)
	Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]						
# Days	**[Copay same as Inpatient Facility]**						
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.37	0.99	na	na	0.68	0.78	1.11
60	0.44	1.17	na	na	0.81	0.92	1.32
90	0.50	1.34	na	na	0.93	1.05	1.50
Unlimited	0.59	1.58	na	na	1.09	1.24	1.77

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.32	0.85	na	na	0.59	0.67	0.96
90	0.48	1.28	na	na	0.89	1.01	1.44
120	0.59	1.58	na	na	1.09	1.24	1.77
Unlimited	0.68	1.82	na	na	1.26	1.43	2.04
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.74)	(1.98)	na	na	(1.37)	(1.55)	(2.22)
$25	(1.24)	(3.31)	na	na	(2.29)	(2.60)	(3.72)
$35	(1.98)	(5.29)	na	na	(3.66)	(4.16)	(5.94)
$50	(3.15)	(8.41)	na	na	(5.83)	(6.62)	(9.45)
$75	(5.15)	(13.75)	na	na	(9.53)	(10.82)	(15.45)
$100	(6.85)	(18.29)	na	na	(12.67)	(14.39)	(20.55)
$125	(8.56)	(22.86)	na	na	(15.84)	(17.98)	(25.68)
$150	(10.26)	(27.39)	na	na	(18.98)	(21.55)	(30.78)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.11)	(2.96)	na	na	(2.05)	(2.33)	(3.33)
$75	(1.77)	(4.73)	na	na	(3.27)	(3.72)	(5.31)
$100	(2.47)	(6.59)	na	na	(4.57)	(5.19)	(7.41)
$125	(3.19)	(8.52)	na	na	(5.90)	(6.70)	(9.57)
$150	(3.96)	(10.57)	na	na	(7.33)	(8.32)	(11.88)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.24	na	na	0.17	0.19	0.27
100	0.24	0.64	na	na	0.44	0.50	0.72
200	0.31	0.83	na	na	0.57	0.65	0.93
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(3.67)	(9.80)	na	na	(6.79)	(7.71)	(11.01)
$10	(7.59)	(20.27)	na	na	(14.04)	(15.94)	(22.77)
$15	(11.66)	(31.13)	na	na	(21.57)	(24.49)	(34.98)
$20	(16.61)	(44.35)	na	na	(30.73)	(34.88)	(49.83)
$25	(20.54)	(54.84)	na	na	(38.00)	(43.13)	(61.62)
$30	(24.49)	(65.39)	na	na	(45.31)	(51.43)	(73.47)

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.11)	(5.63)	na	na	(3.90)	(4.43)	(6.33)
$10	(4.37)	(11.67)	na	na	(8.08)	(9.18)	(13.11)
$15	(6.69)	(17.86)	na	na	(12.38)	(14.05)	(20.07)
$20	(9.53)	(25.45)	na	na	(17.63)	(20.01)	(28.59)
$25	(11.80)	(31.51)	na	na	(21.83)	(24.78)	(35.40)
$30	(14.03)	(37.46)	na	na	(25.96)	(29.46)	(42.09)
Copay	**Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.19)	(13.86)	na	na	(9.60)	(10.90)	(15.57)
$10	(10.63)	(28.38)	na	na	(19.67)	(22.32)	(31.89)
$15	(15.82)	(42.24)	na	na	(29.27)	(33.22)	(47.46)
$20	(21.32)	(56.92)	na	na	(39.44)	(44.77)	(63.96)
$25	(27.05)	(72.22)	na	na	(50.04)	(56.81)	(81.15)
$30	(33.13)	(88.46)	na	na	(61.29)	(69.57)	(99.39)
$35	(38.28)	(102.21)	na	na	(70.82)	(80.39)	(114.84)
$40	(43.37)	(115.80)	na	na	(80.23)	(91.08)	(130.11)
$45	(48.40)	(129.23)	na	na	(89.54)	(101.64)	(145.20)
$50	(53.36)	(142.47)	na	na	(98.72)	(112.06)	(160.08)
Copay	**Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.37)	(11.67)	na	na	(8.08)	(9.18)	(13.11)
$10	(8.99)	(24.00)	na	na	(16.63)	(18.88)	(26.97)
$15	(13.38)	(35.72)	na	na	(24.75)	(28.10)	(40.14)
$20	(18.02)	(48.11)	na	na	(33.34)	(37.84)	(54.06)
$25	(22.87)	(61.06)	na	na	(42.31)	(48.03)	(68.61)
$30	(28.00)	(74.76)	na	na	(51.80)	(58.80)	(84.00)
$35	(32.38)	(86.45)	na	na	(59.90)	(68.00)	(97.14)
$40	(36.66)	(97.88)	na	na	(67.82)	(76.99)	(109.98)
$45	(40.91)	(109.23)	na	na	(75.68)	(85.91)	(122.73)
$50	(45.16)	(120.58)	na	na	(83.55)	(94.84)	(135.48)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	**[Copay same as Specialist Physician Office Visit]**						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.49	1.31	na	na	0.91	1.03	1.47
Unlimited	0.59	1.58	na	na	1.09	1.24	1.77

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TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
			Outpatient Therapies Limit [std: 30 visits]				
# Visits			**[Copay same as Specialist Physician Office Visit]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.81	2.16	na	na	1.50	1.70	2.43
90	1.26	3.36	na	na	2.33	2.65	3.78
not covered	(2.91)	(7.77)	na	na	(5.38)	(6.11)	(8.73)
Copay			**Refractive Eye Exam Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.35)	na	na	(0.24)	(0.27)	(0.39)
$10	(0.32)	(0.85)	na	na	(0.59)	(0.67)	(0.96)
$15	(0.45)	(1.20)	na	na	(0.83)	(0.95)	(1.35)
$20	(0.49)	(1.31)	na	na	(0.91)	(1.03)	(1.47)
$25	(0.67)	(1.79)	na	na	(1.24)	(1.41)	(2.01)
$30	(0.75)	(2.00)	na	na	(1.39)	(1.58)	(2.25)
$35	(0.86)	(2.30)	na	na	(1.59)	(1.81)	(2.58)
$40	(0.99)	(2.64)	na	na	(1.83)	(2.08)	(2.97)
$45	(1.14)	(3.04)	na	na	(2.11)	(2.39)	(3.42)
$50	(1.26)	(3.36)	na	na	(2.33)	(2.65)	(3.78)
			Ambulance Copay [std: $0]				
Copay			**[Copay same or less than Emergency Room Copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.27)	na	na	(0.19)	(0.21)	(0.30)
$25	(0.19)	(0.51)	na	na	(0.35)	(0.40)	(0.57)
$35	(0.28)	(0.75)	na	na	(0.52)	(0.59)	(0.84)
$50	(0.37)	(0.99)	na	na	(0.68)	(0.78)	(1.11)
$60	(0.45)	(1.20)	na	na	(0.83)	(0.95)	(1.35)
$75	(0.57)	(1.52)	na	na	(1.05)	(1.20)	(1.71)
$100	(0.75)	(2.00)	na	na	(1.39)	(1.58)	(2.25)
$125	(0.97)	(2.59)	na	na	(1.79)	(2.04)	(2.91)
$150	(1.17)	(3.12)	na	na	(2.16)	(2.46)	(3.51)
			Surgery [std: $0 copay]				
			Copay per procedure of minimum of [20%, $300]				
	(4.66)	(12.44)	na	na	(8.62)	(9.79)	(13.98)
			Diagnostic Testing [std: $0]				
			Copay per procedure minimum of [20%, $500], $500 annual maximum				
	(0.60)	(1.60)	na	na	(1.11)	(1.26)	(1.80)
Maximum			**Calendar Year Maximum [std: unlimited]**				
$100,000	(5.49)	(14.66)	na	na	(10.16)	(11.53)	(16.47)
$500,000	(1.64)	(4.38)	na	na	(3.03)	(3.44)	(4.92)

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TABLE 3

HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES

Monthly NON-PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.74)	(1.98)	na	na	(1.37)	(1.55)	(2.22)
$25	(1.24)	(3.31)	na	na	(2.29)	(2.60)	(3.72)
$35	(1.98)	(5.29)	na	na	(3.66)	(4.16)	(5.94)
$50	(3.15)	(8.41)	na	na	(5.83)	(6.62)	(9.45)
$75	(5.15)	(13.75)	na	na	(9.53)	(10.82)	(15.45)
$100	(6.85)	(18.29)	na	na	(12.67)	(14.39)	(20.55)
$125	(8.56)	(22.86)	na	na	(15.84)	(17.98)	(25.68)
$150	(10.26)	(27.39)	na	na	(18.98)	(21.55)	(30.78)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.35)	(14.28)	na	na	(9.90)	(11.24)	(16.05)
$500,000	(1.57)	(4.19)	na	na	(2.90)	(3.30)	(4.71)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

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TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
			Dependent Coverage				
			Expressed as % add-on to each premium rate otherwise computed				
			Minimum Mandatory Coverage = Dependent Children to Age 26 EOM				
			Dependent Children				
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
			Full-time Students				
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

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TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
					20% Member Coinsurance				
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
					20% Member Coinsurance				
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

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TABLE 5

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

PAR PROVIDER

[std: deductible $0; no coinsurance]

Family Deductible Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	1.000	1.000	1.000
$500	0.994	0.988	0.978
$1,000	0.991	0.983	0.966
$1,500	0.987	0.978	0.963
$2,000	0.989	0.979	0.957
$2,500	0.986	0.973	0.953
$3,000	0.982	0.967	0.949
$3,500	0.977	0.962	0.945

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x I	Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.997	0.995	0.991

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TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%

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TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
					10% Member Coinsurance				
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
					20% Member Coinsurance				
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
				30% Member Coinsurance					
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
				40% Member Coinsurance					
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
					50% Member Coinsurance				
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS

NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ıt Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]

Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment

(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	20.35	na	20.35
Two Persons	na	na	na
EE & Child(ren)	na	na	37.85
EE + Spouse	na	na	40.71
Family	49.86	na	62.28

Network Area Factors

	Network	
	HIP	VYTRA
Area*/Plan	Prime	Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups	23.3%

Sole Proprietor Contracts

Sole Proprietor Factor	115.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	**Inpatient Mental Health Care [minimum mandatory coverage: 30 days]**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	2.85	7.61	na	na	5.27	5.99	8.55
60	3.65	9.75	na	na	6.75	7.67	10.95
90	4.25	11.35	na	na	7.86	8.93	12.75
Unlimited	4.35	11.61	na	na	8.05	9.14	13.05
SMALL GROUP	**Inpatient Mental Health Care with Unlimited Bio and CSED Coverage**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	4.44	11.85	na	na	8.21	9.32	13.32
60	4.59	12.26	na	na	8.49	9.64	13.77
90	4.78	12.76	na	na	8.84	10.04	14.34
Unlimited	4.87	13.00	na	na	9.01	10.23	14.61
SMALL GROUP							
Inpatient Mental Htlh	0.00	0.00	na	na	0.00	0.00	0.00
	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	**[Copay same or less than Specialist Physician Office Visit]**						
20 visits/$0	6.22	16.61	na	na	11.51	13.06	18.66
20 visits/$5	5.89	15.73	na	na	10.90	12.37	17.67
20 visits/$10	5.60	14.95	na	na	10.36	11.76	16.80
20 visits/$15	5.30	14.15	na	na	9.81	11.13	15.90
20 visits/$20	5.04	13.46	na	na	9.32	10.58	15.12
20 visits/$25	4.79	12.79	na	na	8.86	10.06	14.37
20 visits/$30	4.61	12.31	na	na	8.53	9.68	13.83
20 visits/$35	4.45	11.88	na	na	8.23	9.35	13.35
20 visits/$40	4.28	11.43	na	na	7.92	8.99	12.84
20 visits/$45	4.10	10.95	na	na	7.59	8.61	12.30
20 visits/$50	3.95	10.55	na	na	7.31	8.30	11.85

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$0	8.01	21.39	na	na	14.82	16.82	24.03
30 visits/$5	7.27	19.41	na	na	13.45	15.27	21.81
30 visits/$10	6.82	18.21	na	na	12.62	14.32	20.46
30 visits/$15	6.61	17.65	na	na	12.23	13.88	19.83
30 visits/$20	6.32	16.87	na	na	11.69	13.27	18.96
30 visits/$25	6.20	16.55	na	na	11.47	13.02	18.60
30 visits/$30	5.85	15.62	na	na	10.82	12.29	17.55
30 visits/$35	5.46	14.58	na	na	10.10	11.47	16.38
30 visits/$40	5.41	14.44	na	na	10.01	11.36	16.23
30 visits/$45	5.25	14.02	na	na	9.71	11.03	15.75
30 visits/$50	4.99	13.32	na	na	9.23	10.48	14.97
40 visits/$0	8.42	22.48	na	na	15.58	17.68	25.26
40 visits/$5	8.02	21.41	na	na	14.84	16.84	24.06
40 visits/$10	7.74	20.67	na	na	14.32	16.25	23.22
40 visits/$15	7.42	19.81	na	na	13.73	15.58	22.26
40 visits/$20	7.15	19.09	na	na	13.23	15.02	21.45
40 visits/$25	6.92	18.48	na	na	12.80	14.53	20.76
40 visits/$30	6.61	17.65	na	na	12.23	13.88	19.83
40 visits/$35	6.29	16.79	na	na	11.64	13.21	18.87
40 visits/$40	5.87	15.67	na	na	10.86	12.33	17.61
40 visits/$45	5.89	15.73	na	na	10.90	12.37	17.67
40 visits/$50	6.03	16.10	na	na	11.16	12.66	18.09
60 visits/$0	9.18	24.51	na	na	16.98	19.28	27.54
60 visits/$5	8.86	23.66	na	na	16.39	18.61	26.58
60 visits/$10	8.45	22.56	na	na	15.63	17.75	25.35
60 visits/$15	8.20	21.89	na	na	15.17	17.22	24.60
60 visits/$20	7.82	20.88	na	na	14.47	16.42	23.46
60 visits/$25	7.73	20.64	na	na	14.30	16.23	23.19
60 visits/$30	7.40	19.76	na	na	13.69	15.54	22.20
60 visits/$35	6.91	18.45	na	na	12.78	14.51	20.73
60 visits/$40	6.32	16.87	na	na	11.69	13.27	18.96
60 visits/$45	6.14	16.39	na	na	11.36	12.89	18.42
60 visits/$50	6.23	16.63	na	na	11.53	13.08	18.69
Unlimited visits/$0	9.29	24.80	na	na	17.19	19.51	27.87
Unlimited visits/$5	8.96	23.92	na	na	16.58	18.82	26.88
Unlimited visits/$10	8.54	22.80	na	na	15.80	17.93	25.62
Unlimited visits/$15	8.28	22.11	na	na	15.32	17.39	24.84
Unlimited visits/$20	7.89	21.07	na	na	14.60	16.57	23.67
Unlimited visits/$25	7.80	20.83	na	na	14.43	16.38	23.40
Unlimited visits/$30	7.46	19.92	na	na	13.80	15.67	22.38
Unlimited visits/$35	6.96	18.58	na	na	12.88	14.62	20.88
Unlimited visits/$40	6.39	17.06	na	na	11.82	13.42	19.17
Unlimited visits/$45	6.20	16.55	na	na	11.47	13.02	18.60
Unlimited visits/$50	6.28	16.77	na	na	11.62	13.19	18.84

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage
[Copay same or less than Specialist Physician Office Visit]

SMALL GROUP	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
20 visits/$0	7.98	21.31	na	na	14.76	16.76	23.94
20 visits/$5	7.68	20.51	na	na	14.21	16.13	23.04
20 visits/$10	7.26	19.38	na	na	13.43	15.25	21.78
20 visits/$15	6.92	18.48	na	na	12.80	14.53	20.76
20 visits/$20	6.62	17.68	na	na	12.25	13.90	19.86
20 visits/$25	6.47	17.27	na	na	11.97	13.59	19.41
20 visits/$30	6.22	16.61	na	na	11.51	13.06	18.66
20 visits/$35	5.84	15.59	na	na	10.80	12.26	17.52
20 visits/$40	5.49	14.66	na	na	10.16	11.53	16.47
20 visits/$45	5.25	14.02	na	na	9.71	11.03	15.75
20 visits/$50	5.21	13.91	na	na	9.64	10.94	15.63
30 visits/$0	9.16	24.46	na	na	16.95	19.24	27.48
30 visits/$5	8.53	22.78	na	na	15.78	17.91	25.59
30 visits/$10	8.03	21.44	na	na	14.86	16.86	24.09
30 visits/$15	7.85	20.96	na	na	14.52	16.49	23.55
30 visits/$20	7.49	20.00	na	na	13.86	15.73	22.47
30 visits/$25	7.38	19.70	na	na	13.65	15.50	22.14
30 visits/$30	7.00	18.69	na	na	12.95	14.70	21.00
30 visits/$35	6.54	17.46	na	na	12.10	13.73	19.62
30 visits/$40	6.25	16.69	na	na	11.56	13.13	18.75
30 visits/$45	6.03	16.10	na	na	11.16	12.66	18.09
30 visits/$50	6.03	16.10	na	na	11.16	12.66	18.09
40 visits/$0	9.45	25.23	na	na	17.48	19.85	28.35
40 visits/$5	9.07	24.22	na	na	16.78	19.05	27.21
40 visits/$10	8.65	23.10	na	na	16.00	18.17	25.95
40 visits/$15	8.37	22.35	na	na	15.48	17.58	25.11
40 visits/$20	8.01	21.39	na	na	14.82	16.82	24.03
40 visits/$25	7.82	20.88	na	na	14.47	16.42	23.46
40 visits/$30	7.53	20.11	na	na	13.93	15.81	22.59
40 visits/$35	7.07	18.88	na	na	13.08	14.85	21.21
40 visits/$40	6.50	17.36	na	na	12.03	13.65	19.50
40 visits/$45	6.55	17.49	na	na	12.12	13.76	19.65
40 visits/$50	6.64	17.73	na	na	12.28	13.94	19.92

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
60 visits/$0	9.91	26.46	na	na	18.33	20.81	29.73
60 visits/$5	9.59	25.61	na	na	17.74	20.14	28.77
60 visits/$10	9.13	24.38	na	na	16.89	19.17	27.39
60 visits/$15	8.89	23.74	na	na	16.45	18.67	26.67
60 visits/$20	8.44	22.53	na	na	15.61	17.72	25.32
60 visits/$25	8.39	22.40	na	na	15.52	17.62	25.17
60 visits/$30	8.04	21.47	na	na	14.87	16.88	24.12
60 visits/$35	7.53	20.11	na	na	13.93	15.81	22.59
60 visits/$40	6.90	18.42	na	na	12.77	14.49	20.70
60 visits/$45	6.67	17.81	na	na	12.34	14.01	20.01
60 visits/$50	6.85	18.29	na	na	12.67	14.39	20.55
Unlimited visits/$0	10.01	26.73	na	na	18.52	21.02	30.03
Unlimited visits/$5	9.70	25.90	na	na	17.95	20.37	29.10
Unlimited visits/$10	9.23	24.64	na	na	17.08	19.38	27.69
Unlimited visits/$15	8.98	23.98	na	na	16.61	18.86	26.94
Unlimited visits/$20	8.51	22.72	na	na	15.74	17.87	25.53
Unlimited visits/$25	8.46	22.59	na	na	15.65	17.77	25.38
Unlimited visits/$30	8.11	21.65	na	na	15.00	17.03	24.33
Unlimited visits/$35	7.59	20.27	na	na	14.04	15.94	22.77
Unlimited visits/$40	6.95	18.56	na	na	12.86	14.60	20.85
Unlimited visits/$45	6.71	17.92	na	na	12.41	14.09	20.13
Unlimited visits/$50	6.90	18.42	na	na	12.77	14.49	20.70

SMALL GROUP		**Small Group Premium Credit - Oupatient Mental Health**					
Specialist Copay		****[above rates must be reduced by premium credit]**					
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors

All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based

CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

2nd Quarter 2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Deductible			**Durable Medical Equipment Riders ****				
$0	4.52	12.07	na	na	8.36	9.49	13.56
$25	4.25	11.35	na	na	7.86	8.93	12.75
$50	3.96	10.57	na	na	7.33	8.32	11.88
$100	3.68	9.83	na	na	6.81	7.73	11.04
$500	1.76	4.70	na	na	3.26	3.70	5.28
Coinsurance							
80%	3.60	9.61	na	na	6.66	7.56	10.80
75%	3.39	9.05	na	na	6.27	7.12	10.17
70%	3.18	8.49	na	na	5.88	6.68	9.54
			Orthotics **				
$0	0.82	2.19	na	na	1.52	1.72	2.46
$25	0.80	2.14	na	na	1.48	1.68	2.40
$50	0.74	1.98	na	na	1.37	1.55	2.22
$100	0.69	1.84	na	na	1.28	1.45	2.07
$500	0.33	0.88	na	na	0.61	0.69	0.99
Coinsurance							
80%	0.68	1.82	na	na	1.26	1.43	2.04
75%	0.65	1.74	na	na	1.20	1.37	1.95
70%	0.59	1.58	na	na	1.09	1.24	1.77
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	2.01	5.37	na	na	3.72	4.22	6.03
12 Months	3.21	8.57	na	na	5.94	6.74	9.63
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.13	8.36	na	na	5.79	6.57	9.39
12 Months	4.97	13.27	na	na	9.19	10.44	14.91

HIP INSURANCE COMPANY OF NEW YORK

2nd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

2nd Quarter 2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
			Private Duty Nursing Riders **				
In Full	0.51	1.36	na	na	0.94	1.07	1.53
80% hrs 73-504	0.07	0.19	na	na	0.13	0.15	0.21
100% hrs 73-504	0.11	0.29	na	na	0.20	0.23	0.33
			Dental Care Network Access				
	0.60	1.60	na	na	1.11	1.26	1.80
			Infertility Riders **				
Limit							
No IVF	3.79	10.12	na	na	7.01	7.96	11.37
2 IVF	9.49	25.34	na	na	17.56	19.93	28.47
3 IVF	11.49	30.68	na	na	21.26	24.13	34.47
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.15	13.75	na	na	9.53	10.82	15.45
			Health Club Reimbursement				
$200 per year	1.56	4.17	na	na	2.89	3.28	4.68
			Nurse Advice Line Rider				
	0.35	0.93	na	na	0.65	0.74	1.05

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product

Product	Factor
EPO	100%
PPO	105%

Subject to			**Wellness Rider**				
DFS approval	0.83	2.22	na	na	1.54	1.74	2.49

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[g]
+ applicable pmpm for Women's Preventive Services Table 4 [h]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm			
Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm				
Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm				
Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values		
Drug Rider Variations	**% Adjustment To Above Rates**	
[a] Exclude Contraceptives	-3.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-6.0%	
$2,000 (Brand & Generic)	-4.0%	
$2,500 (Brand & Generic)	-3.5%	
$3,000 (Brand & Generic)	-3.0%	
$4,000 (Brand & Generic)	-2.0%	
$5,000 (Brand & Generic)	-1.0%	
[c] Non Formulary Coverage, Generic Only Plans	5.0%	
[d] PICA Adjustm Applies only to New York City account	-10.0%	
[e] IC Adjustmer Applies only to New York City account	-2.0%	
[f] Product Facto HMO, Access I, and EPO	0.0%	
POS, Access II, and PPO	0.0%	
[g] Trend per Quarter		
2Q2010-4Q2010	2.5%	
1Q2011	0.0%	
2Q2011	10.0%	
3Q2011-4Q2011	3.0%	
1Q2012	**0.6%**	
2Q 2012	**10.0%**	
3Q2012-4Q2012	**3.0%**	
	EPO	PPO
1Q2013	**0.0%**	**-4.5%**
2Q2013	**2.5%**	**3.3%**
[h] Mandatory Women's Preventive Services EPO	**$1.13**	**$1.09**

Table 5: Tier Conversion Factors	
	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.2518
Four Tier	
Individual EE	1.2179
EE + Child(ren	2.2531
EE + Spouse	2.5576
Family	3.6537

HIP Insurance Company of New York

Rating Region Definitions

County	Region
Bronx	Downstate
Kings	Downstate
Nassau	Downstate
New York	Downstate
Orange	Downstate
Queens	Downstate
Richmond	Downstate
Rockland	Downstate
Suffolk	Downstate
Westchester	Downstate

Commissions Schedule

Please see SERFF filing # HPHP-127874919

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 118%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 54%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

HCRA CLA = Covered Lives Assessment {Table 7, page }
(subject to changes as amended by law)

etention Percenta = Retention Percentage {Table 7, page }

Mental Health Coverage + Riders = [Mental Health Coverage (Table 8, pages)
+ (Drug riders {pages }
+ Other riders {Table 9, pages }]
* Dependent Coverage percentage {Table 4, page }

etwork/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

ole Proprietor Fact = Sole Proprietor Factor {Table 7, page }

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 114%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 50.5%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

HCRA CLA = Covered Lives Assessment {Table 7, page }
(subject to changes as amended by law)

Retention Percenta = Retention Percentage {Table 7, page }

Mental Health Coverage + Riders = [Mental Health Coverage (Table 8, pages)
+ (Drug riders {pages }
+ Other riders {Table 9, pages }]
* Dependent Coverage percentage {Table 4, page }

Network/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

Sole Proprietor Fac = Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Small Group*	379.14	1,012.30	na	na	701.41	796.19	1,137.42
Small Group*	379.14	1,012.30	na	na	701.41	796.19	1,137.42

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective April 01, 2013 - June 30, 2013 (w/ WH & Autism)							
Small Group*	416.41	1,111.81	na	na	770.36	874.46	1,249.23
Effective April 01, 2013 - June 30, 2013 (w/out WH & Autism)							
Small Group*	412.29	1,100.81	na	na	762.74	865.81	1,236.87

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
DOLLAR CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective April 01, 2013 - June 30, 2013 (w/ WH & Autism)							
Small Group*	37.27	99.51	na	na	68.95	78.27	111.81
Effective April 01, 2013 - June 30, 2013 (w/out WH & Autism)							
Small Group*	33.15	88.51	na	na	61.33	69.62	99.45

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
PERCENTAGE CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective April 01, 2013 - June 30, 2013 (w/ WH & Autism)							
Small Group*	9.8%	9.8%	na	na	9.8%	9.8%	9.8%
Effective April 01, 2013 - June 30, 2013 (w/out WH & Autism)							
Small Group*	8.7%	8.7%	na	na	8.7%	8.7%	8.7%

**** Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.65)	(4.41)	na	na	(3.05)	(3.47)	(4.95)
$150	(2.75)	(7.34)	na	na	(5.09)	(5.78)	(8.25)
$200	(3.87)	(10.33)	na	na	(7.16)	(8.13)	(11.61)
$250	(5.01)	(13.38)	na	na	(9.27)	(10.52)	(15.03)
$500	(10.87)	(29.02)	na	na	(20.11)	(22.83)	(32.61)
$750	(17.19)	(45.90)	na	na	(31.80)	(36.10)	(51.57)
$1,000	(23.98)	(64.03)	na	na	(44.36)	(50.36)	(71.94)
Copay/Day							
$50 w/3 Day Max	(3.41)	(9.10)	na	na	(6.31)	(7.16)	(10.23)
$50 w/5 Day Max	(4.04)	(10.79)	na	na	(7.47)	(8.48)	(12.12)
$100 w/3 Day Max	(6.99)	(18.66)	na	na	(12.93)	(14.68)	(20.97)
$100 w/5 Day Max	(8.86)	(23.66)	na	na	(16.39)	(18.61)	(26.58)
$250 w/3 Day Max	(18.85)	(50.33)	na	na	(34.87)	(39.59)	(56.55)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.21	0.56	na	na	0.39	0.44	0.63
90	0.29	0.77	na	na	0.54	0.61	0.87
not covered	(0.26)	(0.69)	na	na	(0.48)	(0.55)	(0.78)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.05	na	na	0.04	0.04	0.06
30	0.09	0.24	na	na	0.17	0.19	0.27
Unlimited	0.14	0.37	na	na	0.26	0.29	0.42
not covered	(0.22)	(0.59)	na	na	(0.41)	(0.46)	(0.66)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.34	0.91	na	na	0.63	0.71	1.02
60	0.41	1.09	na	na	0.76	0.86	1.23
90	0.47	1.25	na	na	0.87	0.99	1.41
Unlimited	0.54	1.44	na	na	1.00	1.13	1.62
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.29	0.77	na	na	0.54	0.61	0.87
90	0.45	1.20	na	na	0.83	0.95	1.35
120	0.54	1.44	na	na	1.00	1.13	1.62
Unlimited	0.62	1.66	na	na	1.15	1.30	1.86
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.68)	(1.82)	na	na	(1.26)	(1.43)	(2.04)
$25	(1.14)	(3.04)	na	na	(2.11)	(2.39)	(3.42)
$35	(1.82)	(4.86)	na	na	(3.37)	(3.82)	(5.46)
$50	(2.89)	(7.72)	na	na	(5.35)	(6.07)	(8.67)
$75	(4.73)	(12.63)	na	na	(8.75)	(9.93)	(14.19)
$100	(6.30)	(16.82)	na	na	(11.66)	(13.23)	(18.90)
$125	(7.87)	(21.01)	na	na	(14.56)	(16.53)	(23.61)
$150	(9.44)	(25.20)	na	na	(17.46)	(19.82)	(28.32)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.02)	(2.72)	na	na	(1.89)	(2.14)	(3.06)
$75	(1.63)	(4.35)	na	na	(3.02)	(3.42)	(4.89)
$100	(2.27)	(6.06)	na	na	(4.20)	(4.77)	(6.81)
$125	(2.93)	(7.82)	na	na	(5.42)	(6.15)	(8.79)
$150	(3.64)	(9.72)	na	na	(6.73)	(7.64)	(10.92)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.24	na	na	0.17	0.19	0.27
100	0.21	0.56	na	na	0.39	0.44	0.63
200	0.28	0.75	na	na	0.52	0.59	0.84
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.79)	(4.78)	na	na	(3.31)	(3.76)	(5.37)
$150	(2.98)	(7.96)	na	na	(5.51)	(6.26)	(8.94)
$200	(4.21)	(11.24)	na	na	(7.79)	(8.84)	(12.63)
$250	(5.44)	(14.52)	na	na	(10.06)	(11.42)	(16.32)
$500	(11.83)	(31.59)	na	na	(21.89)	(24.84)	(35.49)
$750	(18.70)	(49.93)	na	na	(34.60)	(39.27)	(56.10)
$1,000	(26.08)	(69.63)	na	na	(48.25)	(54.77)	(78.24)
Copay/Day							
$50 w/3 Day Max	(3.71)	(9.91)	na	na	(6.86)	(7.79)	(11.13)
$50 w/5 Day Max	(4.39)	(11.72)	na	na	(8.12)	(9.22)	(13.17)
$100 w/3 Day Max	(7.61)	(20.32)	na	na	(14.08)	(15.98)	(22.83)
$100 w/5 Day Max	(9.64)	(25.74)	na	na	(17.83)	(20.24)	(28.92)
$250 w/3 Day Max	(20.50)	(54.74)	na	na	(37.93)	(43.05)	(61.50)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.24	0.64	na	na	0.44	0.50	0.72
90	0.32	0.85	na	na	0.59	0.67	0.96
not covered	(0.29)	(0.77)	na	na	(0.54)	(0.61)	(0.87)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.05	na	na	0.04	0.04	0.06
30	0.09	0.24	na	na	0.17	0.19	0.27
Unlimited	0.14	0.37	na	na	0.26	0.29	0.42
not covered	(0.25)	(0.67)	na	na	(0.46)	(0.53)	(0.75)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.37	0.99	na	na	0.68	0.78	1.11
60	0.44	1.17	na	na	0.81	0.92	1.32
90	0.50	1.34	na	na	0.93	1.05	1.50
Unlimited	0.59	1.58	na	na	1.09	1.24	1.77
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.32	0.85	na	na	0.59	0.67	0.96
90	0.48	1.28	na	na	0.89	1.01	1.44
120	0.59	1.58	na	na	1.09	1.24	1.77
Unlimited	0.68	1.82	na	na	1.26	1.43	2.04
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.74)	(1.98)	na	na	(1.37)	(1.55)	(2.22)
$25	(1.24)	(3.31)	na	na	(2.29)	(2.60)	(3.72)
$35	(1.98)	(5.29)	na	na	(3.66)	(4.16)	(5.94)
$50	(3.15)	(8.41)	na	na	(5.83)	(6.62)	(9.45)
$75	(5.15)	(13.75)	na	na	(9.53)	(10.82)	(15.45)
$100	(6.85)	(18.29)	na	na	(12.67)	(14.39)	(20.55)
$125	(8.56)	(22.86)	na	na	(15.84)	(17.98)	(25.68)
$150	(10.26)	(27.39)	na	na	(18.98)	(21.55)	(30.78)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.11)	(2.96)	na	na	(2.05)	(2.33)	(3.33)
$75	(1.77)	(4.73)	na	na	(3.27)	(3.72)	(5.31)
$100	(2.47)	(6.59)	na	na	(4.57)	(5.19)	(7.41)
$125	(3.19)	(8.52)	na	na	(5.90)	(6.70)	(9.57)
$150	(3.96)	(10.57)	na	na	(7.33)	(8.32)	(11.88)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.24	na	na	0.17	0.19	0.27
100	0.24	0.64	na	na	0.44	0.50	0.72
200	0.31	0.83	na	na	0.57	0.65	0.93
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$100	(0.14)	(0.37)	na	na	(0.26)	(0.29)	(0.42)
$150	(0.23)	(0.62)	na	na	(0.42)	(0.48)	(0.69)
$200	(0.34)	(0.91)	na	na	(0.63)	(0.71)	(1.02)
$250	(0.43)	(1.14)	na	na	(0.79)	(0.90)	(1.29)
$500	(0.96)	(2.57)	na	na	(1.78)	(2.01)	(2.88)
$750	(1.51)	(4.03)	na	na	(2.80)	(3.17)	(4.53)
$1,000	(2.10)	(5.60)	na	na	(3.89)	(4.41)	(6.30)
Copay/Day							
$50 w/3 Day Max	(0.30)	(0.81)	na	na	(0.55)	(0.63)	(0.90)
$50 w/5 Day Max	(0.35)	(0.93)	na	na	(0.65)	(0.74)	(1.05)
$100 w/3 Day Max	(0.62)	(1.66)	na	na	(1.15)	(1.30)	(1.86)
$100 w/5 Day Max	(0.78)	(2.08)	na	na	(1.44)	(1.63)	(2.34)
$250 w/3 Day Max	(1.65)	(4.41)	na	na	(3.06)	(3.46)	(4.95)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	-	-	na	na	-	-	-
60	0.03	0.08	na	na	0.05	0.06	0.09
90	0.03	0.08	na	na	0.05	0.06	0.09
not covered	(0.03)	(0.08)	na	na	(0.06)	(0.06)	(0.09)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	-	-	na	na	-	-	-
21	-	-	na	na	-	-	-
30	-	-	na	na	-	-	-
Unlimited	-	-	na	na	-	-	-
not covered	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	-	-	na	na	-	-	-
30	0.03	0.08	na	na	0.05	0.07	0.09
60	0.03	0.08	na	na	0.05	0.06	0.09
90	0.03	0.09	na	na	0.06	0.06	0.09
Unlimited	0.05	0.14	na	na	0.09	0.11	0.15
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	-	-	na	na	-	-	-
60	0.03	0.08	na	na	0.05	0.06	0.09
90	0.03	0.08	na	na	0.06	0.06	0.09
120	0.05	0.14	na	na	0.09	0.11	0.15
Unlimited	0.06	0.16	na	na	0.11	0.13	0.18
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$15	(0.06)	(0.16)	na	na	(0.11)	(0.12)	(0.18)
$25	(0.10)	(0.27)	na	na	(0.18)	(0.21)	(0.30)
$35	(0.16)	(0.43)	na	na	(0.29)	(0.34)	(0.48)
$50	(0.26)	(0.69)	na	na	(0.48)	(0.55)	(0.78)
$75	(0.42)	(1.12)	na	na	(0.78)	(0.89)	(1.26)
$100	(0.55)	(1.47)	na	na	(1.01)	(1.16)	(1.65)
$125	(0.69)	(1.85)	na	na	(1.28)	(1.45)	(2.07)
$150	(0.82)	(2.19)	na	na	(1.52)	(1.73)	(2.46)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$50	(0.09)	(0.24)	na	na	(0.16)	(0.19)	(0.27)
$75	(0.14)	(0.38)	na	na	(0.25)	(0.30)	(0.42)
$100	(0.20)	(0.53)	na	na	(0.37)	(0.42)	(0.60)
$125	(0.26)	(0.70)	na	na	(0.48)	(0.55)	(0.78)
$150	(0.32)	(0.85)	na	na	(0.60)	(0.68)	(0.96)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	-	-	na	na	-	-	-
60	-	-	na	na	-	-	-
100	0.03	0.08	na	na	0.05	0.06	0.09
200	0.03	0.08	na	na	0.05	0.06	0.09
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$100	8.5%	8.4%	na	na	8.5%	8.4%	8.5%
$150	8.4%	8.4%	na	na	8.3%	8.3%	8.4%
$200	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
$250	8.6%	8.5%	na	na	8.5%	8.6%	8.6%
$500	8.8%	8.9%	na	na	8.9%	8.8%	8.8%
$750	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$1,000	8.8%	8.7%	na	na	8.8%	8.8%	8.8%
Copay/Day							
$50 w/3 Day Max	8.8%	8.9%	na	na	8.7%	8.8%	8.8%
$50 w/5 Day Max	8.7%	8.6%	na	na	8.7%	8.7%	8.7%
$100 w/3 Day Max	8.9%	8.9%	na	na	8.9%	8.9%	8.9%
$100 w/5 Day Max	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$250 w/3 Day Max	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	14.3%	14.3%	na	na	12.8%	13.6%	14.3%
90	10.3%	10.4%	na	na	9.3%	9.8%	10.3%
not covered	11.5%	11.6%	na	na	12.5%	10.9%	11.5%
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
21	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
not covered	13.6%	13.6%	na	na	12.2%	15.2%	13.6%
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
30	8.8%	8.8%	na	na	7.9%	9.9%	8.8%
60	7.3%	7.3%	na	na	6.6%	7.0%	7.3%
90	6.4%	7.2%	na	na	6.9%	6.1%	6.4%
Unlimited	9.3%	9.7%	na	na	9.0%	9.7%	9.3%
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	10.3%	10.4%	na	na	9.3%	9.8%	10.3%
90	6.7%	6.7%	na	na	7.2%	6.3%	6.7%
120	9.3%	9.7%	na	na	9.0%	9.7%	9.3%
Unlimited	9.7%	9.6%	na	na	9.6%	10.0%	9.7%
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	8.8%	8.8%	na	na	8.7%	8.4%	8.8%
$25	8.8%	8.9%	na	na	8.5%	8.8%	8.8%
$35	8.8%	8.8%	na	na	8.6%	8.9%	8.8%
$50	9.0%	8.9%	na	na	9.0%	9.1%	9.0%
$75	8.9%	8.9%	na	na	8.9%	9.0%	8.9%
$100	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
$125	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$150	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	8.8%	8.8%	na	na	8.5%	8.9%	8.8%
$75	8.6%	8.7%	na	na	8.3%	8.8%	8.6%
$100	8.8%	8.7%	na	na	8.8%	8.8%	8.8%
$125	8.9%	9.0%	na	na	8.9%	8.9%	8.9%
$150	8.8%	8.7%	na	na	8.9%	8.9%	8.8%
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
100	14.3%	14.3%	na	na	12.8%	13.6%	14.3%
200	10.7%	10.7%	na	na	9.6%	10.2%	10.7%
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(3.38)	(9.02)	na	na	(6.25)	(7.10)	(10.14)
$10	(6.97)	(18.61)	na	na	(12.89)	(14.64)	(20.91)
$15	(10.73)	(28.65)	na	na	(19.85)	(22.53)	(32.19)
$20	(15.27)	(40.77)	na	na	(28.25)	(32.07)	(45.81)
$25	(18.89)	(50.44)	na	na	(34.95)	(39.67)	(56.67)
$30	(22.51)	(60.10)	na	na	(41.64)	(47.27)	(67.53)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(1.94)	(5.18)	na	na	(3.59)	(4.07)	(5.82)
$10	(4.02)	(10.73)	na	na	(7.44)	(8.44)	(12.06)
$15	(6.16)	(16.45)	na	na	(11.40)	(12.94)	(18.48)
$20	(8.77)	(23.42)	na	na	(16.22)	(18.42)	(26.31)
$25	(10.84)	(28.94)	na	na	(20.05)	(22.76)	(32.52)
$30	(12.90)	(34.44)	na	na	(23.87)	(27.09)	(38.70)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.77)	(12.74)	na	na	(8.82)	(10.02)	(14.31)
$10	(9.78)	(26.11)	na	na	(18.09)	(20.54)	(29.34)
$15	(14.54)	(38.82)	na	na	(26.90)	(30.53)	(43.62)
$20	(19.60)	(52.33)	na	na	(36.26)	(41.16)	(58.80)
$25	(24.87)	(66.40)	na	na	(46.01)	(52.23)	(74.61)
$30	(30.47)	(81.35)	na	na	(56.37)	(63.99)	(91.41)
$35	(35.20)	(93.98)	na	na	(65.12)	(73.92)	(105.60)
$40	(39.88)	(106.48)	na	na	(73.78)	(83.75)	(119.64)
$45	(44.50)	(118.82)	na	na	(82.33)	(93.45)	(133.50)
$50	(49.07)	(131.02)	na	na	(90.78)	(103.05)	(147.21)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.02)	(10.73)	na	na	(7.44)	(8.44)	(12.06)
$10	(8.26)	(22.05)	na	na	(15.28)	(17.35)	(24.78)
$15	(12.30)	(32.84)	na	na	(22.76)	(25.83)	(36.90)
$20	(16.57)	(44.24)	na	na	(30.65)	(34.80)	(49.71)
$25	(21.03)	(56.15)	na	na	(38.91)	(44.16)	(63.09)
$30	(25.75)	(68.75)	na	na	(47.64)	(54.08)	(77.25)
$35	(29.78)	(79.51)	na	na	(55.09)	(62.54)	(89.34)
$40	(33.72)	(90.03)	na	na	(62.38)	(70.81)	(101.16)
$45	(37.62)	(100.45)	na	na	(69.60)	(79.00)	(112.86)
$50	(41.53)	(110.89)	na	na	(76.83)	(87.21)	(124.59)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.46	1.23	na	na	0.85	0.97	1.38
Unlimited	0.54	1.44	na	na	1.00	1.13	1.62
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.75	2.00	na	na	1.39	1.58	2.25
90	1.16	3.10	na	na	2.15	2.44	3.48
not covered	(2.68)	(7.16)	na	na	(4.96)	(5.63)	(8.04)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.35)	na	na	(0.24)	(0.27)	(0.39)
$10	(0.29)	(0.77)	na	na	(0.54)	(0.61)	(0.87)
$15	(0.42)	(1.12)	na	na	(0.78)	(0.88)	(1.26)
$20	(0.46)	(1.23)	na	na	(0.85)	(0.97)	(1.38)
$25	(0.61)	(1.63)	na	na	(1.13)	(1.28)	(1.83)
$30	(0.69)	(1.84)	na	na	(1.28)	(1.45)	(2.07)
$35	(0.80)	(2.14)	na	na	(1.48)	(1.68)	(2.40)
$40	(0.91)	(2.43)	na	na	(1.68)	(1.91)	(2.73)
$45	(1.05)	(2.80)	na	na	(1.94)	(2.21)	(3.15)
$50	(1.16)	(3.10)	na	na	(2.15)	(2.44)	(3.48)
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.27)	na	na	(0.19)	(0.21)	(0.30)
$25	(0.17)	(0.45)	na	na	(0.31)	(0.36)	(0.51)

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Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(3.67)	(9.80)	na	na	(6.79)	(7.71)	(11.01)
$10	(7.59)	(20.27)	na	na	(14.04)	(15.94)	(22.77)
$15	(11.66)	(31.13)	na	na	(21.57)	(24.49)	(34.98)
$20	(16.61)	(44.35)	na	na	(30.73)	(34.88)	(49.83)
$25	(20.54)	(54.84)	na	na	(38.00)	(43.13)	(61.62)
$30	(24.49)	(65.39)	na	na	(45.31)	(51.43)	(73.47)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.11)	(5.63)	na	na	(3.90)	(4.43)	(6.33)
$10	(4.37)	(11.67)	na	na	(8.08)	(9.18)	(13.11)
$15	(6.69)	(17.86)	na	na	(12.38)	(14.05)	(20.07)
$20	(9.53)	(25.45)	na	na	(17.63)	(20.01)	(28.59)
$25	(11.80)	(31.51)	na	na	(21.83)	(24.78)	(35.40)
$30	(14.03)	(37.46)	na	na	(25.96)	(29.46)	(42.09)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.19)	(13.86)	na	na	(9.60)	(10.90)	(15.57)
$10	(10.63)	(28.38)	na	na	(19.67)	(22.32)	(31.89)
$15	(15.82)	(42.24)	na	na	(29.27)	(33.22)	(47.46)
$20	(21.32)	(56.92)	na	na	(39.44)	(44.77)	(63.96)
$25	(27.05)	(72.22)	na	na	(50.04)	(56.81)	(81.15)
$30	(33.13)	(88.46)	na	na	(61.29)	(69.57)	(99.39)
$35	(38.28)	(102.21)	na	na	(70.82)	(80.39)	(114.84)
$40	(43.37)	(115.80)	na	na	(80.23)	(91.08)	(130.11)
$45	(48.40)	(129.23)	na	na	(89.54)	(101.64)	(145.20)
$50	(53.36)	(142.47)	na	na	(98.72)	(112.06)	(160.08)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.37)	(11.67)	na	na	(8.08)	(9.18)	(13.11)
$10	(8.99)	(24.00)	na	na	(16.63)	(18.88)	(26.97)
$15	(13.38)	(35.72)	na	na	(24.75)	(28.10)	(40.14)
$20	(18.02)	(48.11)	na	na	(33.34)	(37.84)	(54.06)
$25	(22.87)	(61.06)	na	na	(42.31)	(48.03)	(68.61)
$30	(28.00)	(74.76)	na	na	(51.80)	(58.80)	(84.00)
$35	(32.38)	(86.45)	na	na	(59.90)	(68.00)	(97.14)
$40	(36.66)	(97.88)	na	na	(67.82)	(76.99)	(109.98)
$45	(40.91)	(109.23)	na	na	(75.68)	(85.91)	(122.73)
$50	(45.16)	(120.58)	na	na	(83.55)	(94.84)	(135.48)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.49	1.31	na	na	0.91	1.03	1.47
Unlimited	0.59	1.58	na	na	1.09	1.24	1.77
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.81	2.16	na	na	1.50	1.70	2.43
90	1.26	3.36	na	na	2.33	2.65	3.78
not covered	(2.91)	(7.77)	na	na	(5.38)	(6.11)	(8.73)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.35)	na	na	(0.24)	(0.27)	(0.39)
$10	(0.32)	(0.85)	na	na	(0.59)	(0.67)	(0.96)
$15	(0.45)	(1.20)	na	na	(0.83)	(0.95)	(1.35)
$20	(0.49)	(1.31)	na	na	(0.91)	(1.03)	(1.47)
$25	(0.67)	(1.79)	na	na	(1.24)	(1.41)	(2.01)
$30	(0.75)	(2.00)	na	na	(1.39)	(1.58)	(2.25)
$35	(0.86)	(2.30)	na	na	(1.59)	(1.81)	(2.58)
$40	(0.99)	(2.64)	na	na	(1.83)	(2.08)	(2.97)
$45	(1.14)	(3.04)	na	na	(2.11)	(2.39)	(3.42)
$50	(1.26)	(3.36)	na	na	(2.33)	(2.65)	(3.78)
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.27)	na	na	(0.19)	(0.21)	(0.30)
$25	(0.19)	(0.51)	na	na	(0.35)	(0.40)	(0.57)

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HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(0.29)	(0.78)	na	na	(0.54)	(0.61)	(0.87)
$10	(0.62)	(1.66)	na	na	(1.15)	(1.30)	(1.86)
$15	(0.93)	(2.48)	na	na	(1.72)	(1.96)	(2.79)
$20	(1.34)	(3.58)	na	na	(2.48)	(2.81)	(4.02)
$25	(1.65)	(4.40)	na	na	(3.05)	(3.46)	(4.95)
$30	(1.98)	(5.29)	na	na	(3.67)	(4.16)	(5.94)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.17)	(0.45)	na	na	(0.31)	(0.36)	(0.51)
$10	(0.35)	(0.94)	na	na	(0.64)	(0.74)	(1.05)
$15	(0.53)	(1.41)	na	na	(0.98)	(1.11)	(1.59)
$20	(0.76)	(2.03)	na	na	(1.41)	(1.59)	(2.28)
$25	(0.96)	(2.57)	na	na	(1.78)	(2.02)	(2.88)
$30	(1.13)	(3.02)	na	na	(2.09)	(2.37)	(3.39)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.42)	(1.12)	na	na	(0.78)	(0.88)	(1.26)
$10	(0.85)	(2.27)	na	na	(1.58)	(1.78)	(2.55)
$15	(1.28)	(3.42)	na	na	(2.37)	(2.69)	(3.84)
$20	(1.72)	(4.59)	na	na	(3.18)	(3.61)	(5.16)
$25	(2.18)	(5.82)	na	na	(4.03)	(4.58)	(6.54)
$30	(2.66)	(7.11)	na	na	(4.92)	(5.58)	(7.98)
$35	(3.08)	(8.23)	na	na	(5.70)	(6.47)	(9.24)
$40	(3.49)	(9.32)	na	na	(6.45)	(7.33)	(10.47)
$45	(3.90)	(10.41)	na	na	(7.21)	(8.19)	(11.70)
$50	(4.29)	(11.45)	na	na	(7.94)	(9.01)	(12.87)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.35)	(0.94)	na	na	(0.64)	(0.74)	(1.05)
$10	(0.73)	(1.95)	na	na	(1.35)	(1.53)	(2.19)
$15	(1.08)	(2.88)	na	na	(1.99)	(2.27)	(3.24)
$20	(1.45)	(3.87)	na	na	(2.69)	(3.04)	(4.35)
$25	(1.84)	(4.91)	na	na	(3.40)	(3.87)	(5.52)
$30	(2.25)	(6.01)	na	na	(4.16)	(4.72)	(6.75)
$35	(2.60)	(6.94)	na	na	(4.81)	(5.46)	(7.80)
$40	(2.94)	(7.85)	na	na	(5.44)	(6.18)	(8.82)
$45	(3.29)	(8.78)	na	na	(6.08)	(6.91)	(9.87)
$50	(3.63)	(9.69)	na	na	(6.72)	(7.63)	(10.89)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	-	-	na	na	-	-	-
120	0.03	0.08	na	na	0.06	0.06	0.09
Unlimited	0.05	0.14	na	na	0.09	0.11	0.15
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	-	-	na	na	-	-	-
60	0.06	0.16	na	na	0.11	0.12	0.18
90	0.10	0.26	na	na	0.18	0.21	0.30
not covered	(0.23)	(0.61)	na	na	(0.42)	(0.48)	(0.69)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	-	-	na	na	-	-	-
$5	-	-	na	na	-	-	-
$10	(0.03)	(0.08)	na	na	(0.05)	(0.06)	(0.09)
$15	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
$20	(0.03)	(0.08)	na	na	(0.06)	(0.06)	(0.09)
$25	(0.06)	(0.16)	na	na	(0.11)	(0.13)	(0.18)
$30	(0.06)	(0.16)	na	na	(0.11)	(0.13)	(0.18)
$35	(0.06)	(0.16)	na	na	(0.11)	(0.13)	(0.18)
$40	(0.08)	(0.21)	na	na	(0.15)	(0.17)	(0.24)
$45	(0.09)	(0.24)	na	na	(0.17)	(0.18)	(0.27)
$50	(0.10)	(0.26)	na	na	(0.18)	(0.21)	(0.30)
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	-	-	na	na	-	-	-
$15	-	-	na	na	-	-	-
$25	(0.02)	(0.06)	na	na	(0.04)	(0.04)	(0.06)

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HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	8.6%	8.6%	na	na	8.6%	8.6%	8.6%
$10	8.9%	8.9%	na	na	8.9%	8.9%	8.9%
$15	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$20	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$25	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$30	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [st						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	8.8%	8.7%	na	na	8.6%	8.8%	8.8%
$10	8.7%	8.8%	na	na	8.6%	8.8%	8.7%
$15	8.6%	8.6%	na	na	8.6%	8.6%	8.6%
$20	8.7%	8.7%	na	na	8.7%	8.6%	8.7%
$25	8.9%	8.9%	na	na	8.9%	8.9%	8.9%
$30	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$10	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$15	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$20	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$25	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$35	8.7%	8.8%	na	na	8.8%	8.8%	8.8%
$40	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
$45	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$50	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std:						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	8.7%	8.8%	na	na	8.6%	8.8%	8.7%
$10	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$15	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
$20	8.8%	8.7%	na	na	8.8%	8.7%	8.8%
$25	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$35	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$40	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$45	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
$50	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
120	6.5%	6.5%	na	na	7.1%	6.2%	6.5%
Unlimited	9.3%	9.7%	na	na	9.0%	9.7%	9.3%
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	8.0%	8.0%	na	na	7.9%	7.6%	8.0%
90	8.6%	8.4%	na	na	8.4%	8.6%	8.6%
not covered	8.6%	8.5%	na	na	8.5%	8.5%	8.6%
Copay	Refractive Eye Exam Copay [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
$10	10.3%	10.4%	na	na	9.3%	9.8%	10.3%
$15	7.1%	7.1%	na	na	6.4%	8.0%	7.1%
$20	6.5%	6.5%	na	na	7.1%	6.2%	6.5%
$25	9.8%	9.8%	na	na	9.7%	10.2%	9.8%
$30	8.7%	8.7%	na	na	8.6%	9.0%	8.7%
$35	7.5%	7.5%	na	na	7.4%	7.7%	7.5%
$40	8.8%	8.6%	na	na	8.9%	8.9%	8.8%
$45	8.6%	8.6%	na	na	8.8%	8.1%	8.6%
$50	8.6%	8.4%	na	na	8.4%	8.6%	8.6%
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
$25	11.8%	13.3%	na	na	12.9%	11.1%	11.8%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.25)	(0.67)	na	na	(0.46)	(0.53)	(0.75)
$50	(0.34)	(0.91)	na	na	(0.63)	(0.71)	(1.02)
$60	(0.42)	(1.12)	na	na	(0.78)	(0.88)	(1.26)
$75	(0.52)	(1.39)	na	na	(0.96)	(1.09)	(1.56)
$100	(0.69)	(1.84)	na	na	(1.28)	(1.45)	(2.07)
$125	(0.89)	(2.38)	na	na	(1.65)	(1.87)	(2.67)
$150	(1.08)	(2.88)	na	na	(2.00)	(2.27)	(3.24)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(4.29)	(11.45)	na	na	(7.94)	(9.01)	(12.87)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.55)	(1.47)	na	na	(1.02)	(1.16)	(1.65)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.05)	(13.48)	na	na	(9.34)	(10.61)	(15.15)
$500,000	(1.50)	(4.01)	na	na	(2.78)	(3.15)	(4.50)

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.28)	(0.75)	na	na	(0.52)	(0.59)	(0.84)
$50	(0.37)	(0.99)	na	na	(0.68)	(0.78)	(1.11)
$60	(0.45)	(1.20)	na	na	(0.83)	(0.95)	(1.35)
$75	(0.57)	(1.52)	na	na	(1.05)	(1.20)	(1.71)
$100	(0.75)	(2.00)	na	na	(1.39)	(1.58)	(2.25)
$125	(0.97)	(2.59)	na	na	(1.79)	(2.04)	(2.91)
$150	(1.17)	(3.12)	na	na	(2.16)	(2.46)	(3.51)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(4.66)	(12.44)	na	na	(8.62)	(9.79)	(13.98)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.60)	(1.60)	na	na	(1.11)	(1.26)	(1.80)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.49)	(14.66)	na	na	(10.16)	(11.53)	(16.47)
$500,000	(1.64)	(4.38)	na	na	(3.03)	(3.44)	(4.92)

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.03)	(0.08)	na	na	(0.06)	(0.06)	(0.09)
$50	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
$60	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
$75	(0.05)	(0.13)	na	na	(0.09)	(0.11)	(0.15)
$100	(0.06)	(0.16)	na	na	(0.11)	(0.13)	(0.18)
$125	(0.08)	(0.21)	na	na	(0.14)	(0.17)	(0.24)
$150	(0.09)	(0.24)	na	na	(0.16)	(0.19)	(0.27)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(0.37)	(0.99)	na	na	(0.68)	(0.78)	(1.11)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.05)	(0.13)	na	na	(0.09)	(0.10)	(0.15)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.44)	(1.18)	na	na	(0.82)	(0.92)	(1.32)
$500,000	(0.14)	(0.37)	na	na	(0.25)	(0.29)	(0.42)

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	12.0%	11.9%	na	na	13.0%	11.3%	12.0%
$50	8.8%	8.8%	na	na	7.9%	9.9%	8.8%
$60	7.1%	7.1%	na	na	6.4%	8.0%	7.1%
$75	9.6%	9.4%	na	na	9.4%	10.1%	9.6%
$100	8.7%	8.7%	na	na	8.6%	9.0%	8.7%
$125	9.0%	8.8%	na	na	8.5%	9.1%	9.0%
$150	8.3%	8.3%	na	na	8.0%	8.4%	8.3%
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	8.6%	8.6%	na	na	8.6%	8.7%	8.6%
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	9.1%	8.8%	na	na	8.8%	8.6%	9.1%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	8.7%	8.8%	na	na	8.8%	8.7%	8.7%
$500,000	9.3%	9.2%	na	na	9.0%	9.2%	9.3%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.68)	(1.82)	na	na	(1.26)	(1.43)	(2.04)
$25	(1.14)	(3.04)	na	na	(2.11)	(2.39)	(3.42)
$35	(1.82)	(4.86)	na	na	(3.37)	(3.82)	(5.46)
$50	(2.89)	(7.72)	na	na	(5.35)	(6.07)	(8.67)
$75	(4.73)	(12.63)	na	na	(8.75)	(9.93)	(14.19)
$100	(6.30)	(16.82)	na	na	(11.66)	(13.23)	(18.90)
$125	(7.87)	(21.01)	na	na	(14.56)	(16.53)	(23.61)
$150	(9.44)	(25.20)	na	na	(17.46)	(19.82)	(28.32)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(4.92)	(13.14)	na	na	(9.10)	(10.33)	(14.76)
$500,000	(1.45)	(3.87)	na	na	(2.68)	(3.05)	(4.35)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.74)	(1.98)	na	na	(1.37)	(1.55)	(2.22)
$25	(1.24)	(3.31)	na	na	(2.29)	(2.60)	(3.72)
$35	(1.98)	(5.29)	na	na	(3.66)	(4.16)	(5.94)
$50	(3.15)	(8.41)	na	na	(5.83)	(6.62)	(9.45)
$75	(5.15)	(13.75)	na	na	(9.53)	(10.82)	(15.45)
$100	(6.85)	(18.29)	na	na	(12.67)	(14.39)	(20.55)
$125	(8.56)	(22.86)	na	na	(15.84)	(17.98)	(25.68)
$150	(10.26)	(27.39)	na	na	(18.98)	(21.55)	(30.78)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.35)	(14.28)	na	na	(9.90)	(11.24)	(16.05)
$500,000	(1.57)	(4.19)	na	na	(2.90)	(3.30)	(4.71)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	-	-	na	na	-	-	-
$15	(0.06)	(0.16)	na	na	(0.11)	(0.12)	(0.18)
$25	(0.10)	(0.27)	na	na	(0.18)	(0.21)	(0.30)
$35	(0.16)	(0.43)	na	na	(0.29)	(0.34)	(0.48)
$50	(0.26)	(0.69)	na	na	(0.48)	(0.55)	(0.78)
$75	(0.42)	(1.12)	na	na	(0.78)	(0.89)	(1.26)
$100	(0.55)	(1.47)	na	na	(1.01)	(1.16)	(1.65)
$125	(0.69)	(1.85)	na	na	(1.28)	(1.45)	(2.07)
$150	(0.82)	(2.19)	na	na	(1.52)	(1.73)	(2.46)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.43)	(1.14)	na	na	(0.80)	(0.91)	(1.29)
$500,000	(0.12)	(0.32)	na	na	(0.22)	(0.25)	(0.36)
Unlimited	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	8.8%	8.8%	na	na	8.7%	8.4%	8.8%
$25	8.8%	8.9%	na	na	8.5%	8.8%	8.8%
$35	8.8%	8.8%	na	na	8.6%	8.9%	8.8%
$50	9.0%	8.9%	na	na	9.0%	9.1%	9.0%
$75	8.9%	8.9%	na	na	8.9%	9.0%	8.9%
$100	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
$125	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
$150	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	8.7%	8.7%	na	na	8.8%	8.8%	8.7%
$500,000	8.3%	8.3%	na	na	8.2%	8.2%	8.3%
Unlimited	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
DOLLAR CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
PERCENTAGE CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
30	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			Class II Dependents				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
					20% Member Coinsurance				
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
					30% Member Coinsurance				
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
					40% Member Coinsurance				
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
					50% Member Coinsurance				
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
					20% Member Coinsurance				
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
					30% Member Coinsurance				
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
					40% Member Coinsurance				
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
					50% Member Coinsurance				
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK

DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK

PERCENTAGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
					10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ut Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	-	-	-
$200	-	-	-
$250	-	-	-
$300	-	-	-
$350	-	-	-
$500	-	-	-
$750	-	-	-
$1,000	-	-	-
$1,500	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$6,000	-	-	-

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
-	-	-

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	-
90th Percentile of HIAA	-

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.0%
90th Percentile of HIAA	0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
APRIL 1, 2012 - JUNE 30, 2012 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	19.76	na	19.76
Two Persons	na	na	na
EE & Child(ren)	na	na	36.75
EE + Spouse	na	na	39.52
Family	48.41	na	60.47

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	20.35	na	20.35
Two Persons	na	na	na
EE & Child(ren)	na	na	37.85
EE + Spouse	na	na	40.71
Family	49.86	na	62.28

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK

DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	0.59	na	0.59
Two Persons	na	na	na
EE & Child(ren)	na	na	1.10
EE + Spouse	na	na	1.19
Family	1.45	na	1.81

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	-	-
Select PPO	-	-
New York City, Westchester, Rockland and Orange Counties		
Select EPO	-	-
Select PPO	-	-
Upstate New York	-	-
New Jersey	-	-
Connecticut	-	-
All Other States	-	-

employer

Retention Percentage

All Small Groups -

Sole Proprietor Contracts

Sole Proprietor Factor -

HIP INSURANCE COMPANY OF NEW YORK

PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	3.0%	na	3.0%
Two Persons	na	na	na
EE & Child(ren)	na	na	3.0%
EE + Spouse	na	na	3.0%
Family	3.0%	na	3.0%

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
New York City, Westchester, Rockland and Orange Counties		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
Upstate New York	0.0%	0.0%
New Jersey	0.0%	0.0%
Connecticut	0.0%	0.0%
All Other States	0.0%	0.0%

employer

Retention Percentage

All Small Groups 0.0%

Sole Proprietor Contracts

Sole Proprietor Factor 0.0%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
APRIL 1, 2012 - JUNE 30, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP — Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	2.62	7.00	na	na	4.85	5.50	7.86
60	3.36	8.97	na	na	6.22	7.06	10.08
90	3.91	10.44	na	na	7.23	8.21	11.73
Unlimited	4.00	10.68	na	na	7.40	8.40	12.00
SMALL GROUP — Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	4.08	10.89	na	na	7.55	8.57	12.24
60	4.22	11.27	na	na	7.81	8.86	12.66
90	4.39	11.72	na	na	8.12	9.22	13.17
Unlimited	4.48	11.96	na	na	8.29	9.41	13.44
SMALL GROUP							
Inpatient Mental Hlth	0.00	0.00	na	na	0.00	0.00	0.00
SMALL GROUP — Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	5.72	15.27	na	na	10.58	12.01	17.16
20 visits/$5	5.42	14.47	na	na	10.03	11.38	16.26
20 visits/$10	5.15	13.75	na	na	9.53	10.82	15.45
20 visits/$15	4.87	13.00	na	na	9.01	10.23	14.61
20 visits/$20	4.64	12.39	na	na	8.58	9.74	13.92
20 visits/$25	4.40	11.75	na	na	8.14	9.24	13.20
20 visits/$30	4.24	11.32	na	na	7.84	8.90	12.72
20 visits/$35	4.09	10.92	na	na	7.57	8.59	12.27
20 visits/$40	3.94	10.52	na	na	7.29	8.27	11.82
20 visits/$45	3.77	10.07	na	na	6.97	7.92	11.31
20 visits/$50	3.63	9.69	na	na	6.72	7.62	10.89
30 visits/$0	7.36	19.65	na	na	13.62	15.46	22.08
30 visits/$5	6.68	17.84	na	na	12.36	14.03	20.04
30 visits/$10	6.27	16.74	na	na	11.60	13.17	18.81
30 visits/$15	6.08	16.23	na	na	11.25	12.77	18.24
30 visits/$20	5.82	15.54	na	na	10.77	12.22	17.46
30 visits/$25	5.70	15.22	na	na	10.55	11.97	17.10
30 visits/$30	5.38	14.36	na	na	9.95	11.30	16.14
30 visits/$35	5.02	13.40	na	na	9.29	10.54	15.06
30 visits/$40	4.98	13.30	na	na	9.21	10.46	14.94
30 visits/$45	4.83	12.90	na	na	8.94	10.14	14.49
30 visits/$50	4.59	12.26	na	na	8.49	9.64	13.77
40 visits/$0	7.74	20.67	na	na	14.32	16.25	23.22
40 visits/$5	7.37	19.68	na	na	13.63	15.48	22.11
40 visits/$10	7.12	19.01	na	na	13.17	14.95	21.36
40 visits/$15	6.83	18.24	na	na	12.64	14.34	20.49
40 visits/$20	6.58	17.57	na	na	12.17	13.82	19.74
40 visits/$25	6.36	16.98	na	na	11.77	13.36	19.08
40 visits/$30	6.08	16.23	na	na	11.25	12.77	18.24
40 visits/$35	5.79	15.46	na	na	10.71	12.16	17.37
40 visits/$40	5.40	14.42	na	na	9.99	11.34	16.20
40 visits/$45	5.42	14.47	na	na	10.03	11.38	16.26
40 visits/$50	5.54	14.79	na	na	10.25	11.63	16.62
60 visits/$0	8.45	22.56	na	na	15.63	17.75	25.35
60 visits/$5	8.15	21.76	na	na	15.08	17.12	24.45
60 visits/$10	7.77	20.75	na	na	14.37	16.32	23.31
60 visits/$15	7.54	20.13	na	na	13.95	15.83	22.62
60 visits/$20	7.19	19.20	na	na	13.30	15.10	21.57
60 visits/$25	7.11	18.98	na	na	13.15	14.93	21.33
60 visits/$30	6.81	18.18	na	na	12.60	14.30	20.43
60 visits/$35	6.35	16.95	na	na	11.75	13.34	19.05
60 visits/$40	5.82	15.54	na	na	10.77	12.22	17.46
60 visits/$45	5.65	15.09	na	na	10.45	11.87	16.95
60 visits/$50	5.73	15.30	na	na	10.60	12.03	17.19
Unlimited visits/$0	8.54	22.80	na	na	15.80	17.93	25.62
Unlimited visits/$5	8.24	22.00	na	na	15.24	17.30	24.72
Unlimited visits/$10	7.85	20.96	na	na	14.52	16.49	23.55
Unlimited visits/$15	7.61	20.32	na	na	14.08	15.98	22.83
Unlimited visits/$20	7.26	19.38	na	na	13.43	15.25	21.78
Unlimited visits/$25	7.17	19.14	na	na	13.26	15.06	21.51
Unlimited visits/$30	6.86	18.32	na	na	12.69	14.41	20.58
Unlimited visits/$35	6.40	17.09	na	na	11.84	13.44	19.20
Unlimited visits/$40	5.87	15.67	na	na	10.86	12.33	17.61
Unlimited visits/$45	5.70	15.22	na	na	10.55	11.97	17.10
Unlimited visits/$50	5.78	15.43	na	na	10.69	12.14	17.34
SMALL GROUP — Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	7.34	19.60	na	na	13.58	15.41	22.02
20 visits/$5	7.06	18.85	na	na	13.06	14.83	21.18
20 visits/$10	6.67	17.81	na	na	12.34	14.01	20.01
20 visits/$15	6.36	16.98	na	na	11.77	13.36	19.08
20 visits/$20	6.09	16.26	na	na	11.27	12.79	18.27
20 visits/$25	5.95	15.89	na	na	11.01	12.50	17.85
20 visits/$30	5.72	15.27	na	na	10.58	12.01	17.16
20 visits/$35	5.37	14.34	na	na	9.93	11.28	16.11
20 visits/$40	5.05	13.48	na	na	9.34	10.61	15.15
20 visits/$45	4.83	12.90	na	na	8.94	10.14	14.49
20 visits/$50	4.79	12.79	na	na	8.86	10.06	14.37
30 visits/$0	8.43	22.51	na	na	15.60	17.70	25.29

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP — Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	2.85	7.61	na	na	5.27	5.99	8.55
60	3.65	9.75	na	na	6.75	7.67	10.95
90	4.25	11.35	na	na	7.86	8.93	12.75
Unlimited	4.35	11.61	na	na	8.05	9.14	13.05
SMALL GROUP — Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	4.44	11.85	na	na	8.21	9.32	13.32
60	4.59	12.26	na	na	8.49	9.64	13.77
90	4.78	12.76	na	na	8.84	10.04	14.34
Unlimited	4.87	13.00	na	na	9.01	10.23	14.61
SMALL GROUP							
Inpatient Mental Hlth	0.00	0.00	na	na	0.00	0.00	0.00
SMALL GROUP — Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	6.22	16.61	na	na	11.51	13.06	18.66
20 visits/$5	5.89	15.73	na	na	10.90	12.37	17.67
20 visits/$10	5.60	14.95	na	na	10.36	11.76	16.80
20 visits/$15	5.30	14.15	na	na	9.81	11.13	15.90
20 visits/$20	5.04	13.46	na	na	9.32	10.58	15.12
20 visits/$25	4.79	12.79	na	na	8.86	10.06	14.37
20 visits/$30	4.61	12.31	na	na	8.53	9.68	13.83
20 visits/$35	4.45	11.88	na	na	8.23	9.35	13.35
20 visits/$40	4.28	11.43	na	na	7.92	8.99	12.84
20 visits/$45	4.10	10.95	na	na	7.59	8.61	12.30
20 visits/$50	3.95	10.55	na	na	7.31	8.30	11.85
30 visits/$0	8.01	21.39	na	na	14.82	16.82	24.03
30 visits/$5	7.27	19.41	na	na	13.45	15.27	21.81
30 visits/$10	6.82	18.21	na	na	12.62	14.32	20.46
30 visits/$15	6.61	17.65	na	na	12.23	13.88	19.83
30 visits/$20	6.32	16.87	na	na	11.69	13.27	18.96
30 visits/$25	6.20	16.55	na	na	11.47	13.02	18.60
30 visits/$30	5.85	15.62	na	na	10.82	12.29	17.55
30 visits/$35	5.46	14.58	na	na	10.10	11.47	16.38
30 visits/$40	5.41	14.44	na	na	10.01	11.36	16.23
30 visits/$45	5.25	14.02	na	na	9.71	11.03	15.75
30 visits/$50	4.99	13.32	na	na	9.23	10.48	14.97
40 visits/$0	8.42	22.48	na	na	15.58	17.68	25.26
40 visits/$5	8.02	21.41	na	na	14.84	16.84	24.06
40 visits/$10	7.74	20.67	na	na	14.32	16.25	23.22
40 visits/$15	7.42	19.81	na	na	13.73	15.58	22.26
40 visits/$20	7.15	19.09	na	na	13.23	15.02	21.45
40 visits/$25	6.92	18.48	na	na	12.80	14.53	20.76
40 visits/$30	6.61	17.65	na	na	12.23	13.88	19.83
40 visits/$35	6.29	16.79	na	na	11.64	13.21	18.87
40 visits/$40	5.87	15.67	na	na	10.86	12.33	17.61
40 visits/$45	5.89	15.73	na	na	10.90	12.37	17.67
40 visits/$50	6.03	16.10	na	na	11.16	12.66	18.09
60 visits/$0	9.18	24.51	na	na	16.98	19.28	27.54
60 visits/$5	8.86	23.66	na	na	16.39	18.61	26.58
60 visits/$10	8.45	22.56	na	na	15.63	17.75	25.35
60 visits/$15	8.20	21.89	na	na	15.17	17.22	24.60
60 visits/$20	7.82	20.88	na	na	14.47	16.42	23.46
60 visits/$25	7.73	20.64	na	na	14.30	16.23	23.19
60 visits/$30	7.40	19.76	na	na	13.69	15.54	22.20
60 visits/$35	6.91	18.45	na	na	12.78	14.51	20.73
60 visits/$40	6.32	16.87	na	na	11.69	13.27	18.96
60 visits/$45	6.14	16.39	na	na	11.36	12.89	18.42
60 visits/$50	6.23	16.63	na	na	11.53	13.08	18.69
Unlimited visits/$0	9.29	24.80	na	na	17.19	19.51	27.87
Unlimited visits/$5	8.96	23.92	na	na	16.58	18.82	26.88
Unlimited visits/$10	8.54	22.80	na	na	15.80	17.93	25.62
Unlimited visits/$15	8.28	22.11	na	na	15.32	17.39	24.84
Unlimited visits/$20	7.89	21.07	na	na	14.60	16.57	23.67
Unlimited visits/$25	7.80	20.83	na	na	14.43	16.38	23.40
Unlimited visits/$30	7.46	19.92	na	na	13.80	15.67	22.38
Unlimited visits/$35	6.96	18.58	na	na	12.88	14.62	20.88
Unlimited visits/$40	6.39	17.06	na	na	11.82	13.42	19.17
Unlimited visits/$45	6.20	16.55	na	na	11.47	13.02	18.60
Unlimited visits/$50	6.28	16.77	na	na	11.62	13.19	18.84
SMALL GROUP — Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	7.98	21.31	na	na	14.76	16.76	23.94
20 visits/$5	7.68	20.51	na	na	14.21	16.13	23.04
20 visits/$10	7.26	19.38	na	na	13.43	15.25	21.78
20 visits/$15	6.92	18.48	na	na	12.80	14.53	20.76
20 visits/$20	6.62	17.68	na	na	12.25	13.90	19.86
20 visits/$25	6.47	17.27	na	na	11.97	13.59	19.41
20 visits/$30	6.22	16.61	na	na	11.51	13.06	18.66
20 visits/$35	5.84	15.59	na	na	10.80	12.26	17.52
20 visits/$40	5.49	14.66	na	na	10.16	11.53	16.47
20 visits/$45	5.25	14.02	na	na	9.71	11.03	15.75
20 visits/$50	5.21	13.91	na	na	9.64	10.94	15.63
30 visits/$0	9.16	24.46	na	na	16.95	19.24	27.48

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP — Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	0.23	0.61	na	na	0.42	0.49	0.69
60	0.29	0.78	na	na	0.53	0.61	0.87
90	0.34	0.91	na	na	0.63	0.72	1.02
Unlimited	0.35	0.93	na	na	0.65	0.74	1.05
SMALL GROUP — Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	0.36	0.96	na	na	0.66	0.75	1.08
60	0.37	0.99	na	na	0.68	0.78	1.11
90	0.39	1.04	na	na	0.72	0.82	1.17
Unlimited	0.39	1.04	na	na	0.72	0.82	1.17
SMALL GROUP							
Inpatient Mental Hlth	-	-	na	na	-	-	-
SMALL GROUP — Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	0.50	1.34	na	na	0.93	1.05	1.50
20 visits/$5	0.47	1.26	na	na	0.87	0.99	1.41
20 visits/$10	0.45	1.20	na	na	0.83	0.94	1.35
20 visits/$15	0.43	1.15	na	na	0.80	0.90	1.29
20 visits/$20	0.40	1.07	na	na	0.74	0.84	1.20
20 visits/$25	0.39	1.04	na	na	0.72	0.82	1.17
20 visits/$30	0.37	0.99	na	na	0.69	0.78	1.11
20 visits/$35	0.36	0.96	na	na	0.66	0.76	1.08
20 visits/$40	0.34	0.91	na	na	0.63	0.72	1.02
20 visits/$45	0.33	0.88	na	na	0.62	0.69	0.99
20 visits/$50	0.32	0.86	na	na	0.59	0.68	0.96
30 visits/$0	0.65	1.74	na	na	1.20	1.36	1.95
30 visits/$5	0.59	1.57	na	na	1.09	1.24	1.77
30 visits/$10	0.55	1.47	na	na	1.02	1.15	1.65
30 visits/$15	0.53	1.42	na	na	0.98	1.11	1.59
30 visits/$20	0.50	1.33	na	na	0.92	1.05	1.50
30 visits/$25	0.50	1.33	na	na	0.92	1.05	1.50
30 visits/$30	0.47	1.26	na	na	0.87	0.99	1.41
30 visits/$35	0.44	1.18	na	na	0.81	0.93	1.32
30 visits/$40	0.43	1.14	na	na	0.80	0.90	1.29
30 visits/$45	0.42	1.12	na	na	0.77	0.89	1.26
30 visits/$50	0.40	1.06	na	na	0.74	0.84	1.20
40 visits/$0	0.68	1.81	na	na	1.26	1.43	2.04
40 visits/$5	0.65	1.73	na	na	1.21	1.36	1.95
40 visits/$10	0.62	1.66	na	na	1.15	1.30	1.86
40 visits/$15	0.59	1.57	na	na	1.09	1.24	1.77
40 visits/$20	0.57	1.52	na	na	1.06	1.20	1.71
40 visits/$25	0.56	1.50	na	na	1.03	1.17	1.68
40 visits/$30	0.53	1.42	na	na	0.98	1.11	1.59
40 visits/$35	0.50	1.33	na	na	0.93	1.05	1.50
40 visits/$40	0.47	1.25	na	na	0.87	0.99	1.41
40 visits/$45	0.47	1.26	na	na	0.87	0.99	1.41
40 visits/$50	0.49	1.31	na	na	0.91	1.03	1.47
60 visits/$0	0.73	1.95	na	na	1.35	1.53	2.19
60 visits/$5	0.71	1.90	na	na	1.31	1.49	2.13
60 visits/$10	0.68	1.81	na	na	1.26	1.43	2.04
60 visits/$15	0.66	1.76	na	na	1.22	1.39	1.98
60 visits/$20	0.63	1.68	na	na	1.17	1.32	1.89
60 visits/$25	0.62	1.66	na	na	1.15	1.30	1.86
60 visits/$30	0.59	1.58	na	na	1.09	1.24	1.77
60 visits/$35	0.56	1.50	na	na	1.03	1.17	1.68
60 visits/$40	0.50	1.33	na	na	0.92	1.05	1.50
60 visits/$45	0.49	1.30	na	na	0.91	1.02	1.47
60 visits/$50	0.50	1.33	na	na	0.93	1.05	1.50
Unlimited visits/$0	0.75	2.00	na	na	1.39	1.58	2.25
Unlimited visits/$5	0.72	1.92	na	na	1.34	1.52	2.16
Unlimited visits/$10	0.69	1.84	na	na	1.28	1.44	2.07
Unlimited visits/$15	0.67	1.79	na	na	1.24	1.41	2.01
Unlimited visits/$20	0.63	1.69	na	na	1.17	1.32	1.89
Unlimited visits/$25	0.63	1.69	na	na	1.17	1.32	1.89
Unlimited visits/$30	0.60	1.60	na	na	1.11	1.26	1.80
Unlimited visits/$35	0.56	1.49	na	na	1.04	1.18	1.68
Unlimited visits/$40	0.52	1.39	na	na	0.96	1.09	1.56
Unlimited visits/$45	0.50	1.33	na	na	0.92	1.05	1.50
Unlimited visits/$50	0.50	1.34	na	na	0.93	1.05	1.50
SMALL GROUP — Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	0.64	1.71	na	na	1.18	1.35	1.92
20 visits/$5	0.62	1.66	na	na	1.15	1.30	1.86
20 visits/$10	0.59	1.57	na	na	1.09	1.24	1.77
20 visits/$15	0.56	1.50	na	na	1.03	1.17	1.68
20 visits/$20	0.53	1.42	na	na	0.98	1.11	1.59
20 visits/$25	0.52	1.38	na	na	0.96	1.09	1.56
20 visits/$30	0.50	1.34	na	na	0.93	1.05	1.50
20 visits/$35	0.47	1.25	na	na	0.87	0.98	1.41
20 visits/$40	0.44	1.18	na	na	0.82	0.92	1.32
20 visits/$45	0.42	1.12	na	na	0.77	0.89	1.26
20 visits/$50	0.42	1.12	na	na	0.78	0.88	1.26
30 visits/$0	0.73	1.95	na	na	1.35	1.54	2.19

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP — Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	8.8%	8.7%	na	na	8.7%	8.9%	8.8%
60	8.6%	8.7%	na	na	8.5%	8.6%	8.6%
90	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
Unlimited	8.7%	8.7%	na	na	8.8%	8.8%	8.8%
SMALL GROUP — Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]							
# Days							
30	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
60	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
90	8.9%	8.9%	na	na	8.9%	8.9%	8.9%
Unlimited	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
SMALL GROUP							
Inpatient Mental Hlth	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
SMALL GROUP — Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	8.7%	8.8%	na	na	8.8%	8.7%	8.7%
20 visits/$5	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
20 visits/$10	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
20 visits/$15	8.8%	8.8%	na	na	8.9%	8.8%	8.8%
20 visits/$20	8.6%	8.6%	na	na	8.6%	8.6%	8.6%
20 visits/$25	8.9%	8.9%	na	na	8.8%	8.9%	8.9%
20 visits/$30	8.7%	8.7%	na	na	8.8%	8.8%	8.7%
20 visits/$35	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
20 visits/$40	8.6%	8.7%	na	na	8.6%	8.7%	8.6%
20 visits/$45	8.8%	8.7%	na	na	8.9%	8.7%	8.8%
20 visits/$50	8.8%	8.9%	na	na	8.8%	8.9%	8.8%
30 visits/$0	8.8%	8.9%	na	na	8.8%	8.8%	8.8%
30 visits/$5	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
30 visits/$10	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
30 visits/$15	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
30 visits/$20	8.6%	8.6%	na	na	8.5%	8.6%	8.6%
30 visits/$25	8.8%	8.7%	na	na	8.7%	8.8%	8.8%
30 visits/$30	8.7%	8.8%	na	na	8.7%	8.8%	8.7%
30 visits/$35	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
30 visits/$40	8.6%	8.6%	na	na	8.7%	8.6%	8.6%
30 visits/$45	8.7%	8.7%	na	na	8.6%	8.8%	8.7%
30 visits/$50	8.7%	8.6%	na	na	8.7%	8.7%	8.7%
40 visits/$0	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
40 visits/$5	8.8%	8.8%	na	na	8.9%	8.8%	8.8%
40 visits/$10	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
40 visits/$15	8.6%	8.6%	na	na	8.6%	8.6%	8.6%
40 visits/$20	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
40 visits/$25	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
40 visits/$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
40 visits/$35	8.6%	8.6%	na	na	8.7%	8.6%	8.6%
40 visits/$40	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
40 visits/$45	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
40 visits/$50	8.8%	8.9%	na	na	8.9%	8.9%	8.8%
60 visits/$0	8.6%	8.6%	na	na	8.6%	8.6%	8.6%
60 visits/$5	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$10	8.8%	8.7%	na	na	8.8%	8.8%	8.8%
60 visits/$15	8.8%	8.7%	na	na	8.7%	8.8%	8.8%
60 visits/$20	8.8%	8.7%	na	na	8.8%	8.7%	8.8%
60 visits/$25	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$35	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
60 visits/$40	8.6%	8.6%	na	na	8.5%	8.6%	8.6%
60 visits/$45	8.7%	8.6%	na	na	8.7%	8.6%	8.7%
60 visits/$50	8.7%	8.7%	na	na	8.8%	8.7%	8.7%
Unlimited visits/$0	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
Unlimited visits/$5	8.7%	8.7%	na	na	8.8%	8.8%	8.7%
Unlimited visits/$10	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
Unlimited visits/$15	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
Unlimited visits/$20	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Unlimited visits/$25	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
Unlimited visits/$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Unlimited visits/$35	8.7%	8.7%	na	na	8.8%	8.8%	8.7%
Unlimited visits/$40	8.9%	8.9%	na	na	8.8%	8.8%	8.9%
Unlimited visits/$45	8.8%	8.7%	na	na	8.7%	8.8%	8.8%
Unlimited visits/$50	8.7%	8.7%	na	na	8.7%	8.6%	8.7%
SMALL GROUP — Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]							
20 visits/$0	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
20 visits/$5	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
20 visits/$10	8.8%	8.8%	na	na	8.8%	8.9%	8.8%
20 visits/$15	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
20 visits/$20	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
20 visits/$25	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
20 visits/$30	8.7%	8.8%	na	na	8.8%	8.7%	8.7%
20 visits/$35	8.8%	8.7%	na	na	8.8%	8.7%	8.8%
20 visits/$40	8.7%	8.8%	na	na	8.8%	8.7%	8.7%
20 visits/$45	8.7%	8.7%	na	na	8.6%	8.8%	8.7%
20 visits/$50	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
30 visits/$0	8.7%	8.7%	na	na	8.7%	8.7%	8.7%

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
APRIL 1, 2012 - JUNE 30, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	7.84	20.93	na	na	14.50	16.46	23.52
30 visits/$10	7.38	19.70	na	na	13.65	15.50	22.14
30 visits/$15	7.22	19.28	na	na	13.36	15.16	21.66
30 visits/$20	6.89	18.40	na	na	12.75	14.47	20.67
30 visits/$25	6.79	18.13	na	na	12.56	14.26	20.37
30 visits/$30	6.44	17.19	na	na	11.91	13.52	19.32
30 visits/$35	6.01	16.05	na	na	11.12	12.62	18.03
30 visits/$40	5.75	15.35	na	na	10.64	12.08	17.25
30 visits/$45	5.54	14.79	na	na	10.25	11.63	16.62
30 visits/$50	5.54	14.79	na	na	10.25	11.63	16.62
40 visits/$0	8.69	23.20	na	na	16.08	18.25	26.07
40 visits/$5	8.34	22.27	na	na	15.43	17.51	25.02
40 visits/$10	7.95	21.23	na	na	14.71	16.70	23.85
40 visits/$15	7.70	20.56	na	na	14.25	16.17	23.10
40 visits/$20	7.36	19.65	na	na	13.62	15.46	22.08
40 visits/$25	7.19	19.20	na	na	13.30	15.10	21.57
40 visits/$30	6.93	18.50	na	na	12.82	14.55	20.79
40 visits/$35	6.50	17.36	na	na	12.03	13.65	19.50
40 visits/$40	5.98	15.97	na	na	11.06	12.56	17.94
40 visits/$45	6.02	16.07	na	na	11.14	12.64	18.06
40 visits/$50	6.11	16.31	na	na	11.30	12.83	18.33
60 visits/$0	9.12	24.35	na	na	16.87	19.15	27.36
60 visits/$5	8.83	23.58	na	na	16.34	18.54	26.49
60 visits/$10	8.40	22.43	na	na	15.54	17.64	25.20
60 visits/$15	8.17	21.81	na	na	15.11	17.16	24.51
60 visits/$20	7.76	20.72	na	na	14.36	16.30	23.28
60 visits/$25	7.72	20.61	na	na	14.28	16.21	23.16
60 visits/$30	7.39	19.73	na	na	13.67	15.52	22.17
60 visits/$35	6.93	18.50	na	na	12.82	14.55	20.79
60 visits/$40	6.34	16.93	na	na	11.73	13.31	19.02
60 visits/$45	6.14	16.39	na	na	11.36	12.89	18.42
60 visits/$50	6.30	16.82	na	na	11.66	13.23	18.90
Unlimited visits/$0	9.21	24.59	na	na	17.04	19.34	27.63
Unlimited visits/$5	8.91	23.79	na	na	16.48	18.71	26.73
Unlimited visits/$10	8.49	22.67	na	na	15.71	17.83	25.47
Unlimited visits/$15	8.25	22.03	na	na	15.26	17.33	24.75
Unlimited visits/$20	7.83	20.91	na	na	14.49	16.44	23.49
Unlimited visits/$25	7.78	20.77	na	na	14.39	16.34	23.34
Unlimited visits/$30	7.46	19.92	na	na	13.80	15.67	22.38
Unlimited visits/$35	6.97	18.61	na	na	12.89	14.64	20.91
Unlimited visits/$40	6.39	17.06	na	na	11.82	13.42	19.17
Unlimited visits/$45	6.17	16.47	na	na	11.41	12.96	18.51
Unlimited visits/$50	6.34	16.93	na	na	11.73	13.31	19.02

SMALL GROUP Specialist Copay	**Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.53	22.78	na	na	15.78	17.91	25.59
30 visits/$10	8.03	21.44	na	na	14.86	16.86	24.09
30 visits/$15	7.85	20.96	na	na	14.52	16.49	23.55
30 visits/$20	7.49	20.00	na	na	13.86	15.73	22.47
30 visits/$25	7.38	19.70	na	na	13.65	15.50	22.14
30 visits/$30	7.00	18.69	na	na	12.95	14.70	21.00
30 visits/$35	6.54	17.46	na	na	12.10	13.73	19.62
30 visits/$40	6.25	16.69	na	na	11.56	13.13	18.75
30 visits/$45	6.03	16.10	na	na	11.16	12.66	18.09
30 visits/$50	6.03	16.10	na	na	11.16	12.66	18.09
40 visits/$0	9.45	25.23	na	na	17.48	19.85	28.35
40 visits/$5	9.07	24.22	na	na	16.78	19.05	27.21
40 visits/$10	8.65	23.10	na	na	16.00	18.17	25.95
40 visits/$15	8.37	22.35	na	na	15.48	17.58	25.11
40 visits/$20	8.01	21.39	na	na	14.82	16.82	24.03
40 visits/$25	7.82	20.88	na	na	14.47	16.42	23.46
40 visits/$30	7.53	20.11	na	na	13.93	15.81	22.59
40 visits/$35	7.07	18.88	na	na	13.08	14.85	21.21
40 visits/$40	6.50	17.36	na	na	12.03	13.65	19.50
40 visits/$45	6.55	17.49	na	na	12.12	13.76	19.65
40 visits/$50	6.64	17.73	na	na	12.28	13.94	19.92
60 visits/$0	9.91	26.46	na	na	18.33	20.81	29.73
60 visits/$5	9.59	25.61	na	na	17.74	20.14	28.77
60 visits/$10	9.13	24.38	na	na	16.89	19.17	27.39
60 visits/$15	8.89	23.74	na	na	16.45	18.67	26.67
60 visits/$20	8.44	22.53	na	na	15.61	17.72	25.32
60 visits/$25	8.39	22.40	na	na	15.52	17.62	25.17
60 visits/$30	8.04	21.47	na	na	14.87	16.88	24.12
60 visits/$35	7.53	20.11	na	na	13.93	15.81	22.59
60 visits/$40	6.90	18.42	na	na	12.77	14.49	20.70
60 visits/$45	6.67	17.81	na	na	12.34	14.01	20.01
60 visits/$50	6.85	18.29	na	na	12.67	14.39	20.55
Unlimited visits/$0	10.01	26.73	na	na	18.52	21.02	30.03
Unlimited visits/$5	9.70	25.90	na	na	17.95	20.37	29.10
Unlimited visits/$10	9.23	24.64	na	na	17.08	19.38	27.69
Unlimited visits/$15	8.98	23.98	na	na	16.61	18.86	26.94
Unlimited visits/$20	8.51	22.72	na	na	15.74	17.87	25.53
Unlimited visits/$25	8.46	22.59	na	na	15.65	17.77	25.38
Unlimited visits/$30	8.11	21.65	na	na	15.00	17.03	24.33
Unlimited visits/$35	7.59	20.27	na	na	14.04	15.94	22.77
Unlimited visits/$40	6.95	18.56	na	na	12.86	14.60	20.85
Unlimited visits/$45	6.71	17.92	na	na	12.41	14.09	20.13
Unlimited visits/$50	6.90	18.42	na	na	12.77	14.49	20.70

SMALL GROUP Specialist Copay	**Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	0.69	1.85	na	na	1.28	1.45	2.07
30 visits/$10	0.65	1.74	na	na	1.21	1.36	1.95
30 visits/$15	0.63	1.68	na	na	1.16	1.33	1.89
30 visits/$20	0.60	1.60	na	na	1.11	1.26	1.80
30 visits/$25	0.59	1.57	na	na	1.09	1.24	1.77
30 visits/$30	0.56	1.50	na	na	1.04	1.18	1.68
30 visits/$35	0.53	1.41	na	na	0.98	1.11	1.59
30 visits/$40	0.50	1.34	na	na	0.92	1.05	1.50
30 visits/$45	0.49	1.31	na	na	0.91	1.03	1.47
30 visits/$50	0.49	1.31	na	na	0.91	1.03	1.47
40 visits/$0	0.76	2.03	na	na	1.40	1.60	2.28
40 visits/$5	0.73	1.95	na	na	1.35	1.54	2.19
40 visits/$10	0.70	1.87	na	na	1.29	1.47	2.10
40 visits/$15	0.67	1.79	na	na	1.23	1.41	2.01
40 visits/$20	0.65	1.74	na	na	1.20	1.36	1.95
40 visits/$25	0.63	1.68	na	na	1.17	1.32	1.89
40 visits/$30	0.60	1.61	na	na	1.11	1.26	1.80
40 visits/$35	0.57	1.52	na	na	1.05	1.20	1.71
40 visits/$40	0.52	1.39	na	na	0.97	1.09	1.56
40 visits/$45	0.53	1.42	na	na	0.98	1.12	1.59
40 visits/$50	0.53	1.42	na	na	0.98	1.11	1.59
60 visits/$0	0.79	2.11	na	na	1.46	1.66	2.37
60 visits/$5	0.76	2.03	na	na	1.40	1.60	2.28
60 visits/$10	0.73	1.95	na	na	1.35	1.53	2.19
60 visits/$15	0.72	1.93	na	na	1.34	1.51	2.16
60 visits/$20	0.68	1.81	na	na	1.25	1.42	2.04
60 visits/$25	0.67	1.79	na	na	1.24	1.41	2.01
60 visits/$30	0.65	1.74	na	na	1.20	1.36	1.95
60 visits/$35	0.60	1.61	na	na	1.11	1.26	1.80
60 visits/$40	0.56	1.49	na	na	1.04	1.18	1.68
60 visits/$45	0.53	1.42	na	na	0.98	1.12	1.59
60 visits/$50	0.55	1.47	na	na	1.01	1.16	1.65
Unlimited visits/$0	0.80	2.14	na	na	1.48	1.68	2.40
Unlimited visits/$5	0.79	2.11	na	na	1.47	1.66	2.37
Unlimited visits/$10	0.74	1.97	na	na	1.37	1.55	2.22
Unlimited visits/$15	0.73	1.95	na	na	1.35	1.53	2.19
Unlimited visits/$20	0.68	1.81	na	na	1.25	1.43	2.04
Unlimited visits/$25	0.68	1.82	na	na	1.26	1.43	2.04
Unlimited visits/$30	0.65	1.73	na	na	1.20	1.36	1.95
Unlimited visits/$35	0.62	1.66	na	na	1.15	1.30	1.86
Unlimited visits/$40	0.56	1.50	na	na	1.04	1.18	1.68
Unlimited visits/$45	0.54	1.45	na	na	1.00	1.13	1.62
Unlimited visits/$50	0.56	1.49	na	na	1.04	1.18	1.68

SMALL GROUP Specialist Copay	**Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]**						
$0	-	-	na	na	-	-	-
$5	-	-	na	na	-	-	-
$10	-	-	na	na	-	-	-
$15	-	-	na	na	-	-	-
$20	-	-	na	na	-	-	-
$25	-	-	na	na	-	-	-
$30	-	-	na	na	-	-	-
$35	-	-	na	na	-	-	-
$40	-	-	na	na	-	-	-
$45	-	-	na	na	-	-	-
$50	-	-	na	na	-	-	-

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	-
PPO	-

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
30 visits/$10	8.8%	8.8%	na	na	8.9%	8.8%	8.8%
30 visits/$15	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
30 visits/$20	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
30 visits/$25	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
30 visits/$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
30 visits/$35	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
30 visits/$40	8.7%	8.7%	na	na	8.6%	8.7%	8.7%
30 visits/$45	8.8%	8.9%	na	na	8.9%	8.9%	8.8%
30 visits/$50	8.8%	8.9%	na	na	8.9%	8.9%	8.8%
40 visits/$0	8.7%	8.8%	na	na	8.7%	8.8%	8.7%
40 visits/$5	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
40 visits/$10	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
40 visits/$15	8.7%	8.7%	na	na	8.6%	8.7%	8.7%
40 visits/$20	8.8%	8.9%	na	na	8.8%	8.8%	8.8%
40 visits/$25	8.8%	8.7%	na	na	8.8%	8.7%	8.8%
40 visits/$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
40 visits/$35	8.8%	8.8%	na	na	8.7%	8.8%	8.8%
40 visits/$40	8.7%	8.7%	na	na	8.8%	8.7%	8.7%
40 visits/$45	8.8%	8.8%	na	na	8.8%	8.9%	8.8%
40 visits/$50	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$0	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$5	8.6%	8.6%	na	na	8.6%	8.6%	8.6%
60 visits/$10	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$15	8.8%	8.8%	na	na	8.9%	8.8%	8.8%
60 visits/$20	8.8%	8.7%	na	na	8.7%	8.7%	8.8%
60 visits/$25	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$30	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
60 visits/$35	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
60 visits/$40	8.8%	8.8%	na	na	8.9%	8.9%	8.8%
60 visits/$45	8.6%	8.7%	na	na	8.6%	8.7%	8.6%
60 visits/$50	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
Unlimited visits/$0	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Unlimited visits/$5	8.9%	8.9%	na	na	8.9%	8.9%	8.9%
Unlimited visits/$10	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Unlimited visits/$15	8.8%	8.9%	na	na	8.8%	8.8%	8.8%
Unlimited visits/$20	8.7%	8.7%	na	na	8.6%	8.7%	8.7%
Unlimited visits/$25	8.7%	8.8%	na	na	8.8%	8.8%	8.7%
Unlimited visits/$30	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
Unlimited visits/$35	8.9%	8.9%	na	na	8.9%	8.9%	8.9%
Unlimited visits/$40	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
Unlimited visits/$45	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
Unlimited visits/$50	8.8%	8.8%	na	na	8.9%	8.9%	8.8%

SMALL GROUP Specialist Copay	**Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]**						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$10	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$20	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$25	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$35	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$40	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$45	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	0.0%
PPO	0.0%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
APRIL 1, 2012 - JUNE 30, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	4.16	11.11	na	na	7.70	8.74	12.48
$25	3.91	10.44	na	na	7.23	8.21	11.73
$50	3.64	9.72	na	na	6.73	7.64	10.92
$100	3.39	9.05	na	na	6.27	7.12	10.17
$500	1.62	4.33	na	na	3.00	3.40	4.86
Coinsurance							
80%	3.31	8.84	na	na	6.12	6.95	9.93
75%	3.12	8.33	na	na	5.77	6.55	9.36
70%	2.92	7.80	na	na	5.40	6.13	8.76
			Orthotics **				
$0	0.76	2.03	na	na	1.41	1.60	2.28
$25	0.74	1.98	na	na	1.37	1.55	2.22
$50	0.68	1.82	na	na	1.26	1.43	2.04
$100	0.63	1.68	na	na	1.17	1.32	1.89
$500	0.30	0.80	na	na	0.56	0.63	0.90
Coinsurance							
80%	0.62	1.66	na	na	1.15	1.30	1.86
75%	0.59	1.58	na	na	1.09	1.24	1.77
70%	0.54	1.44	na	na	1.00	1.13	1.62
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	1.84	4.91	na	na	3.40	3.86	5.52
12 Months	2.95	7.88	na	na	5.46	6.20	8.85
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	2.87	7.66	na	na	5.31	6.03	8.61
12 Months	4.57	12.20	na	na	8.45	9.60	13.71
			Private Duty Nursing Riders **				
In Full	0.48	1.28	na	na	0.89	1.01	1.44
80% hrs 73-504	0.07	0.19	na	na	0.13	0.15	0.21
100% hrs 73-504	0.11	0.29	na	na	0.20	0.23	0.33
			Dental Care Network Access				
	0.55	1.47	na	na	1.02	1.16	1.65
			Infertility Riders **				
Limit							
No IVF	3.49	9.32	na	na	6.46	7.33	10.47
2 IVF	8.73	23.31	na	na	16.15	18.33	26.19
3 IVF	10.56	28.20	na	na	19.54	22.18	31.68
			Complementary Alternative Medicine (CAM)				
$20 Copay	4.73	12.63	na	na	8.75	9.93	14.19
			Health Club Reimbursement				
$200 per year	1.44	3.84	na	na	2.66	3.02	4.32
			Nurse Advice Line Rider				
	0.32	0.85	na	na	0.59	0.67	0.96

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	4.52	12.07	na	na	8.36	9.49	13.56
$25	4.25	11.35	na	na	7.86	8.93	12.75
$50	3.96	10.57	na	na	7.33	8.32	11.88
$100	3.68	9.83	na	na	6.81	7.73	11.04
$500	1.76	4.70	na	na	3.26	3.70	5.28
Coinsurance							
80%	3.60	9.61	na	na	6.66	7.56	10.80
75%	3.39	9.05	na	na	6.27	7.12	10.17
70%	3.18	8.49	na	na	5.88	6.68	9.54
			Orthotics **				
$0	0.82	2.19	na	na	1.52	1.72	2.46
$25	0.80	2.14	na	na	1.48	1.68	2.40
$50	0.74	1.98	na	na	1.37	1.55	2.22
$100	0.69	1.84	na	na	1.28	1.45	2.07
$500	0.33	0.88	na	na	0.61	0.69	0.99
Coinsurance							
80%	0.68	1.82	na	na	1.26	1.43	2.04
75%	0.65	1.74	na	na	1.20	1.37	1.95
70%	0.59	1.58	na	na	1.09	1.24	1.77
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	2.01	5.37	na	na	3.72	4.22	6.03
12 Months	3.21	8.57	na	na	5.94	6.74	9.63
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.13	8.36	na	na	5.79	6.57	9.39
12 Months	4.97	13.27	na	na	9.19	10.44	14.91
			Private Duty Nursing Riders **				
In Full	0.51	1.36	na	na	0.94	1.07	1.53
80% hrs 73-504	0.07	0.19	na	na	0.13	0.15	0.21
100% hrs 73-504	0.11	0.29	na	na	0.20	0.23	0.33
			Dental Care Network Access				
	0.60	1.60	na	na	1.11	1.26	1.80
			Infertility Riders **				
Limit							
No IVF	3.79	10.12	na	na	7.01	7.96	11.37
2 IVF	9.49	25.34	na	na	17.56	19.93	28.47
3 IVF	11.49	30.68	na	na	21.26	24.13	34.47
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.15	13.75	na	na	9.53	10.82	15.45
			Health Club Reimbursement				
$200 per year	1.56	4.17	na	na	2.89	3.28	4.68
			Nurse Advice Line Rider				
	0.35	0.93	na	na	0.65	0.74	1.05

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	0.36	0.96	na	na	0.66	0.75	1.08
$25	0.34	0.91	na	na	0.63	0.72	1.02
$50	0.32	0.85	na	na	0.60	0.68	0.96
$100	0.29	0.78	na	na	0.54	0.61	0.87
$500	0.14	0.37	na	na	0.26	0.30	0.42
Coinsurance							
80%	0.29	0.77	na	na	0.54	0.61	0.87
75%	0.27	0.72	na	na	0.50	0.57	0.81
70%	0.26	0.69	na	na	0.48	0.55	0.78
			Orthotics **				
$0	0.06	0.16	na	na	0.11	0.12	0.18
$25	0.06	0.16	na	na	0.11	0.13	0.18
$50	0.06	0.16	na	na	0.11	0.12	0.18
$100	0.06	0.16	na	na	0.11	0.13	0.18
$500	0.03	0.08	na	na	0.05	0.06	0.09
Coinsurance							
80%	0.06	0.16	na	na	0.11	0.13	0.18
75%	0.06	0.16	na	na	0.11	0.13	0.18
70%	0.05	0.14	na	na	0.09	0.11	0.15
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	0.17	0.46	na	na	0.32	0.36	0.51
12 Months	0.26	0.69	na	na	0.48	0.54	0.78
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	0.26	0.70	na	na	0.48	0.54	0.78
12 Months	0.40	1.07	na	na	0.74	0.84	1.20
			Private Duty Nursing Riders **				
In Full	0.03	0.08	na	na	0.05	0.06	0.09
80% hrs 73-504	-	-	na	na	-	-	-
100% hrs 73-504	-	-	na	na	-	-	-
			Dental Care Network Access				
	0.05	0.13	na	na	0.09	0.10	0.15
			Infertility Riders **				
Limit							
No IVF	0.30	0.80	na	na	0.55	0.63	0.90
2 IVF	0.76	2.03	na	na	1.41	1.60	2.28
3 IVF	0.93	2.48	na	na	1.72	1.95	2.79
			Complementary Alternative Medicine (CAM)				
$20 Copay	0.42	1.12	na	na	0.78	0.89	1.26
			Health Club Reimbursement				
$200 per year	0.12	0.33	na	na	0.23	0.26	0.36
			Nurse Advice Line Rider				
	0.03	0.08	na	na	0.06	0.07	0.09

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	8.7%	8.6%	na	na	8.6%	8.6%	8.7%
$25	8.7%	8.7%	na	na	8.7%	8.8%	8.7%
$50	8.8%	8.7%	na	na	8.9%	8.9%	8.8%
$100	8.6%	8.6%	na	na	8.6%	8.6%	8.6%
$500	8.6%	8.5%	na	na	8.7%	8.8%	8.6%
Coinsurance							
80%	8.8%	8.7%	na	na	8.8%	8.8%	8.8%
75%	8.7%	8.6%	na	na	8.7%	8.7%	8.7%
70%	8.9%	8.8%	na	na	8.9%	9.0%	8.9%
			Orthotics **				
$0	7.9%	7.9%	na	na	7.8%	7.5%	7.9%
$25	8.1%	8.1%	na	na	8.0%	8.4%	8.1%
$50	8.8%	8.8%	na	na	8.7%	8.4%	8.8%
$100	9.5%	9.5%	na	na	9.4%	9.8%	9.5%
$500	10.0%	10.0%	na	na	8.9%	9.5%	10.0%
Coinsurance							
80%	9.7%	9.6%	na	na	9.6%	10.0%	9.7%
75%	10.2%	10.1%	na	na	10.1%	10.5%	10.2%
70%	9.3%	9.7%	na	na	9.0%	9.7%	9.3%
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	9.2%	9.4%	na	na	9.4%	9.3%	9.2%
12 Months	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	9.1%	9.1%	na	na	9.0%	9.0%	9.1%
12 Months	8.8%	8.8%	na	na	8.8%	8.7%	8.8%
			Private Duty Nursing Riders **				
In Full	6.3%	6.3%	na	na	5.6%	5.9%	6.3%
80% hrs 73-504	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
100% hrs 73-504	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			Dental Care Network Access				
	9.1%	8.8%	na	na	8.8%	8.6%	9.1%
			Infertility Riders **				
Limit							
No IVF	8.6%	8.6%	na	na	8.5%	8.6%	8.6%
2 IVF	8.7%	8.7%	na	na	8.7%	8.7%	8.7%
3 IVF	8.8%	8.8%	na	na	8.8%	8.8%	8.8%
			Complementary Alternative Medicine (CAM)				
$20 Copay	8.9%	8.9%	na	na	8.9%	9.0%	8.9%
			Health Club Reimbursement				
$200 per year	8.3%	8.6%	na	na	8.6%	8.6%	8.3%
			Nurse Advice Line Rider				
	9.4%	9.4%	na	na	10.2%	10.4%	9.4%

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product F

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	-
PPO	-

Product	Factor
EPO	0.0%
PPO	0.0%

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
APRIL 1, 2012 - JUNE 30, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
2nd Quarter 2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
April 01, 2013 - June 30, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
APRIL 1, 2012 - JUNE 30, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	-	-	-
$750 *	-	-	-
$1,000	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$5,000	-	-	-
Unlimited	-	-	-

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-
$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-
$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
2nd QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
APRIL 1, 2012 - JUNE 30, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	#DIV/0!	0.0%
$1,000	0.0%	0.0%	#DIV/0!	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.0%	#DIV/0!	0.0%	#DIV/0!
$750 *	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates
[a] Exclude Contraceptives	-3.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-6.0%
$2,000 (Brand & Generic)	-4.0%
$2,500 (Brand & Generic)	-3.5%
$3,000 (Brand & Generic)	-3.0%
$4,000 (Brand & Generic)	-2.0%
$5,000 (Brand & Generic)	-1.0%
[c] Non Formulary Coverage, Generic Only Plans	5.0%
[d] PICA Adjustm Applies only to New York City account	-10.0%
[e] IC Adjustmer Applies only to New York City account	-2.0%
[f] Product Factc HMO, Access I, and EPO	0.0%
POS, Access II, and PPO	0.0%
[g] Trend per Quarter	0%
2Q2010-4Q2010	2.5%
1Q2011	0.0%
2Q2011	10.0%
3Q2011-4Q2011	3.0%
1Q2012	0.6%
2Q2012	10.0%

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.2518
Four Tier	
Individual EE	1.2179
EE + Child(rer	2.2531
EE + Spouse	2.5576
Family	3.6537

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates	
[a] Exclude Contraceptives	-3.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-6.0%	
$2,000 (Brand & Generic)	-4.0%	
$2,500 (Brand & Generic)	-3.5%	
$3,000 (Brand & Generic)	-3.0%	
$4,000 (Brand & Generic)	-2.0%	
$5,000 (Brand & Generic)	-1.0%	
[c] Non Formulary Coverage, Generic Only Plans	5.0%	
[d] PICA Adjustm Applies only to New York City account	-10.0%	
[e] IC Adjustmer Applies only to New York City account	-2.0%	
[f] Product Factc HMO, Access I, and EPO	0.0%	
POS, Access II, and PPO	0.0%	
[g] Trend per Quarter		
2Q2010-4Q2010	2.5%	
1Q2011	0.0%	
2Q2011	10.0%	
3Q2011-4Q2011	3.0%	
1Q2012	0.6%	
2Q 2012	10.0%	
3Q2012-4Q2012	3.0%	
	EPO	PPO
1Q2013	0.0%	-4.5%
2Q2013	2.5%	3.3%

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.2518
Four Tier	
Individual EE	1.2179
EE + Child(rer	2.2531
EE + Spouse	2.5576
Family	3.6537

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates
[a] Exclude Contraceptives	-
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-
$2,000 (Brand & Generic)	-
$2,500 (Brand & Generic)	-
$3,000 (Brand & Generic)	-
$4,000 (Brand & Generic)	-
$5,000 (Brand & Generic)	-
[c] Non Formulary Coverage, Generic Only Plans	-
[d] PICA Adjustm Applies only to New York City account	-
[e] IC Adjustmer Applies only to New York City account	-
[f] Product Factc HMO, Access I, and EPO	-
POS, Access II, and PPO	-
[g] Trend per Quarter	-
2Q2010-4Q2010	-
1Q2011	-
2Q2011	-
3Q2011-4Q2011	-
1Q2012	-
2Q 2012	-
3Q2012-4Q2012	0.03
1Q2013	-
2Q2013	0.03

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	-
Family	-
Four Tier	
Individual EE	-
EE + Child(rer	-
EE + Spouse	-
Family	-

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates
[a] Exclude Contraceptives	0.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	0.0%
$2,000 (Brand & Generic)	0.0%
$2,500 (Brand & Generic)	0.0%
$3,000 (Brand & Generic)	0.0%
$4,000 (Brand & Generic)	0.0%
$5,000 (Brand & Generic)	0.0%
[c] Non Formulary Coverage, Generic Only Plans	0.0%
[d] PICA Adjustm Applies only to New York City account	0.0%
[e] IC Adjustmer Applies only to New York City account	0.0%
[f] Product Factc HMO, Access I, and EPO	#DIV/0!
POS, Access II, and PPO	#DIV/0!
[g] Trend per Quarter	#DIV/0!
2Q2010-4Q2010	0.0%
1Q2011	#DIV/0!
2Q2011	0.0%
3Q2011-4Q2011	0.0%
1Q2012	0.0%
2Q 2012	0.0%
3Q2012-4Q2012	#DIV/0!
$0	#DIV/0!
1Q2013	#DIV/0!
2Q2013	#DIV/0!
$0	#DIV/0!

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	0.0%
Family	0.0%
Four Tier	
Individual EE	0.0%
EE + Child(rer	0.0%
EE + Spouse	0.0%
Family	0.0%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

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HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate	=	**([(Par Claim Cost + Non-Par Claim Cost)** *** (100% + 37%*HCRA Surcharge Percentage)** **+ HCRA Covered Lives Assessment]** **/ (100% - Retention Percentage)** **+ Mental Health + Rider Premium)** *** Network/Area Factor** *** Sole Proprietor Factor**
Par Claim Cost:		
EPO	=	[(1) + (2)] * (4) * (5)
PPO	=	**[(1) + (2)] * (4) * (5) * 115%** note: use Par Benefits, Par Deductible, Par Coinsurance %, Par Coinsurance Max., and Par Calendar Year Max.
Non-Par Claim Cost:		
EPO	=	0
PPO	=	**[(1) + (3)] * (4) * (6) * 51%** note: use Non-Par Deductible, Non-Par Coinsurance %, Non-Par Coinsurance Max., and Non-Par Calendar Year Max.
	where:	(1) = Base Benefits Claim Cost {Table 1, page } (2) = Par Benefit Dollar Variable adjustments {Table 2, pages } (3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page } (4) = Dependent Coverge percentage {Table 4, page } (5) = Par Benefit Percentage Variable adjustments {Table 5, pages } (6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages } Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.
HCRA Surcharge	=	currently 9.63% (subject to changes as amended by law)
HCRA CLA	=	Covered Lives Assessment {Table 7, page } (subject to changes as amended by law)
Retention Percentage	=	Retention Percentage {Table 7, page }
Mental Health Coverage + Riders	=	[Mental Health Coverage (Table 8, pages) + (Drug riders {pages } + Other riders {Table 9, pages }] * Dependent Coverage percentage {Table 4, page }
Network/Area Factor	=	Network/Area Factor (employee composite) {Table 7, page }
Sole Proprietor Factor	=	Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

Table 1

HIP SELECT EPO/PPO POLICY - BASE BENEFITS

Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Plan	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
	Effective July 01, 2013 - September 30, 2013 (w/ WH & Autism)						
Small Group*	426.82	1,237.78	na	na	789.62	1,024.37	1,280.46
	Effective July 01, 2013 - September 30, 2013 (w/out WH & Autism)						
Small Group*	422.60	1,225.54	na	na	781.81	1,014.24	1,267.80

**** Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.83)	(5.31)	na	na	(3.39)	(4.39)	(5.49)
$150	(3.05)	(8.85)	na	na	(5.64)	(7.32)	(9.15)
$200	(4.32)	(12.53)	na	na	(7.99)	(10.37)	(12.96)
$250	(5.58)	(16.18)	na	na	(10.32)	(13.39)	(16.74)
$500	(12.13)	(35.18)	na	na	(22.44)	(29.11)	(36.39)
$750	(19.17)	(55.59)	na	na	(35.46)	(46.01)	(57.51)
$1,000	(26.73)	(77.52)	na	na	(49.45)	(64.15)	(80.19)
Copay/Day							
$50 w/3 Day Max	(3.80)	(11.02)	na	na	(7.03)	(9.12)	(11.40)
$50 w/5 Day Max	(4.50)	(13.05)	na	na	(8.33)	(10.80)	(13.50)
$100 w/3 Day Max	(7.80)	(22.62)	na	na	(14.43)	(18.72)	(23.40)
$100 w/5 Day Max	(9.88)	(28.65)	na	na	(18.28)	(23.71)	(29.64)
$250 w/3 Day Max	(21.01)	(60.93)	na	na	(38.87)	(50.42)	(63.03)
# Days	**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.25	0.73	na	na	0.46	0.60	0.75
90	0.33	0.96	na	na	0.61	0.79	0.99
not covered	(0.30)	(0.87)	na	na	(0.56)	(0.72)	(0.90)
	Inpatient Chemical Abuse Detoxification Limit [std: 7 days]						
# Days	**[Copay same as Inpatient Facility]**						
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.26)	(0.75)	na	na	(0.48)	(0.62)	(0.78)
	Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]						
# Days	**[Copay same as Inpatient Facility]**						
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.38	1.10	na	na	0.70	0.91	1.14
60	0.45	1.31	na	na	0.83	1.08	1.35
90	0.51	1.48	na	na	0.94	1.22	1.53
Unlimited	0.60	1.74	na	na	1.11	1.44	1.80

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.33	0.96	na	na	0.61	0.79	0.99
90	0.49	1.42	na	na	0.91	1.18	1.47
120	0.60	1.74	na	na	1.11	1.44	1.80
Unlimited	0.70	2.03	na	na	1.30	1.68	2.10
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.76)	(2.20)	na	na	(1.41)	(1.82)	(2.28)
$25	(1.27)	(3.68)	na	na	(2.35)	(3.05)	(3.81)
$35	(2.03)	(5.89)	na	na	(3.76)	(4.87)	(6.09)
$50	(3.23)	(9.37)	na	na	(5.98)	(7.75)	(9.69)
$75	(5.28)	(15.31)	na	na	(9.77)	(12.67)	(15.84)
$100	(7.02)	(20.36)	na	na	(12.99)	(16.85)	(21.06)
$125	(8.77)	(25.43)	na	na	(16.22)	(21.05)	(26.31)
$150	(10.52)	(30.51)	na	na	(19.46)	(25.25)	(31.56)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.14)	(3.31)	na	na	(2.11)	(2.74)	(3.42)
$75	(1.81)	(5.25)	na	na	(3.35)	(4.34)	(5.43)
$100	(2.53)	(7.34)	na	na	(4.68)	(6.07)	(7.59)
$125	(3.27)	(9.48)	na	na	(6.05)	(7.85)	(9.81)
$150	(4.06)	(11.77)	na	na	(7.51)	(9.74)	(12.18)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.25	0.73	na	na	0.46	0.60	0.75
200	0.32	0.93	na	na	0.59	0.77	0.96
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(3.76)	(10.90)	na	na	(6.96)	(9.02)	(11.28)
$10	(7.78)	(22.56)	na	na	(14.39)	(18.67)	(23.34)
$15	(11.95)	(34.66)	na	na	(22.11)	(28.68)	(35.85)
$20	(17.03)	(49.39)	na	na	(31.51)	(40.87)	(51.09)
$25	(21.05)	(61.05)	na	na	(38.94)	(50.52)	(63.15)
$30	(25.10)	(72.79)	na	na	(46.44)	(60.24)	(75.30)

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.16)	(6.26)	na	na	(4.00)	(5.18)	(6.48)
$10	(4.48)	(12.99)	na	na	(8.29)	(10.75)	(13.44)
$15	(6.86)	(19.89)	na	na	(12.69)	(16.46)	(20.58)
$20	(9.77)	(28.33)	na	na	(18.07)	(23.45)	(29.31)
$25	(12.10)	(35.09)	na	na	(22.39)	(29.04)	(36.30)
$30	(14.38)	(41.70)	na	na	(26.60)	(34.51)	(43.14)
Copay	**Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.32)	(15.43)	na	na	(9.84)	(12.77)	(15.96)
$10	(10.90)	(31.61)	na	na	(20.17)	(26.16)	(32.70)
$15	(16.22)	(47.04)	na	na	(30.01)	(38.93)	(48.66)
$20	(21.85)	(63.37)	na	na	(40.42)	(52.44)	(65.55)
$25	(27.73)	(80.42)	na	na	(51.30)	(66.55)	(83.19)
$30	(33.96)	(98.48)	na	na	(62.83)	(81.50)	(101.88)
$35	(39.24)	(113.80)	na	na	(72.59)	(94.18)	(117.72)
$40	(44.45)	(128.91)	na	na	(82.23)	(106.68)	(133.35)
$45	(49.61)	(143.87)	na	na	(91.78)	(119.06)	(148.83)
$50	(54.69)	(158.60)	na	na	(101.18)	(131.26)	(164.07)
Copay	**Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.48)	(12.99)	na	na	(8.29)	(10.75)	(13.44)
$10	(9.21)	(26.71)	na	na	(17.04)	(22.10)	(27.63)
$15	(13.71)	(39.76)	na	na	(25.36)	(32.90)	(41.13)
$20	(18.47)	(53.56)	na	na	(34.17)	(44.33)	(55.41)
$25	(23.44)	(67.98)	na	na	(43.36)	(56.26)	(70.32)
$30	(28.70)	(83.23)	na	na	(53.10)	(68.88)	(86.10)
$35	(33.19)	(96.25)	na	na	(61.40)	(79.66)	(99.57)
$40	(37.58)	(108.98)	na	na	(69.52)	(90.19)	(112.74)
$45	(41.93)	(121.60)	na	na	(77.57)	(100.63)	(125.79)
$50	(46.29)	(134.24)	na	na	(85.64)	(111.10)	(138.87)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	**[Copay same as Specialist Physician Office Visit]**						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.50	1.45	na	na	0.93	1.20	1.50
Unlimited	0.60	1.74	na	na	1.11	1.44	1.80

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
			Outpatient Therapies Limit [std: 30 visits]				
# Visits			**[Copay same as Specialist Physician Office Visit]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.83	2.41	na	na	1.54	1.99	2.49
90	1.29	3.74	na	na	2.39	3.10	3.87
not covered	(2.98)	(8.64)	na	na	(5.51)	(7.15)	(8.94)
Copay			**Refractive Eye Exam Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.33)	(0.96)	na	na	(0.61)	(0.79)	(0.99)
$15	(0.46)	(1.33)	na	na	(0.85)	(1.10)	(1.38)
$20	(0.50)	(1.45)	na	na	(0.93)	(1.20)	(1.50)
$25	(0.69)	(2.00)	na	na	(1.28)	(1.66)	(2.07)
$30	(0.77)	(2.23)	na	na	(1.42)	(1.85)	(2.31)
$35	(0.88)	(2.55)	na	na	(1.63)	(2.11)	(2.64)
$40	(1.01)	(2.93)	na	na	(1.87)	(2.42)	(3.03)
$45	(1.17)	(3.39)	na	na	(2.16)	(2.81)	(3.51)
$50	(1.29)	(3.74)	na	na	(2.39)	(3.10)	(3.87)
			Ambulance Copay [std: $0]				
Copay			**[Copay same or less than Emergency Room Copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.19)	(0.55)	na	na	(0.35)	(0.46)	(0.57)
$35	(0.29)	(0.84)	na	na	(0.54)	(0.70)	(0.87)
$50	(0.38)	(1.10)	na	na	(0.70)	(0.91)	(1.14)
$60	(0.46)	(1.33)	na	na	(0.85)	(1.10)	(1.38)
$75	(0.58)	(1.68)	na	na	(1.07)	(1.39)	(1.74)
$100	(0.77)	(2.23)	na	na	(1.42)	(1.85)	(2.31)
$125	(0.99)	(2.87)	na	na	(1.83)	(2.38)	(2.97)
$150	(1.20)	(3.48)	na	na	(2.22)	(2.88)	(3.60)
			Surgery [std: $0 copay]				
			Copay per procedure of minimum of [20%, $300]				
	(4.78)	(13.86)	na	na	(8.84)	(11.47)	(14.34)
			Diagnostic Testing [std: $0]				
			Copay per procedure minimum of [20%, $500], $500 annual maximum				
	(0.62)	(1.80)	na	na	(1.15)	(1.49)	(1.86)
Maximum			**Calendar Year Maximum [std: unlimited]**				
$100,000	(5.63)	(16.33)	na	na	(10.42)	(13.51)	(16.89)
$500,000	(1.68)	(4.87)	na	na	(3.11)	(4.03)	(5.04)

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 3

HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES

Monthly NON-PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.76)	(2.20)	na	na	(1.41)	(1.82)	(2.28)
$25	(1.27)	(3.68)	na	na	(2.35)	(3.05)	(3.81)
$35	(2.03)	(5.89)	na	na	(3.76)	(4.87)	(6.09)
$50	(3.23)	(9.37)	na	na	(5.98)	(7.75)	(9.69)
$75	(5.28)	(15.31)	na	na	(9.77)	(12.67)	(15.84)
$100	(7.02)	(20.36)	na	na	(12.99)	(16.85)	(21.06)
$125	(8.77)	(25.43)	na	na	(16.22)	(21.05)	(26.31)
$150	(10.52)	(30.51)	na	na	(19.46)	(25.25)	(31.56)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.48)	(15.89)	na	na	(10.14)	(13.15)	(16.44)
$500,000	(1.61)	(4.67)	na	na	(2.98)	(3.86)	(4.83)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
			Dependent Coverage				
			Expressed as % add-on to each premium rate otherwise computed				
			Minimum Mandatory Coverage = Dependent Children to Age 26 EOM				
			Dependent Children				
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
			Full-time Students				
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
					20% Member Coinsurance				
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
					20% Member Coinsurance				
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 5

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

PAR PROVIDER

[std: deductible $0; no coinsurance]

Family Deductible Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	1.000	1.000	1.000
$500	0.994	0.988	0.978
$1,000	0.991	0.983	0.966
$1,500	0.987	0.978	0.963
$2,000	0.989	0.979	0.957
$2,500	0.986	0.973	0.953
$3,000	0.982	0.967	0.949
$3,500	0.977	0.962	0.945

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x I	Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.997	0.995	0.991

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
					10% Member Coinsurance				
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
					20% Member Coinsurance				
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
				30% Member Coinsurance					
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
				40% Member Coinsurance					
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
					50% Member Coinsurance				
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS

NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ıt Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]

Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment

(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	20.35	na	20.35
Two Persons	na	na	na
EE & Child(ren)	na	na	37.85
EE + Spouse	na	na	40.71
Family	49.86	na	62.28

Network Area Factors

	Network	
Area*/Plan	HIP Prime	VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups	23.3%

Sole Proprietor Contracts

Sole Proprietor Factor	115.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	**Inpatient Mental Health Care [minimum mandatory coverage: 30 days]**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	2.92	8.47	na	na	5.40	7.01	8.76
60	3.74	10.85	na	na	6.92	8.98	11.22
90	4.36	12.64	na	na	8.07	10.46	13.08
Unlimited	4.46	12.93	na	na	8.25	10.70	13.38
SMALL GROUP	**Inpatient Mental Health Care with Unlimited Bio and CSED Coverage**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	4.55	13.20	na	na	8.42	10.92	13.65
60	4.70	13.63	na	na	8.70	11.28	14.10
90	4.90	14.21	na	na	9.07	11.76	14.70
Unlimited	4.99	14.47	na	na	9.23	11.98	14.97
SMALL GROUP							
Inpatient Mental Htlh	0.00	0.00	na	na	0.00	0.00	0.00
	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	**[Copay same or less than Specialist Physician Office Visit]**						
20 visits/$0	6.38	18.50	na	na	11.80	15.31	19.14
20 visits/$5	6.04	17.52	na	na	11.17	14.50	18.12
20 visits/$10	5.74	16.65	na	na	10.62	13.78	17.22
20 visits/$15	5.43	15.75	na	na	10.05	13.03	16.29
20 visits/$20	5.17	14.99	na	na	9.56	12.41	15.51
20 visits/$25	4.91	14.24	na	na	9.08	11.78	14.73
20 visits/$30	4.73	13.72	na	na	8.75	11.35	14.19
20 visits/$35	4.56	13.22	na	na	8.44	10.94	13.68
20 visits/$40	4.39	12.73	na	na	8.12	10.54	13.17
20 visits/$45	4.20	12.18	na	na	7.77	10.08	12.60
20 visits/$50	4.05	11.75	na	na	7.49	9.72	12.15

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$0	8.21	23.81	na	na	15.19	19.70	24.63
30 visits/$5	7.45	21.61	na	na	13.78	17.88	22.35
30 visits/$10	6.99	20.27	na	na	12.93	16.78	20.97
30 visits/$15	6.78	19.66	na	na	12.54	16.27	20.34
30 visits/$20	6.48	18.79	na	na	11.99	15.55	19.44
30 visits/$25	6.36	18.44	na	na	11.77	15.26	19.08
30 visits/$30	6.00	17.40	na	na	11.10	14.40	18.00
30 visits/$35	5.60	16.24	na	na	10.36	13.44	16.80
30 visits/$40	5.55	16.10	na	na	10.27	13.32	16.65
30 visits/$45	5.38	15.60	na	na	9.95	12.91	16.14
30 visits/$50	5.11	14.82	na	na	9.45	12.26	15.33
40 visits/$0	8.63	25.03	na	na	15.97	20.71	25.89
40 visits/$5	8.22	23.84	na	na	15.21	19.73	24.66
40 visits/$10	7.93	23.00	na	na	14.67	19.03	23.79
40 visits/$15	7.61	22.07	na	na	14.08	18.26	22.83
40 visits/$20	7.33	21.26	na	na	13.56	17.59	21.99
40 visits/$25	7.09	20.56	na	na	13.12	17.02	21.27
40 visits/$30	6.78	19.66	na	na	12.54	16.27	20.34
40 visits/$35	6.45	18.71	na	na	11.93	15.48	19.35
40 visits/$40	6.02	17.46	na	na	11.14	14.45	18.06
40 visits/$45	6.04	17.52	na	na	11.17	14.50	18.12
40 visits/$50	6.18	17.92	na	na	11.43	14.83	18.54
60 visits/$0	9.41	27.29	na	na	17.41	22.58	28.23
60 visits/$5	9.08	26.33	na	na	16.80	21.79	27.24
60 visits/$10	8.66	25.11	na	na	16.02	20.78	25.98
60 visits/$15	8.41	24.39	na	na	15.56	20.18	25.23
60 visits/$20	8.02	23.26	na	na	14.84	19.25	24.06
60 visits/$25	7.92	22.97	na	na	14.65	19.01	23.76
60 visits/$30	7.59	22.01	na	na	14.04	18.22	22.77
60 visits/$35	7.08	20.53	na	na	13.10	16.99	21.24
60 visits/$40	6.48	18.79	na	na	11.99	15.55	19.44
60 visits/$45	6.29	18.24	na	na	11.64	15.10	18.87
60 visits/$50	6.39	18.53	na	na	11.82	15.34	19.17
Unlimited visits/$0	9.52	27.61	na	na	17.61	22.85	28.56
Unlimited visits/$5	9.18	26.62	na	na	16.98	22.03	27.54
Unlimited visits/$10	8.75	25.38	na	na	16.19	21.00	26.25
Unlimited visits/$15	8.49	24.62	na	na	15.71	20.38	25.47
Unlimited visits/$20	8.09	23.46	na	na	14.97	19.42	24.27
Unlimited visits/$25	8.00	23.20	na	na	14.80	19.20	24.00
Unlimited visits/$30	7.65	22.19	na	na	14.15	18.36	22.95
Unlimited visits/$35	7.13	20.68	na	na	13.19	17.11	21.39
Unlimited visits/$40	6.55	19.00	na	na	12.12	15.72	19.65
Unlimited visits/$45	6.36	18.44	na	na	11.77	15.26	19.08
Unlimited visits/$50	6.44	18.68	na	na	11.91	15.46	19.32

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage
[Copay same or less than Specialist Physician Office Visit]

SMALL GROUP	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
20 visits/$0	8.18	23.72	na	na	15.13	19.63	24.54
20 visits/$5	7.87	22.82	na	na	14.56	18.89	23.61
20 visits/$10	7.44	21.58	na	na	13.76	17.86	22.32
20 visits/$15	7.09	20.56	na	na	13.12	17.02	21.27
20 visits/$20	6.79	19.69	na	na	12.56	16.30	20.37
20 visits/$25	6.63	19.23	na	na	12.27	15.91	19.89
20 visits/$30	6.38	18.50	na	na	11.80	15.31	19.14
20 visits/$35	5.99	17.37	na	na	11.08	14.38	17.97
20 visits/$40	5.63	16.33	na	na	10.42	13.51	16.89
20 visits/$45	5.38	15.60	na	na	9.95	12.91	16.14
20 visits/$50	5.34	15.49	na	na	9.88	12.82	16.02
30 visits/$0	9.39	27.23	na	na	17.37	22.54	28.17
30 visits/$5	8.74	25.35	na	na	16.17	20.98	26.22
30 visits/$10	8.23	23.87	na	na	15.23	19.75	24.69
30 visits/$15	8.05	23.35	na	na	14.89	19.32	24.15
30 visits/$20	7.68	22.27	na	na	14.21	18.43	23.04
30 visits/$25	7.56	21.92	na	na	13.99	18.14	22.68
30 visits/$30	7.18	20.82	na	na	13.28	17.23	21.54
30 visits/$35	6.70	19.43	na	na	12.40	16.08	20.10
30 visits/$40	6.41	18.59	na	na	11.86	15.38	19.23
30 visits/$45	6.18	17.92	na	na	11.43	14.83	18.54
30 visits/$50	6.18	17.92	na	na	11.43	14.83	18.54
40 visits/$0	9.69	28.10	na	na	17.93	23.26	29.07
40 visits/$5	9.30	26.97	na	na	17.21	22.32	27.90
40 visits/$10	8.87	25.72	na	na	16.41	21.29	26.61
40 visits/$15	8.58	24.88	na	na	15.87	20.59	25.74
40 visits/$20	8.21	23.81	na	na	15.19	19.70	24.63
40 visits/$25	8.02	23.26	na	na	14.84	19.25	24.06
40 visits/$30	7.72	22.39	na	na	14.28	18.53	23.16
40 visits/$35	7.25	21.03	na	na	13.41	17.40	21.75
40 visits/$40	6.66	19.31	na	na	12.32	15.98	19.98
40 visits/$45	6.71	19.46	na	na	12.41	16.10	20.13
40 visits/$50	6.81	19.75	na	na	12.60	16.34	20.43

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
60 visits/$0	10.16	29.46	na	na	18.80	24.38	30.48
60 visits/$5	9.83	28.51	na	na	18.19	23.59	29.49
60 visits/$10	9.36	27.14	na	na	17.32	22.46	28.08
60 visits/$15	9.11	26.42	na	na	16.85	21.86	27.33
60 visits/$20	8.65	25.09	na	na	16.00	20.76	25.95
60 visits/$25	8.60	24.94	na	na	15.91	20.64	25.80
60 visits/$30	8.24	23.90	na	na	15.24	19.78	24.72
60 visits/$35	7.72	22.39	na	na	14.28	18.53	23.16
60 visits/$40	7.07	20.50	na	na	13.08	16.97	21.21
60 visits/$45	6.84	19.84	na	na	12.65	16.42	20.52
60 visits/$50	7.02	20.36	na	na	12.99	16.85	21.06
Unlimited visits/$0	10.26	29.75	na	na	18.98	24.62	30.78
Unlimited visits/$5	9.94	28.83	na	na	18.39	23.86	29.82
Unlimited visits/$10	9.46	27.43	na	na	17.50	22.70	28.38
Unlimited visits/$15	9.20	26.68	na	na	17.02	22.08	27.60
Unlimited visits/$20	8.72	25.29	na	na	16.13	20.93	26.16
Unlimited visits/$25	8.67	25.14	na	na	16.04	20.81	26.01
Unlimited visits/$30	8.31	24.10	na	na	15.37	19.94	24.93
Unlimited visits/$35	7.78	22.56	na	na	14.39	18.67	23.34
Unlimited visits/$40	7.12	20.65	na	na	13.17	17.09	21.36
Unlimited visits/$45	6.88	19.95	na	na	12.73	16.51	20.64
Unlimited visits/$50	7.07	20.50	na	na	13.08	16.97	21.21

SMALL GROUP		**Small Group Premium Credit - Oupatient Mental Health**					
Specialist Copay		****[above rates must be reduced by premium credit]**					
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors

All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based

CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

3rd Quarter 2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Deductible			**Durable Medical Equipment Riders ****				
$0	4.63	13.43	na	na	8.57	11.11	13.89
$25	4.36	12.64	na	na	8.07	10.46	13.08
$50	4.06	11.77	na	na	7.51	9.74	12.18
$100	3.77	10.93	na	na	6.97	9.05	11.31
$500	1.80	5.22	na	na	3.33	4.32	5.40
Coinsurance							
80%	3.69	10.70	na	na	6.83	8.86	11.07
75%	3.47	10.06	na	na	6.42	8.33	10.41
70%	3.26	9.45	na	na	6.03	7.82	9.78
			Orthotics **				
$0	0.84	2.44	na	na	1.55	2.02	2.52
$25	0.82	2.38	na	na	1.52	1.97	2.46
$50	0.76	2.20	na	na	1.41	1.82	2.28
$100	0.71	2.06	na	na	1.31	1.70	2.13
$500	0.34	0.99	na	na	0.63	0.82	1.02
Coinsurance							
80%	0.70	2.03	na	na	1.30	1.68	2.10
75%	0.67	1.94	na	na	1.24	1.61	2.01
70%	0.60	1.74	na	na	1.11	1.44	1.80
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	2.06	5.97	na	na	3.81	4.94	6.18
12 Months	3.29	9.54	na	na	6.09	7.90	9.87
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.21	9.31	na	na	5.94	7.70	9.63
12 Months	5.09	14.76	na	na	9.42	12.22	15.27

HIP INSURANCE COMPANY OF NEW YORK

3rd Quarter 2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

3rd Quarter 2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
			Private Duty Nursing Riders **				
In Full	0.52	1.51	na	na	0.96	1.25	1.56
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.62	1.80	na	na	1.15	1.49	1.86
			Infertility Riders **				
Limit							
No IVF	3.88	11.25	na	na	7.18	9.31	11.64
2 IVF	9.73	28.22	na	na	18.00	23.35	29.19
3 IVF	11.78	34.16	na	na	21.79	28.27	35.34
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.28	15.31	na	na	9.77	12.67	15.84
			Health Club Reimbursement				
$200 per year	1.60	4.64	na	na	2.96	3.84	4.80
			Nurse Advice Line Rider				
	0.36	1.04	na	na	0.67	0.86	1.08

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product

Product	Factor
EPO	100%
PPO	105%

Subject to			**Wellness Rider**				
DFS approval	0.85	2.47	na	na	1.57	2.04	2.55

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[g]
+ applicable pmpm for Women's Preventive Services Table 4 [h]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm			
Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm				
Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm				
Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values		
Drug Rider Variations	**% Adjustment To Above Rates**	
[a] Exclude Contraceptives	-3.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-6.0%	
$2,000 (Brand & Generic)	-4.0%	
$2,500 (Brand & Generic)	-3.5%	
$3,000 (Brand & Generic)	-3.0%	
$4,000 (Brand & Generic)	-2.0%	
$5,000 (Brand & Generic)	-1.0%	
[c] Non Formulary Coverage, Generic Only Plans	5.0%	
[d] PICA Adjustm Applies only to New York City account	-10.0%	
[e] IC Adjustmer Applies only to New York City account	-2.0%	
[f] Product Facto HMO, Access I, and EPO	0.0%	
POS, Access II, and PPO	0.0%	
[g] Trend per Quarter		
2Q2010-4Q2010	2.5%	
1Q2011	0.0%	
2Q2011	10.0%	
3Q2011-4Q2011	3.0%	
1Q 2012	**0.6%**	
2Q 2012	**10.0%**	
3Q2012-4Q2012	**3.0%**	
	EPO	PPO
1Q2013	**0.0%**	**-4.5%**
2Q2013	**2.5%**	**3.3%**
3Q2013	**2.5%**	**3.3%**
[h] Mandatory Women's Preventive Services EPO	**$1.16**	**$1.12**

Table 5: Tier Conversion Factors	
	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(ren	2.2531
EE + Spouse	2.9230
Family	3.6537

HIP Insurance Company of New York

Rating Region Definitions

County	Region
Bronx	Downstate
Kings	Downstate
Nassau	Downstate
New York	Downstate
Orange	Downstate
Queens	Downstate
Richmond	Downstate
Rockland	Downstate
Suffolk	Downstate
Westchester	Downstate

Commissions Schedule

Please see SERFF filing # HPHP-127874919

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 118%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 54%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

HCRA CLA = Covered Lives Assessment {Table 7, page }
(subject to changes as amended by law)

etention Percenta = Retention Percentage {Table 7, page }

Mental Health Coverage + Riders = [Mental Health Coverage (Table 8, pages)
+ (Drug riders {pages }
+ Other riders {Table 9, pages }]
* Dependent Coverage percentage {Table 4, page }

etwork/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

ole Proprietor Fact = Sole Proprietor Factor {Table 7, page }

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 115%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 51%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

HCRA CLA = Covered Lives Assessment {Table 7, page }
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+ (Drug riders {pages }
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* Dependent Coverage percentage {Table 4, page }

Network/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

Sole Proprietor Fac = Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Small Group*	390.51	1,132.48	na	na	722.44	937.22	1,171.53
Small Group*	390.51	1,132.48	na	na	722.44	937.22	1,171.53

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
	Effective July 01, 2013 - September 30, 2013 (w/ WH & Autism)						
Small Group*	426.82	1,237.78	na	na	789.62	1,024.37	1,280.46
	Effective July 01, 2013 - September 30, 2013 (w/out WH & Autism)						
Small Group*	422.60	1,225.54	na	na	781.81	1,014.24	1,267.80

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
DOLLAR CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
	Effective July 01, 2013 - September 30, 2013 (w/ WH & Autism)						
Small Group*	36.31	105.30	na	na	67.18	87.15	108.93
	Effective July 01, 2013 - September 30, 2013 (w/out WH & Autism)						
Small Group*	32.09	93.06	na	na	59.37	77.02	96.27

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
PERCENTAGE CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
	Effective July 01, 2013 - September 30, 2013 (w/ WH & Autism)						
Small Group*	9.3%	9.3%	na	na	9.3%	9.3%	9.3%
	Effective July 01, 2013 - September 30, 2013 (w/out WH & Autism)						
Small Group*	8.2%	8.2%	na	na	8.2%	8.2%	8.2%

**** Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.70)	(4.93)	na	na	(3.15)	(4.08)	(5.10)
$150	(2.83)	(8.21)	na	na	(5.24)	(6.79)	(8.49)
$200	(3.99)	(11.57)	na	na	(7.38)	(9.58)	(11.97)
$250	(5.16)	(14.96)	na	na	(9.55)	(12.38)	(15.48)
$500	(11.20)	(32.48)	na	na	(20.72)	(26.88)	(33.60)
$750	(17.71)	(51.36)	na	na	(32.76)	(42.50)	(53.13)
$1,000	(24.70)	(71.63)	na	na	(45.70)	(59.28)	(74.10)
Copay/Day							
$50 w/3 Day Max	(3.51)	(10.18)	na	na	(6.49)	(8.42)	(10.53)
$50 w/5 Day Max	(4.16)	(12.06)	na	na	(7.70)	(9.98)	(12.48)
$100 w/3 Day Max	(7.20)	(20.88)	na	na	(13.32)	(17.28)	(21.60)
$100 w/5 Day Max	(9.13)	(26.48)	na	na	(16.89)	(21.91)	(27.39)
$250 w/3 Day Max	(19.42)	(56.32)	na	na	(35.93)	(46.61)	(58.26)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.22	0.64	na	na	0.41	0.53	0.66
90	0.30	0.87	na	na	0.56	0.72	0.90
not covered	(0.27)	(0.78)	na	na	(0.50)	(0.65)	(0.81)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.23)	(0.67)	na	na	(0.43)	(0.55)	(0.69)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.35	1.02	na	na	0.65	0.84	1.05
60	0.42	1.22	na	na	0.78	1.01	1.26
90	0.48	1.39	na	na	0.89	1.15	1.44
Unlimited	0.56	1.62	na	na	1.04	1.34	1.68
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.30	0.87	na	na	0.56	0.72	0.90
90	0.46	1.33	na	na	0.85	1.10	1.38
120	0.56	1.62	na	na	1.04	1.34	1.68
Unlimited	0.64	1.86	na	na	1.18	1.54	1.92
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.70)	(2.03)	na	na	(1.30)	(1.68)	(2.10)
$25	(1.17)	(3.39)	na	na	(2.16)	(2.81)	(3.51)
$35	(1.87)	(5.42)	na	na	(3.46)	(4.49)	(5.61)
$50	(2.98)	(8.64)	na	na	(5.51)	(7.15)	(8.94)
$75	(4.87)	(14.12)	na	na	(9.01)	(11.69)	(14.61)
$100	(6.49)	(18.82)	na	na	(12.01)	(15.58)	(19.47)
$125	(8.11)	(23.52)	na	na	(15.00)	(19.46)	(24.33)
$150	(9.72)	(28.19)	na	na	(17.98)	(23.33)	(29.16)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.05)	(3.05)	na	na	(1.94)	(2.52)	(3.15)
$75	(1.68)	(4.87)	na	na	(3.11)	(4.03)	(5.04)
$100	(2.34)	(6.79)	na	na	(4.33)	(5.62)	(7.02)
$125	(3.02)	(8.76)	na	na	(5.59)	(7.25)	(9.06)
$150	(3.75)	(10.88)	na	na	(6.94)	(9.00)	(11.25)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.22	0.64	na	na	0.41	0.53	0.66
200	0.29	0.84	na	na	0.54	0.70	0.87
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.83)	(5.31)	na	na	(3.39)	(4.39)	(5.49)
$150	(3.05)	(8.85)	na	na	(5.64)	(7.32)	(9.15)
$200	(4.32)	(12.53)	na	na	(7.99)	(10.37)	(12.96)
$250	(5.58)	(16.18)	na	na	(10.32)	(13.39)	(16.74)
$500	(12.13)	(35.18)	na	na	(22.44)	(29.11)	(36.39)
$750	(19.17)	(55.59)	na	na	(35.46)	(46.01)	(57.51)
$1,000	(26.73)	(77.52)	na	na	(49.45)	(64.15)	(80.19)
Copay/Day							
$50 w/3 Day Max	(3.80)	(11.02)	na	na	(7.03)	(9.12)	(11.40)
$50 w/5 Day Max	(4.50)	(13.05)	na	na	(8.33)	(10.80)	(13.50)
$100 w/3 Day Max	(7.80)	(22.62)	na	na	(14.43)	(18.72)	(23.40)
$100 w/5 Day Max	(9.88)	(28.65)	na	na	(18.28)	(23.71)	(29.64)
$250 w/3 Day Max	(21.01)	(60.93)	na	na	(38.87)	(50.42)	(63.03)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.25	0.73	na	na	0.46	0.60	0.75
90	0.33	0.96	na	na	0.61	0.79	0.99
not covered	(0.30)	(0.87)	na	na	(0.56)	(0.72)	(0.90)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.26)	(0.75)	na	na	(0.48)	(0.62)	(0.78)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.38	1.10	na	na	0.70	0.91	1.14
60	0.45	1.31	na	na	0.83	1.08	1.35
90	0.51	1.48	na	na	0.94	1.22	1.53
Unlimited	0.60	1.74	na	na	1.11	1.44	1.80
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.33	0.96	na	na	0.61	0.79	0.99
90	0.49	1.42	na	na	0.91	1.18	1.47
120	0.60	1.74	na	na	1.11	1.44	1.80
Unlimited	0.70	2.03	na	na	1.30	1.68	2.10
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.76)	(2.20)	na	na	(1.41)	(1.82)	(2.28)
$25	(1.27)	(3.68)	na	na	(2.35)	(3.05)	(3.81)
$35	(2.03)	(5.89)	na	na	(3.76)	(4.87)	(6.09)
$50	(3.23)	(9.37)	na	na	(5.98)	(7.75)	(9.69)
$75	(5.28)	(15.31)	na	na	(9.77)	(12.67)	(15.84)
$100	(7.02)	(20.36)	na	na	(12.99)	(16.85)	(21.06)
$125	(8.77)	(25.43)	na	na	(16.22)	(21.05)	(26.31)
$150	(10.52)	(30.51)	na	na	(19.46)	(25.25)	(31.56)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.14)	(3.31)	na	na	(2.11)	(2.74)	(3.42)
$75	(1.81)	(5.25)	na	na	(3.35)	(4.34)	(5.43)
$100	(2.53)	(7.34)	na	na	(4.68)	(6.07)	(7.59)
$125	(3.27)	(9.48)	na	na	(6.05)	(7.85)	(9.81)
$150	(4.06)	(11.77)	na	na	(7.51)	(9.74)	(12.18)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.25	0.73	na	na	0.46	0.60	0.75
200	0.32	0.93	na	na	0.59	0.77	0.96
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$100	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$150	(0.22)	(0.64)	na	na	(0.40)	(0.53)	(0.66)
$200	(0.33)	(0.96)	na	na	(0.61)	(0.79)	(0.99)
$250	(0.42)	(1.22)	na	na	(0.77)	(1.01)	(1.26)
$500	(0.93)	(2.70)	na	na	(1.72)	(2.23)	(2.79)
$750	(1.46)	(4.23)	na	na	(2.70)	(3.51)	(4.38)
$1,000	(2.03)	(5.89)	na	na	(3.75)	(4.87)	(6.09)
Copay/Day							
$50 w/3 Day Max	(0.29)	(0.84)	na	na	(0.54)	(0.70)	(0.87)
$50 w/5 Day Max	(0.34)	(0.99)	na	na	(0.63)	(0.82)	(1.02)
$100 w/3 Day Max	(0.60)	(1.74)	na	na	(1.11)	(1.44)	(1.80)
$100 w/5 Day Max	(0.75)	(2.17)	na	na	(1.39)	(1.80)	(2.25)
$250 w/3 Day Max	(1.59)	(4.61)	na	na	(2.94)	(3.81)	(4.77)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	-	-	na	na	-	-	-
60	0.03	0.09	na	na	0.05	0.07	0.09
90	0.03	0.09	na	na	0.05	0.07	0.09
not covered	(0.03)	(0.09)	na	na	(0.06)	(0.07)	(0.09)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	-	-	na	na	-	-	-
21	-	-	na	na	-	-	-
30	-	-	na	na	-	-	-
Unlimited	-	-	na	na	-	-	-
not covered	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	-	-	na	na	-	-	-
30	0.03	0.08	na	na	0.05	0.07	0.09
60	0.03	0.09	na	na	0.05	0.07	0.09
90	0.03	0.09	na	na	0.05	0.07	0.09
Unlimited	0.04	0.12	na	na	0.07	0.10	0.12
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	-	-	na	na	-	-	-
60	0.03	0.09	na	na	0.05	0.07	0.09
90	0.03	0.09	na	na	0.06	0.08	0.09
120	0.04	0.12	na	na	0.07	0.10	0.12
Unlimited	0.06	0.17	na	na	0.12	0.14	0.18
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$15	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$25	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$35	(0.16)	(0.47)	na	na	(0.30)	(0.38)	(0.48)
$50	(0.25)	(0.73)	na	na	(0.47)	(0.60)	(0.75)
$75	(0.41)	(1.19)	na	na	(0.76)	(0.98)	(1.23)
$100	(0.53)	(1.54)	na	na	(0.98)	(1.27)	(1.59)
$125	(0.66)	(1.91)	na	na	(1.22)	(1.59)	(1.98)
$150	(0.80)	(2.32)	na	na	(1.48)	(1.92)	(2.40)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$50	(0.09)	(0.26)	na	na	(0.17)	(0.22)	(0.27)
$75	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$100	(0.19)	(0.55)	na	na	(0.35)	(0.45)	(0.57)
$125	(0.25)	(0.72)	na	na	(0.46)	(0.60)	(0.75)
$150	(0.31)	(0.89)	na	na	(0.57)	(0.74)	(0.93)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	-	-	na	na	-	-	-
60	-	-	na	na	-	-	-
100	0.03	0.09	na	na	0.05	0.07	0.09
200	0.03	0.09	na	na	0.05	0.07	0.09
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$100	7.6%	7.7%	na	na	7.6%	7.6%	7.6%
$150	7.8%	7.8%	na	na	7.6%	7.8%	7.8%
$200	8.3%	8.3%	na	na	8.3%	8.2%	8.3%
$250	8.1%	8.2%	na	na	8.1%	8.2%	8.1%
$500	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
$750	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
$1,000	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Copay/Day							
$50 w/3 Day Max	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
$50 w/5 Day Max	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$100 w/3 Day Max	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
$100 w/5 Day Max	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$250 w/3 Day Max	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	13.6%	14.1%	na	na	12.2%	13.2%	13.6%
90	10.0%	10.3%	na	na	8.9%	9.7%	10.0%
not covered	11.1%	11.5%	na	na	12.0%	10.8%	11.1%
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
21	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
not covered	13.0%	11.9%	na	na	11.6%	12.7%	13.0%
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
30	8.6%	7.8%	na	na	7.7%	8.3%	8.6%
60	7.1%	7.4%	na	na	6.4%	6.9%	7.1%
90	6.3%	6.5%	na	na	5.6%	6.1%	6.3%
Unlimited	7.1%	7.4%	na	na	6.7%	7.5%	7.1%
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	10.0%	10.3%	na	na	8.9%	9.7%	10.0%
90	6.5%	6.8%	na	na	7.1%	7.3%	6.5%
120	7.1%	7.4%	na	na	6.7%	7.5%	7.1%
Unlimited	9.4%	9.1%	na	na	10.2%	9.1%	9.4%
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	8.6%	8.4%	na	na	8.5%	8.3%	8.6%
$25	8.5%	8.6%	na	na	8.8%	8.5%	8.5%
$35	8.6%	8.7%	na	na	8.7%	8.5%	8.6%
$50	8.4%	8.4%	na	na	8.5%	8.4%	8.4%
$75	8.4%	8.4%	na	na	8.4%	8.4%	8.4%
$100	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$125	8.1%	8.1%	na	na	8.1%	8.2%	8.1%
$150	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	8.6%	8.5%	na	na	8.8%	8.7%	8.6%
$75	7.7%	7.8%	na	na	7.7%	7.7%	7.7%
$100	8.1%	8.1%	na	na	8.1%	8.0%	8.1%
$125	8.3%	8.2%	na	na	8.2%	8.3%	8.3%
$150	8.3%	8.2%	na	na	8.2%	8.2%	8.3%
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
100	13.6%	14.1%	na	na	12.2%	13.2%	13.6%
200	10.3%	10.7%	na	na	9.3%	10.0%	10.3%
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(3.48)	(10.09)	na	na	(6.44)	(8.35)	(10.44)
$10	(7.18)	(20.82)	na	na	(13.28)	(17.23)	(21.54)
$15	(11.05)	(32.05)	na	na	(20.44)	(26.52)	(33.15)
$20	(15.73)	(45.62)	na	na	(29.10)	(37.75)	(47.19)
$25	(19.46)	(56.43)	na	na	(36.00)	(46.70)	(58.38)
$30	(23.19)	(67.25)	na	na	(42.90)	(55.66)	(69.57)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.00)	(5.80)	na	na	(3.70)	(4.80)	(6.00)
$10	(4.14)	(12.01)	na	na	(7.66)	(9.94)	(12.42)
$15	(6.34)	(18.39)	na	na	(11.73)	(15.22)	(19.02)
$20	(9.03)	(26.19)	na	na	(16.71)	(21.67)	(27.09)
$25	(11.17)	(32.39)	na	na	(20.66)	(26.81)	(33.51)
$30	(13.29)	(38.54)	na	na	(24.59)	(31.90)	(39.87)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.91)	(14.24)	na	na	(9.08)	(11.78)	(14.73)
$10	(10.07)	(29.20)	na	na	(18.63)	(24.17)	(30.21)
$15	(14.98)	(43.44)	na	na	(27.71)	(35.95)	(44.94)
$20	(20.19)	(58.55)	na	na	(37.35)	(48.46)	(60.57)
$25	(25.62)	(74.30)	na	na	(47.40)	(61.49)	(76.86)
$30	(31.38)	(91.00)	na	na	(58.05)	(75.31)	(94.14)
$35	(36.26)	(105.15)	na	na	(67.08)	(87.02)	(108.78)
$40	(41.08)	(119.13)	na	na	(76.00)	(98.59)	(123.24)
$45	(45.84)	(132.94)	na	na	(84.80)	(110.02)	(137.52)
$50	(50.54)	(146.57)	na	na	(93.50)	(121.30)	(151.62)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.14)	(12.01)	na	na	(7.66)	(9.94)	(12.42)
$10	(8.51)	(24.68)	na	na	(15.74)	(20.42)	(25.53)
$15	(12.67)	(36.74)	na	na	(23.44)	(30.41)	(38.01)
$20	(17.07)	(49.50)	na	na	(31.58)	(40.97)	(51.21)
$25	(21.66)	(62.81)	na	na	(40.07)	(51.98)	(64.98)
$30	(26.52)	(76.91)	na	na	(49.06)	(63.65)	(79.56)
$35	(30.67)	(88.94)	na	na	(56.74)	(73.61)	(92.01)
$40	(34.73)	(100.72)	na	na	(64.25)	(83.35)	(104.19)
$45	(38.75)	(112.38)	na	na	(71.69)	(93.00)	(116.25)
$50	(42.78)	(124.06)	na	na	(79.14)	(102.67)	(128.34)
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.47	1.36	na	na	0.87	1.13	1.41
Unlimited	0.56	1.62	na	na	1.04	1.34	1.68
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.77	2.23	na	na	1.42	1.85	2.31
90	1.19	3.45	na	na	2.20	2.86	3.57
not covered	(2.76)	(8.00)	na	na	(5.11)	(6.62)	(8.28)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.30)	(0.87)	na	na	(0.56)	(0.72)	(0.90)
$15	(0.43)	(1.25)	na	na	(0.80)	(1.03)	(1.29)
$20	(0.47)	(1.36)	na	na	(0.87)	(1.13)	(1.41)
$25	(0.63)	(1.83)	na	na	(1.17)	(1.51)	(1.89)
$30	(0.71)	(2.06)	na	na	(1.31)	(1.70)	(2.13)
$35	(0.82)	(2.38)	na	na	(1.52)	(1.97)	(2.46)
$40	(0.94)	(2.73)	na	na	(1.74)	(2.26)	(2.82)
$45	(1.08)	(3.13)	na	na	(2.00)	(2.59)	(3.24)
$50	(1.19)	(3.45)	na	na	(2.20)	(2.86)	(3.57)
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.18)	(0.52)	na	na	(0.33)	(0.43)	(0.54)

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(3.76)	(10.90)	na	na	(6.96)	(9.02)	(11.28)
$10	(7.78)	(22.56)	na	na	(14.39)	(18.67)	(23.34)
$15	(11.95)	(34.66)	na	na	(22.11)	(28.68)	(35.85)
$20	(17.03)	(49.39)	na	na	(31.51)	(40.87)	(51.09)
$25	(21.05)	(61.05)	na	na	(38.94)	(50.52)	(63.15)
$30	(25.10)	(72.79)	na	na	(46.44)	(60.24)	(75.30)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.16)	(6.26)	na	na	(4.00)	(5.18)	(6.48)
$10	(4.48)	(12.99)	na	na	(8.29)	(10.75)	(13.44)
$15	(6.86)	(19.89)	na	na	(12.69)	(16.46)	(20.58)
$20	(9.77)	(28.33)	na	na	(18.07)	(23.45)	(29.31)
$25	(12.10)	(35.09)	na	na	(22.39)	(29.04)	(36.30)
$30	(14.38)	(41.70)	na	na	(26.60)	(34.51)	(43.14)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.32)	(15.43)	na	na	(9.84)	(12.77)	(15.96)
$10	(10.90)	(31.61)	na	na	(20.17)	(26.16)	(32.70)
$15	(16.22)	(47.04)	na	na	(30.01)	(38.93)	(48.66)
$20	(21.85)	(63.37)	na	na	(40.42)	(52.44)	(65.55)
$25	(27.73)	(80.42)	na	na	(51.30)	(66.55)	(83.19)
$30	(33.96)	(98.48)	na	na	(62.83)	(81.50)	(101.88)
$35	(39.24)	(113.80)	na	na	(72.59)	(94.18)	(117.72)
$40	(44.45)	(128.91)	na	na	(82.23)	(106.68)	(133.35)
$45	(49.61)	(143.87)	na	na	(91.78)	(119.06)	(148.83)
$50	(54.69)	(158.60)	na	na	(101.18)	(131.26)	(164.07)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.48)	(12.99)	na	na	(8.29)	(10.75)	(13.44)
$10	(9.21)	(26.71)	na	na	(17.04)	(22.10)	(27.63)
$15	(13.71)	(39.76)	na	na	(25.36)	(32.90)	(41.13)
$20	(18.47)	(53.56)	na	na	(34.17)	(44.33)	(55.41)
$25	(23.44)	(67.98)	na	na	(43.36)	(56.26)	(70.32)
$30	(28.70)	(83.23)	na	na	(53.10)	(68.88)	(86.10)
$35	(33.19)	(96.25)	na	na	(61.40)	(79.66)	(99.57)
$40	(37.58)	(108.98)	na	na	(69.52)	(90.19)	(112.74)
$45	(41.93)	(121.60)	na	na	(77.57)	(100.63)	(125.79)
$50	(46.29)	(134.24)	na	na	(85.64)	(111.10)	(138.87)
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.50	1.45	na	na	0.93	1.20	1.50
Unlimited	0.60	1.74	na	na	1.11	1.44	1.80
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.83	2.41	na	na	1.54	1.99	2.49
90	1.29	3.74	na	na	2.39	3.10	3.87
not covered	(2.98)	(8.64)	na	na	(5.51)	(7.15)	(8.94)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.33)	(0.96)	na	na	(0.61)	(0.79)	(0.99)
$15	(0.46)	(1.33)	na	na	(0.85)	(1.10)	(1.38)
$20	(0.50)	(1.45)	na	na	(0.93)	(1.20)	(1.50)
$25	(0.69)	(2.00)	na	na	(1.28)	(1.66)	(2.07)
$30	(0.77)	(2.23)	na	na	(1.42)	(1.85)	(2.31)
$35	(0.88)	(2.55)	na	na	(1.63)	(2.11)	(2.64)
$40	(1.01)	(2.93)	na	na	(1.87)	(2.42)	(3.03)
$45	(1.17)	(3.39)	na	na	(2.16)	(2.81)	(3.51)
$50	(1.29)	(3.74)	na	na	(2.39)	(3.10)	(3.87)
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.19)	(0.55)	na	na	(0.35)	(0.46)	(0.57)

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(0.28)	(0.81)	na	na	(0.52)	(0.67)	(0.84)
$10	(0.60)	(1.74)	na	na	(1.11)	(1.44)	(1.80)
$15	(0.90)	(2.61)	na	na	(1.67)	(2.16)	(2.70)
$20	(1.30)	(3.77)	na	na	(2.41)	(3.12)	(3.90)
$25	(1.59)	(4.62)	na	na	(2.94)	(3.82)	(4.77)
$30	(1.91)	(5.54)	na	na	(3.54)	(4.58)	(5.73)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.16)	(0.46)	na	na	(0.30)	(0.38)	(0.48)
$10	(0.34)	(0.98)	na	na	(0.63)	(0.81)	(1.02)
$15	(0.52)	(1.50)	na	na	(0.96)	(1.24)	(1.56)
$20	(0.74)	(2.14)	na	na	(1.36)	(1.78)	(2.22)
$25	(0.93)	(2.70)	na	na	(1.73)	(2.23)	(2.79)
$30	(1.09)	(3.16)	na	na	(2.01)	(2.61)	(3.27)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.41)	(1.19)	na	na	(0.76)	(0.99)	(1.23)
$10	(0.83)	(2.41)	na	na	(1.54)	(1.99)	(2.49)
$15	(1.24)	(3.60)	na	na	(2.30)	(2.98)	(3.72)
$20	(1.66)	(4.82)	na	na	(3.07)	(3.98)	(4.98)
$25	(2.11)	(6.12)	na	na	(3.90)	(5.06)	(6.33)
$30	(2.58)	(7.48)	na	na	(4.78)	(6.19)	(7.74)
$35	(2.98)	(8.65)	na	na	(5.51)	(7.16)	(8.94)
$40	(3.37)	(9.78)	na	na	(6.23)	(8.09)	(10.11)
$45	(3.77)	(10.93)	na	na	(6.98)	(9.04)	(11.31)
$50	(4.15)	(12.03)	na	na	(7.68)	(9.96)	(12.45)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.34)	(0.98)	na	na	(0.63)	(0.81)	(1.02)
$10	(0.70)	(2.03)	na	na	(1.30)	(1.68)	(2.10)
$15	(1.04)	(3.02)	na	na	(1.92)	(2.49)	(3.12)
$20	(1.40)	(4.06)	na	na	(2.59)	(3.36)	(4.20)
$25	(1.78)	(5.17)	na	na	(3.29)	(4.28)	(5.34)
$30	(2.18)	(6.32)	na	na	(4.04)	(5.23)	(6.54)
$35	(2.52)	(7.31)	na	na	(4.66)	(6.05)	(7.56)
$40	(2.85)	(8.26)	na	na	(5.27)	(6.84)	(8.55)
$45	(3.18)	(9.22)	na	na	(5.88)	(7.63)	(9.54)
$50	(3.51)	(10.18)	na	na	(6.50)	(8.43)	(10.53)
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	-	-	na	na	-	-	-
120	0.03	0.09	na	na	0.06	0.07	0.09
Unlimited	0.04	0.12	na	na	0.07	0.10	0.12
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	-	-	na	na	-	-	-
60	0.06	0.18	na	na	0.12	0.14	0.18
90	0.10	0.29	na	na	0.19	0.24	0.30
not covered	(0.22)	(0.64)	na	na	(0.40)	(0.53)	(0.66)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	-	-	na	na	-	-	-
$5	-	-	na	na	-	-	-
$10	(0.03)	(0.09)	na	na	(0.05)	(0.07)	(0.09)
$15	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
$20	(0.03)	(0.09)	na	na	(0.06)	(0.07)	(0.09)
$25	(0.06)	(0.17)	na	na	(0.11)	(0.15)	(0.18)
$30	(0.06)	(0.17)	na	na	(0.11)	(0.15)	(0.18)
$35	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$40	(0.07)	(0.20)	na	na	(0.13)	(0.16)	(0.21)
$45	(0.09)	(0.26)	na	na	(0.16)	(0.22)	(0.27)
$50	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	-	-	na	na	-	-	-
$15	-	-	na	na	-	-	-
$25	(0.01)	(0.03)	na	na	(0.02)	(0.03)	(0.03)

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PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	8.0%	8.0%	na	na	8.1%	8.0%	8.0%
$10	8.4%	8.4%	na	na	8.4%	8.4%	8.4%
$15	8.1%	8.1%	na	na	8.2%	8.1%	8.1%
$20	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
$25	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$30	8.2%	8.2%	na	na	8.3%	8.2%	8.2%
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [st						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	8.0%	7.9%	na	na	8.1%	7.9%	8.0%
$10	8.2%	8.2%	na	na	8.2%	8.1%	8.2%
$15	8.2%	8.2%	na	na	8.2%	8.1%	8.2%
$20	8.2%	8.2%	na	na	8.1%	8.2%	8.2%
$25	8.3%	8.3%	na	na	8.4%	8.3%	8.3%
$30	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	8.4%	8.4%	na	na	8.4%	8.4%	8.4%
$10	8.2%	8.3%	na	na	8.3%	8.2%	8.2%
$15	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
$20	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$25	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$30	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$35	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$40	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$45	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$50	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std:						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	8.2%	8.2%	na	na	8.2%	8.1%	8.2%
$10	8.2%	8.2%	na	na	8.3%	8.2%	8.2%
$15	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$20	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$25	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$30	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$35	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$40	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$45	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$50	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
# Visits	Outpatient Chemical Abuse Rehab Limit [std: 60 visits] [Copay same as Specialist Physician Office Visit]						
60	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
120	6.4%	6.6%	na	na	6.9%	6.2%	6.4%
Unlimited	7.1%	7.4%	na	na	6.7%	7.5%	7.1%
# Visits	Outpatient Therapies Limit [std: 30 visits] [Copay same as Specialist Physician Office Visit]						
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	7.8%	8.1%	na	na	8.5%	7.6%	7.8%
90	8.4%	8.4%	na	na	8.6%	8.4%	8.4%
not covered	8.0%	8.0%	na	na	7.8%	8.0%	8.0%
Copay	Refractive Eye Exam Copay [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
$10	10.0%	10.3%	na	na	8.9%	9.7%	10.0%
$15	7.0%	6.4%	na	na	6.3%	6.8%	7.0%
$20	6.4%	6.6%	na	na	6.9%	6.2%	6.4%
$25	9.5%	9.3%	na	na	9.4%	9.9%	9.5%
$30	8.5%	8.3%	na	na	8.4%	8.8%	8.5%
$35	7.3%	7.1%	na	na	7.2%	7.1%	7.3%
$40	7.4%	7.3%	na	na	7.5%	7.1%	7.4%
$45	8.3%	8.3%	na	na	8.0%	8.5%	8.3%
$50	8.4%	8.4%	na	na	8.6%	8.4%	8.4%
Copay	Ambulance Copay [std: $0] [Copay same or less than Emergency Room Copay]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
$25	5.6%	5.8%	na	na	6.1%	7.0%	5.6%

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HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.26)	(0.75)	na	na	(0.48)	(0.62)	(0.78)
$50	(0.35)	(1.02)	na	na	(0.65)	(0.84)	(1.05)
$60	(0.43)	(1.25)	na	na	(0.80)	(1.03)	(1.29)
$75	(0.54)	(1.57)	na	na	(1.00)	(1.30)	(1.62)
$100	(0.71)	(2.06)	na	na	(1.31)	(1.70)	(2.13)
$125	(0.92)	(2.67)	na	na	(1.70)	(2.21)	(2.76)
$150	(1.11)	(3.22)	na	na	(2.05)	(2.66)	(3.33)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(4.42)	(12.82)	na	na	(8.18)	(10.61)	(13.26)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.57)	(1.65)	na	na	(1.05)	(1.37)	(1.71)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.20)	(15.08)	na	na	(9.62)	(12.48)	(15.60)
$500,000	(1.55)	(4.50)	na	na	(2.87)	(3.72)	(4.65)

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.29)	(0.84)	na	na	(0.54)	(0.70)	(0.87)
$50	(0.38)	(1.10)	na	na	(0.70)	(0.91)	(1.14)
$60	(0.46)	(1.33)	na	na	(0.85)	(1.10)	(1.38)
$75	(0.58)	(1.68)	na	na	(1.07)	(1.39)	(1.74)
$100	(0.77)	(2.23)	na	na	(1.42)	(1.85)	(2.31)
$125	(0.99)	(2.87)	na	na	(1.83)	(2.38)	(2.97)
$150	(1.20)	(3.48)	na	na	(2.22)	(2.88)	(3.60)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(4.78)	(13.86)	na	na	(8.84)	(11.47)	(14.34)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.62)	(1.80)	na	na	(1.15)	(1.49)	(1.86)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.63)	(16.33)	na	na	(10.42)	(13.51)	(16.89)
$500,000	(1.68)	(4.87)	na	na	(3.11)	(4.03)	(5.04)

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.03)	(0.09)	na	na	(0.06)	(0.08)	(0.09)
$50	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
$60	(0.03)	(0.08)	na	na	(0.05)	(0.07)	(0.09)
$75	(0.04)	(0.11)	na	na	(0.07)	(0.09)	(0.12)
$100	(0.06)	(0.17)	na	na	(0.11)	(0.15)	(0.18)
$125	(0.07)	(0.20)	na	na	(0.13)	(0.17)	(0.21)
$150	(0.09)	(0.26)	na	na	(0.17)	(0.22)	(0.27)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	(0.36)	(1.04)	na	na	(0.66)	(0.86)	(1.08)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	(0.05)	(0.15)	na	na	(0.10)	(0.12)	(0.15)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.43)	(1.25)	na	na	(0.80)	(1.03)	(1.29)
$500,000	(0.13)	(0.37)	na	na	(0.24)	(0.31)	(0.39)

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TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	11.5%	12.0%	na	na	12.5%	12.9%	11.5%
$50	8.6%	7.8%	na	na	7.7%	8.3%	8.6%
$60	7.0%	6.4%	na	na	6.3%	6.8%	7.0%
$75	7.4%	7.0%	na	na	7.0%	6.9%	7.4%
$100	8.5%	8.3%	na	na	8.4%	8.8%	8.5%
$125	7.6%	7.5%	na	na	7.6%	7.7%	7.6%
$150	8.1%	8.1%	na	na	8.3%	8.3%	8.1%
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]							
	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum							
	8.8%	9.1%	na	na	9.5%	8.8%	8.8%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
$500,000	8.4%	8.2%	na	na	8.4%	8.3%	8.4%

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TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.70)	(2.03)	na	na	(1.30)	(1.68)	(2.10)
$25	(1.17)	(3.39)	na	na	(2.16)	(2.81)	(3.51)
$35	(1.87)	(5.42)	na	na	(3.46)	(4.49)	(5.61)
$50	(2.98)	(8.64)	na	na	(5.51)	(7.15)	(8.94)
$75	(4.87)	(14.12)	na	na	(9.01)	(11.69)	(14.61)
$100	(6.49)	(18.82)	na	na	(12.01)	(15.58)	(19.47)
$125	(8.11)	(23.52)	na	na	(15.00)	(19.46)	(24.33)
$150	(9.72)	(28.19)	na	na	(17.98)	(23.33)	(29.16)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.07)	(14.70)	na	na	(9.38)	(12.17)	(15.21)
$500,000	(1.49)	(4.32)	na	na	(2.76)	(3.58)	(4.47)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.76)	(2.20)	na	na	(1.41)	(1.82)	(2.28)
$25	(1.27)	(3.68)	na	na	(2.35)	(3.05)	(3.81)
$35	(2.03)	(5.89)	na	na	(3.76)	(4.87)	(6.09)
$50	(3.23)	(9.37)	na	na	(5.98)	(7.75)	(9.69)
$75	(5.28)	(15.31)	na	na	(9.77)	(12.67)	(15.84)
$100	(7.02)	(20.36)	na	na	(12.99)	(16.85)	(21.06)
$125	(8.77)	(25.43)	na	na	(16.22)	(21.05)	(26.31)
$150	(10.52)	(30.51)	na	na	(19.46)	(25.25)	(31.56)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.48)	(15.89)	na	na	(10.14)	(13.15)	(16.44)
$500,000	(1.61)	(4.67)	na	na	(2.98)	(3.86)	(4.83)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	-	-	na	na	-	-	-
$15	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$25	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$35	(0.16)	(0.47)	na	na	(0.30)	(0.38)	(0.48)
$50	(0.25)	(0.73)	na	na	(0.47)	(0.60)	(0.75)
$75	(0.41)	(1.19)	na	na	(0.76)	(0.98)	(1.23)
$100	(0.53)	(1.54)	na	na	(0.98)	(1.27)	(1.59)
$125	(0.66)	(1.91)	na	na	(1.22)	(1.59)	(1.98)
$150	(0.80)	(2.32)	na	na	(1.48)	(1.92)	(2.40)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.41)	(1.19)	na	na	(0.76)	(0.98)	(1.23)
$500,000	(0.12)	(0.35)	na	na	(0.22)	(0.28)	(0.36)
Unlimited	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	8.6%	8.4%	na	na	8.5%	8.3%	8.6%
$25	8.5%	8.6%	na	na	8.8%	8.5%	8.5%
$35	8.6%	8.7%	na	na	8.7%	8.5%	8.6%
$50	8.4%	8.4%	na	na	8.5%	8.4%	8.4%
$75	8.4%	8.4%	na	na	8.4%	8.4%	8.4%
$100	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$125	8.1%	8.1%	na	na	8.1%	8.2%	8.1%
$150	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
$500,000	8.1%	8.1%	na	na	8.0%	7.8%	8.1%
Unlimited	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
DOLLAR CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
PERCENTAGE CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
30	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			Class II Dependents				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY
Coinsurance Maximum

Deductible	$500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind.	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
10% Member Coinsurance									
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
20% Member Coinsurance									
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
30% Member Coinsurance									
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
40% Member Coinsurance									
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
50% Member Coinsurance									
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
10% Member Coinsurance									
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
20% Member Coinsurance									
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
30% Member Coinsurance									
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
40% Member Coinsurance									
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
50% Member Coinsurance									
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

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DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
10% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
30% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
40% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
50% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
10% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
30% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
40% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
50% Member Coinsurance									
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ut Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	-	-	-
$200	-	-	-
$250	-	-	-
$300	-	-	-
$350	-	-	-
$500	-	-	-
$750	-	-	-
$1,000	-	-	-
$1,500	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$6,000	-	-	-

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
-	-	-

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	-
90th Percentile of HIAA	-

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.0%
90th Percentile of HIAA	0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
JULY 1, 2012 - SEPTEMBER 30, 2012 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	19.76	na	19.76
Two Persons	na	na	na
EE & Child(ren)	na	na	36.75
EE + Spouse	na	na	39.52
Family	48.41	na	60.47

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	20.35	na	20.35
Two Persons	na	na	na
EE & Child(ren)	na	na	37.85
EE + Spouse	na	na	40.71
Family	49.86	na	62.28

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK

DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	0.59	na	0.59
Two Persons	na	na	na
EE & Child(ren)	na	na	1.10
EE + Spouse	na	na	1.19
Family	1.45	na	1.81

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	-	-
Select PPO	-	-
New York City, Westchester, Rockland and Orange Counties		
Select EPO	-	-
Select PPO	-	-
Upstate New York	-	-
New Jersey	-	-
Connecticut	-	-
All Other States	-	-

employer

Retention Percentage

All Small Groups -

Sole Proprietor Contracts

Sole Proprietor Factor -

HIP INSURANCE COMPANY OF NEW YORK

PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	3.0%	na	3.0%
Two Persons	na	na	na
EE & Child(ren)	na	na	3.0%
EE + Spouse	na	na	3.0%
Family	3.0%	na	3.0%

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
New York City, Westchester, Rockland and Orange Counties		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
Upstate New York	0.0%	0.0%
New Jersey	0.0%	0.0%
Connecticut	0.0%	0.0%
All Other States	0.0%	0.0%

employer

Retention Percentage

All Small Groups 0.0%

Sole Proprietor Contracts

Sole Proprietor Factor 0.0%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
JULY 1, 2012 - SEPTEMBER 30, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days]						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	2.70	7.83	na	na	5.00	6.48	8.10
60	3.46	10.03	na	na	6.40	8.30	10.38
90	4.03	11.69	na	na	7.46	9.67	12.09
Unlimited	4.12	11.95	na	na	7.62	9.89	12.36
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	4.20	12.18	na	na	7.77	10.08	12.60
60	4.35	12.62	na	na	8.05	10.44	13.05
90	4.52	13.11	na	na	8.36	10.85	13.56
Unlimited	4.61	13.37	na	na	8.53	11.06	13.83
SMALL GROUP							
Inpatient Mental Htlh	0.00	0.00	na	na	0.00	0.00	0.00
	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	5.89	17.08	na	na	10.90	14.14	17.67
20 visits/$5	5.58	16.18	na	na	10.32	13.39	16.74
20 visits/$10	5.30	15.37	na	na	9.81	12.72	15.90
20 visits/$15	5.02	14.56	na	na	9.29	12.05	15.06
20 visits/$20	4.78	13.86	na	na	8.84	11.47	14.34
20 visits/$25	4.53	13.14	na	na	8.38	10.87	13.59
20 visits/$30	4.37	12.67	na	na	8.08	10.49	13.11
20 visits/$35	4.21	12.21	na	na	7.79	10.10	12.63
20 visits/$40	4.06	11.77	na	na	7.51	9.74	12.18
20 visits/$45	3.88	11.25	na	na	7.18	9.31	11.64
20 visits/$50	3.74	10.85	na	na	6.92	8.98	11.22
30 visits/$0	7.58	21.98	na	na	14.02	18.19	22.74
30 visits/$5	6.88	19.95	na	na	12.73	16.51	20.64
30 visits/$10	6.46	18.73	na	na	11.95	15.50	19.38
30 visits/$15	6.26	18.15	na	na	11.58	15.02	18.78
30 visits/$20	5.99	17.37	na	na	11.08	14.38	17.97
30 visits/$25	5.87	17.02	na	na	10.86	14.09	17.61
30 visits/$30	5.54	16.07	na	na	10.25	13.30	16.62
30 visits/$35	5.17	14.99	na	na	9.56	12.41	15.51
30 visits/$40	5.13	14.88	na	na	9.49	12.31	15.39
30 visits/$45	4.97	14.41	na	na	9.19	11.93	14.91
30 visits/$50	4.73	13.72	na	na	8.75	11.35	14.19
40 visits/$0	7.97	23.11	na	na	14.74	19.13	23.91
40 visits/$5	7.59	22.01	na	na	14.04	18.22	22.77
40 visits/$10	7.33	21.26	na	na	13.56	17.59	21.99
40 visits/$15	7.03	20.39	na	na	13.01	16.87	21.09
40 visits/$20	6.78	19.66	na	na	12.54	16.27	20.34
40 visits/$25	6.55	19.00	na	na	12.12	15.72	19.65
40 visits/$30	6.26	18.15	na	na	11.58	15.02	18.78
40 visits/$35	5.96	17.28	na	na	11.03	14.30	17.88
40 visits/$40	5.56	16.12	na	na	10.29	13.34	16.68
40 visits/$45	5.58	16.18	na	na	10.32	13.39	16.74
40 visits/$50	5.71	16.56	na	na	10.56	13.70	17.13
60 visits/$0	8.70	25.23	na	na	16.10	20.88	26.10
60 visits/$5	8.39	24.33	na	na	15.52	20.14	25.17
60 visits/$10	8.00	23.20	na	na	14.80	19.20	24.00
60 visits/$15	7.77	22.53	na	na	14.37	18.65	23.31
60 visits/$20	7.41	21.49	na	na	13.71	17.78	22.23
60 visits/$25	7.32	21.23	na	na	13.54	17.57	21.96
60 visits/$30	7.01	20.33	na	na	12.97	16.82	21.03
60 visits/$35	6.54	18.97	na	na	12.10	15.70	19.62
60 visits/$40	5.99	17.37	na	na	11.08	14.38	17.97
60 visits/$45	5.82	16.88	na	na	10.77	13.97	17.46
60 visits/$50	5.90	17.11	na	na	10.92	14.16	17.70
Unlimited visits/$0	8.80	25.52	na	na	16.28	21.12	26.40
Unlimited visits/$5	8.49	24.62	na	na	15.71	20.38	25.47
Unlimited visits/$10	8.09	23.46	na	na	14.97	19.42	24.27
Unlimited visits/$15	7.84	22.74	na	na	14.50	18.82	23.52
Unlimited visits/$20	7.48	21.69	na	na	13.84	17.95	22.44
Unlimited visits/$25	7.39	21.43	na	na	13.67	17.74	22.17
Unlimited visits/$30	7.07	20.50	na	na	13.08	16.97	21.21
Unlimited visits/$35	6.59	19.11	na	na	12.19	15.82	19.77
Unlimited visits/$40	6.05	17.55	na	na	11.19	14.52	18.15
Unlimited visits/$45	5.87	17.02	na	na	10.86	14.09	17.61
Unlimited visits/$50	5.95	17.26	na	na	11.01	14.28	17.85
	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	7.56	21.92	na	na	13.99	18.14	22.68
20 visits/$5	7.27	21.08	na	na	13.45	17.45	21.81
20 visits/$10	6.87	19.92	na	na	12.71	16.49	20.61
20 visits/$15	6.55	19.00	na	na	12.12	15.72	19.65
20 visits/$20	6.27	18.18	na	na	11.60	15.05	18.81
20 visits/$25	6.13	17.78	na	na	11.34	14.71	18.39
20 visits/$30	5.89	17.08	na	na	10.90	14.14	17.67
20 visits/$35	5.53	16.04	na	na	10.23	13.27	16.59
20 visits/$40	5.20	15.08	na	na	9.62	12.48	15.60
20 visits/$45	4.97	14.41	na	na	9.19	11.93	14.91
20 visits/$50	4.93	14.30	na	na	9.12	11.83	14.79
30 visits/$0	8.68	25.17	na	na	16.06	20.83	26.04

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days]						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	2.92	8.47	na	na	5.40	7.01	8.76
60	3.74	10.85	na	na	6.92	8.98	11.22
90	4.36	12.64	na	na	8.07	10.46	13.08
Unlimited	4.46	12.93	na	na	8.25	10.70	13.38
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	4.55	13.20	na	na	8.42	10.92	13.65
60	4.70	13.63	na	na	8.70	11.28	14.10
90	4.90	14.21	na	na	9.07	11.76	14.70
Unlimited	4.99	14.47	na	na	9.23	11.98	14.97
SMALL GROUP							
Inpatient Mental Htlh	0.00	0.00	na	na	0.00	0.00	0.00
	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	6.38	18.50	na	na	11.80	15.31	19.14
20 visits/$5	6.04	17.52	na	na	11.17	14.50	18.12
20 visits/$10	5.74	16.65	na	na	10.62	13.78	17.22
20 visits/$15	5.43	15.75	na	na	10.05	13.03	16.29
20 visits/$20	5.17	14.99	na	na	9.56	12.41	15.51
20 visits/$25	4.91	14.24	na	na	9.08	11.78	14.73
20 visits/$30	4.73	13.72	na	na	8.75	11.35	14.19
20 visits/$35	4.56	13.22	na	na	8.44	10.94	13.68
20 visits/$40	4.39	12.73	na	na	8.12	10.54	13.17
20 visits/$45	4.20	12.18	na	na	7.77	10.08	12.60
20 visits/$50	4.05	11.75	na	na	7.49	9.72	12.15
30 visits/$0	8.21	23.81	na	na	15.19	19.70	24.63
30 visits/$5	7.45	21.61	na	na	13.78	17.88	22.35
30 visits/$10	6.99	20.27	na	na	12.93	16.78	20.97
30 visits/$15	6.78	19.66	na	na	12.54	16.27	20.34
30 visits/$20	6.48	18.79	na	na	11.99	15.55	19.44
30 visits/$25	6.36	18.44	na	na	11.77	15.26	19.08
30 visits/$30	6.00	17.40	na	na	11.10	14.40	18.00
30 visits/$35	5.60	16.24	na	na	10.36	13.44	16.80
30 visits/$40	5.55	16.10	na	na	10.27	13.32	16.65
30 visits/$45	5.38	15.60	na	na	9.95	12.91	16.14
30 visits/$50	5.11	14.82	na	na	9.45	12.26	15.33
40 visits/$0	8.63	25.03	na	na	15.97	20.71	25.89
40 visits/$5	8.22	23.84	na	na	15.21	19.73	24.66
40 visits/$10	7.93	23.00	na	na	14.67	19.03	23.79
40 visits/$15	7.61	22.07	na	na	14.08	18.26	22.83
40 visits/$20	7.33	21.26	na	na	13.56	17.59	21.99
40 visits/$25	7.09	20.56	na	na	13.12	17.02	21.27
40 visits/$30	6.78	19.66	na	na	12.54	16.27	20.34
40 visits/$35	6.45	18.71	na	na	11.93	15.48	19.35
40 visits/$40	6.02	17.46	na	na	11.14	14.45	18.06
40 visits/$45	6.04	17.52	na	na	11.17	14.50	18.12
40 visits/$50	6.18	17.92	na	na	11.43	14.83	18.54
60 visits/$0	9.41	27.29	na	na	17.41	22.58	28.23
60 visits/$5	9.08	26.33	na	na	16.80	21.79	27.24
60 visits/$10	8.66	25.11	na	na	16.02	20.78	25.98
60 visits/$15	8.41	24.39	na	na	15.56	20.18	25.23
60 visits/$20	8.02	23.26	na	na	14.84	19.25	24.06
60 visits/$25	7.92	22.97	na	na	14.65	19.01	23.76
60 visits/$30	7.59	22.01	na	na	14.04	18.22	22.77
60 visits/$35	7.08	20.53	na	na	13.10	16.99	21.24
60 visits/$40	6.48	18.79	na	na	11.99	15.55	19.44
60 visits/$45	6.29	18.24	na	na	11.64	15.10	18.87
60 visits/$50	6.39	18.53	na	na	11.82	15.34	19.17
Unlimited visits/$0	9.52	27.61	na	na	17.61	22.85	28.56
Unlimited visits/$5	9.18	26.62	na	na	16.98	22.03	27.54
Unlimited visits/$10	8.75	25.38	na	na	16.19	21.00	26.25
Unlimited visits/$15	8.49	24.62	na	na	15.71	20.38	25.47
Unlimited visits/$20	8.09	23.46	na	na	14.97	19.42	24.27
Unlimited visits/$25	8.00	23.20	na	na	14.80	19.20	24.00
Unlimited visits/$30	7.65	22.19	na	na	14.15	18.36	22.95
Unlimited visits/$35	7.13	20.68	na	na	13.19	17.11	21.39
Unlimited visits/$40	6.55	19.00	na	na	12.12	15.72	19.65
Unlimited visits/$45	6.36	18.44	na	na	11.77	15.26	19.08
Unlimited visits/$50	6.44	18.68	na	na	11.91	15.46	19.32
	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	8.18	23.72	na	na	15.13	19.63	24.54
20 visits/$5	7.87	22.82	na	na	14.56	18.89	23.61
20 visits/$10	7.44	21.58	na	na	13.76	17.86	22.32
20 visits/$15	7.09	20.56	na	na	13.12	17.02	21.27
20 visits/$20	6.79	19.69	na	na	12.56	16.30	20.37
20 visits/$25	6.63	19.23	na	na	12.27	15.91	19.89
20 visits/$30	6.38	18.50	na	na	11.80	15.31	19.14
20 visits/$35	5.99	17.37	na	na	11.08	14.38	17.97
20 visits/$40	5.63	16.33	na	na	10.42	13.51	16.89
20 visits/$45	5.38	15.60	na	na	9.95	12.91	16.14
20 visits/$50	5.34	15.49	na	na	9.88	12.82	16.02
30 visits/$0	9.39	27.23	na	na	17.37	22.54	28.17

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days]						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	0.22	0.64	na	na	0.40	0.53	0.66
60	0.28	0.82	na	na	0.52	0.68	0.84
90	0.33	0.95	na	na	0.61	0.79	0.99
Unlimited	0.34	0.98	na	na	0.63	0.81	1.02
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	0.35	1.02	na	na	0.65	0.84	1.05
60	0.35	1.01	na	na	0.65	0.84	1.05
90	0.38	1.10	na	na	0.71	0.91	1.14
Unlimited	0.38	1.10	na	na	0.70	0.92	1.14
SMALL GROUP							
Inpatient Mental Htlh	-	-	na	na	-	-	-
	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	0.49	1.42	na	na	0.90	1.17	1.47
20 visits/$5	0.46	1.34	na	na	0.85	1.11	1.38
20 visits/$10	0.44	1.28	na	na	0.81	1.06	1.32
20 visits/$15	0.41	1.19	na	na	0.76	0.98	1.23
20 visits/$20	0.39	1.13	na	na	0.72	0.94	1.17
20 visits/$25	0.38	1.10	na	na	0.70	0.91	1.14
20 visits/$30	0.36	1.05	na	na	0.67	0.86	1.08
20 visits/$35	0.35	1.01	na	na	0.65	0.84	1.05
20 visits/$40	0.33	0.96	na	na	0.61	0.80	0.99
20 visits/$45	0.32	0.93	na	na	0.59	0.77	0.96
20 visits/$50	0.31	0.90	na	na	0.57	0.74	0.93
30 visits/$0	0.63	1.83	na	na	1.17	1.51	1.89
30 visits/$5	0.57	1.66	na	na	1.05	1.37	1.71
30 visits/$10	0.53	1.54	na	na	0.98	1.28	1.59
30 visits/$15	0.52	1.51	na	na	0.96	1.25	1.56
30 visits/$20	0.49	1.42	na	na	0.91	1.17	1.47
30 visits/$25	0.49	1.42	na	na	0.91	1.17	1.47
30 visits/$30	0.46	1.33	na	na	0.85	1.10	1.38
30 visits/$35	0.43	1.25	na	na	0.80	1.03	1.29
30 visits/$40	0.42	1.22	na	na	0.78	1.01	1.26
30 visits/$45	0.41	1.19	na	na	0.76	0.98	1.23
30 visits/$50	0.38	1.10	na	na	0.70	0.91	1.14
40 visits/$0	0.66	1.92	na	na	1.23	1.58	1.98
40 visits/$5	0.63	1.83	na	na	1.17	1.51	1.89
40 visits/$10	0.60	1.74	na	na	1.11	1.44	1.80
40 visits/$15	0.58	1.68	na	na	1.07	1.39	1.74
40 visits/$20	0.55	1.60	na	na	1.02	1.32	1.65
40 visits/$25	0.54	1.56	na	na	1.00	1.30	1.62
40 visits/$30	0.52	1.51	na	na	0.96	1.25	1.56
40 visits/$35	0.49	1.43	na	na	0.90	1.18	1.47
40 visits/$40	0.46	1.34	na	na	0.85	1.11	1.38
40 visits/$45	0.46	1.34	na	na	0.85	1.11	1.38
40 visits/$50	0.47	1.36	na	na	0.87	1.13	1.41
60 visits/$0	0.71	2.06	na	na	1.31	1.70	2.13
60 visits/$5	0.69	2.00	na	na	1.28	1.65	2.07
60 visits/$10	0.66	1.91	na	na	1.22	1.58	1.98
60 visits/$15	0.64	1.86	na	na	1.19	1.53	1.92
60 visits/$20	0.61	1.77	na	na	1.13	1.47	1.83
60 visits/$25	0.60	1.74	na	na	1.11	1.44	1.80
60 visits/$30	0.58	1.68	na	na	1.07	1.40	1.74
60 visits/$35	0.54	1.56	na	na	1.00	1.29	1.62
60 visits/$40	0.49	1.42	na	na	0.91	1.17	1.47
60 visits/$45	0.47	1.36	na	na	0.87	1.13	1.41
60 visits/$50	0.49	1.42	na	na	0.90	1.18	1.47
Unlimited visits/$0	0.72	2.09	na	na	1.33	1.73	2.16
Unlimited visits/$5	0.69	2.00	na	na	1.27	1.65	2.07
Unlimited visits/$10	0.66	1.92	na	na	1.22	1.58	1.98
Unlimited visits/$15	0.65	1.88	na	na	1.21	1.56	1.95
Unlimited visits/$20	0.61	1.77	na	na	1.13	1.47	1.83
Unlimited visits/$25	0.61	1.77	na	na	1.13	1.46	1.83
Unlimited visits/$30	0.58	1.69	na	na	1.07	1.39	1.74
Unlimited visits/$35	0.54	1.57	na	na	1.00	1.29	1.62
Unlimited visits/$40	0.50	1.45	na	na	0.93	1.20	1.50
Unlimited visits/$45	0.49	1.42	na	na	0.91	1.17	1.47
Unlimited visits/$50	0.49	1.42	na	na	0.90	1.18	1.47
	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	0.62	1.80	na	na	1.14	1.49	1.86
20 visits/$5	0.60	1.74	na	na	1.11	1.44	1.80
20 visits/$10	0.57	1.66	na	na	1.05	1.37	1.71
20 visits/$15	0.54	1.56	na	na	1.00	1.30	1.62
20 visits/$20	0.52	1.51	na	na	0.96	1.25	1.56
20 visits/$25	0.50	1.45	na	na	0.93	1.20	1.50
20 visits/$30	0.49	1.42	na	na	0.90	1.17	1.47
20 visits/$35	0.46	1.33	na	na	0.85	1.11	1.38
20 visits/$40	0.43	1.25	na	na	0.80	1.03	1.29
20 visits/$45	0.41	1.19	na	na	0.76	0.98	1.23
20 visits/$50	0.41	1.19	na	na	0.76	0.99	1.23
30 visits/$0	0.71	2.06	na	na	1.31	1.71	2.13

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days]						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	8.1%	8.2%	na	na	8.0%	8.2%	8.1%
60	8.1%	8.2%	na	na	8.1%	8.2%	8.1%
90	8.2%	8.1%	na	na	8.2%	8.2%	8.2%
Unlimited	8.3%	8.2%	na	na	8.3%	8.2%	8.3%
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage						
# Days	[Copay same as Inpatient Facility] * [not yet approved]						
30	8.3%	8.4%	na	na	8.4%	8.3%	8.3%
60	8.0%	8.0%	na	na	8.1%	8.0%	8.0%
90	8.4%	8.4%	na	na	8.5%	8.4%	8.4%
Unlimited	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
SMALL GROUP							
Inpatient Mental Htlh	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$5	8.2%	8.3%	na	na	8.2%	8.3%	8.2%
20 visits/$10	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$15	8.2%	8.2%	na	na	8.2%	8.1%	8.2%
20 visits/$20	8.2%	8.2%	na	na	8.1%	8.2%	8.2%
20 visits/$25	8.4%	8.4%	na	na	8.4%	8.4%	8.4%
20 visits/$30	8.2%	8.3%	na	na	8.3%	8.2%	8.2%
20 visits/$35	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$40	8.1%	8.2%	na	na	8.1%	8.2%	8.1%
20 visits/$45	8.2%	8.3%	na	na	8.2%	8.3%	8.2%
20 visits/$50	8.3%	8.3%	na	na	8.2%	8.2%	8.3%
30 visits/$0	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
30 visits/$5	8.3%	8.3%	na	na	8.2%	8.3%	8.3%
30 visits/$10	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
30 visits/$15	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
30 visits/$20	8.2%	8.2%	na	na	8.2%	8.1%	8.2%
30 visits/$25	8.3%	8.3%	na	na	8.4%	8.3%	8.3%
30 visits/$30	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
30 visits/$35	8.3%	8.3%	na	na	8.4%	8.3%	8.3%
30 visits/$40	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
30 visits/$45	8.2%	8.3%	na	na	8.3%	8.2%	8.2%
30 visits/$50	8.0%	8.0%	na	na	8.0%	8.0%	8.0%
40 visits/$0	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
40 visits/$5	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
40 visits/$10	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
40 visits/$15	8.3%	8.2%	na	na	8.2%	8.2%	8.3%
40 visits/$20	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
40 visits/$25	8.2%	8.2%	na	na	8.3%	8.3%	8.2%
40 visits/$30	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
40 visits/$35	8.2%	8.3%	na	na	8.2%	8.3%	8.2%
40 visits/$40	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
40 visits/$45	8.2%	8.3%	na	na	8.2%	8.3%	8.2%
40 visits/$50	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
60 visits/$0	8.2%	8.2%	na	na	8.1%	8.1%	8.2%
60 visits/$5	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
60 visits/$10	8.3%	8.2%	na	na	8.2%	8.2%	8.3%
60 visits/$15	8.2%	8.3%	na	na	8.3%	8.2%	8.2%
60 visits/$20	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
60 visits/$25	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
60 visits/$30	8.3%	8.3%	na	na	8.2%	8.3%	8.3%
60 visits/$35	8.3%	8.2%	na	na	8.3%	8.2%	8.3%
60 visits/$40	8.2%	8.2%	na	na	8.2%	8.1%	8.2%
60 visits/$45	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
60 visits/$50	8.3%	8.3%	na	na	8.2%	8.3%	8.3%
Unlimited visits/$0	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$5	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
Unlimited visits/$10	8.2%	8.2%	na	na	8.1%	8.1%	8.2%
Unlimited visits/$15	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
Unlimited visits/$20	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$25	8.3%	8.3%	na	na	8.3%	8.2%	8.3%
Unlimited visits/$30	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$35	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$40	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
Unlimited visits/$45	8.3%	8.3%	na	na	8.4%	8.3%	8.3%
Unlimited visits/$50	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage						
SMALL GROUP	[Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	8.2%	8.2%	na	na	8.1%	8.2%	8.2%
20 visits/$5	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$10	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$15	8.2%	8.2%	na	na	8.3%	8.3%	8.2%
20 visits/$20	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$25	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
20 visits/$30	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$35	8.3%	8.3%	na	na	8.3%	8.4%	8.3%
20 visits/$40	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
20 visits/$45	8.2%	8.3%	na	na	8.3%	8.2%	8.2%
20 visits/$50	8.3%	8.3%	na	na	8.3%	8.4%	8.3%
30 visits/$0	8.2%	8.2%	na	na	8.2%	8.2%	8.2%

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
JULY 1, 2012 - SEPTEMBER 30, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.08	23.43	na	na	14.95	19.39	24.24
30 visits/$10	7.60	22.04	na	na	14.06	18.24	22.80
30 visits/$15	7.44	21.58	na	na	13.76	17.86	22.32
30 visits/$20	7.10	20.59	na	na	13.14	17.04	21.30
30 visits/$25	6.99	20.27	na	na	12.93	16.78	20.97
30 visits/$30	6.63	19.23	na	na	12.27	15.91	19.89
30 visits/$35	6.19	17.95	na	na	11.45	14.86	18.57
30 visits/$40	5.92	17.17	na	na	10.95	14.21	17.76
30 visits/$45	5.71	16.56	na	na	10.56	13.70	17.13
30 visits/$50	5.71	16.56	na	na	10.56	13.70	17.13
40 visits/$0	8.95	25.96	na	na	16.56	21.48	26.85
40 visits/$5	8.59	24.91	na	na	15.89	20.62	25.77
40 visits/$10	8.19	23.75	na	na	15.15	19.66	24.57
40 visits/$15	7.93	23.00	na	na	14.67	19.03	23.79
40 visits/$20	7.58	21.98	na	na	14.02	18.19	22.74
40 visits/$25	7.41	21.49	na	na	13.71	17.78	22.23
40 visits/$30	7.14	20.71	na	na	13.21	17.14	21.42
40 visits/$35	6.70	19.43	na	na	12.40	16.08	20.10
40 visits/$40	6.16	17.86	na	na	11.40	14.78	18.48
40 visits/$45	6.20	17.98	na	na	11.47	14.88	18.60
40 visits/$50	6.29	18.24	na	na	11.64	15.10	18.87
60 visits/$0	9.39	27.23	na	na	17.37	22.54	28.17
60 visits/$5	9.09	26.36	na	na	16.82	21.82	27.27
60 visits/$10	8.65	25.09	na	na	16.00	20.76	25.95
60 visits/$15	8.42	24.42	na	na	15.58	20.21	25.26
60 visits/$20	7.99	23.17	na	na	14.78	19.18	23.97
60 visits/$25	7.95	23.06	na	na	14.71	19.08	23.85
60 visits/$30	7.61	22.07	na	na	14.08	18.26	22.83
60 visits/$35	7.14	20.71	na	na	13.21	17.14	21.42
60 visits/$40	6.53	18.94	na	na	12.08	15.67	19.59
60 visits/$45	6.32	18.33	na	na	11.69	15.17	18.96
60 visits/$50	6.49	18.82	na	na	12.01	15.58	19.47
Unlimited visits/$0	9.49	27.52	na	na	17.56	22.78	28.47
Unlimited visits/$5	9.18	26.62	na	na	16.98	22.03	27.54
Unlimited visits/$10	8.74	25.35	na	na	16.17	20.98	26.22
Unlimited visits/$15	8.50	24.65	na	na	15.73	20.40	25.50
Unlimited visits/$20	8.06	23.37	na	na	14.91	19.34	24.18
Unlimited visits/$25	8.01	23.23	na	na	14.82	19.22	24.03
Unlimited visits/$30	7.68	22.27	na	na	14.21	18.43	23.04
Unlimited visits/$35	7.18	20.82	na	na	13.28	17.23	21.54
Unlimited visits/$40	6.58	19.08	na	na	12.17	15.79	19.74
Unlimited visits/$45	6.36	18.44	na	na	11.77	15.26	19.08
Unlimited visits/$50	6.53	18.94	na	na	12.08	15.67	19.59

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.74	25.35	na	na	16.17	20.98	26.22
30 visits/$10	8.23	23.87	na	na	15.23	19.75	24.69
30 visits/$15	8.05	23.35	na	na	14.89	19.32	24.15
30 visits/$20	7.68	22.27	na	na	14.21	18.43	23.04
30 visits/$25	7.56	21.92	na	na	13.99	18.14	22.68
30 visits/$30	7.18	20.82	na	na	13.28	17.23	21.54
30 visits/$35	6.70	19.43	na	na	12.40	16.08	20.10
30 visits/$40	6.41	18.59	na	na	11.86	15.38	19.23
30 visits/$45	6.18	17.92	na	na	11.43	14.83	18.54
30 visits/$50	6.18	17.92	na	na	11.43	14.83	18.54
40 visits/$0	9.69	28.10	na	na	17.93	23.26	29.07
40 visits/$5	9.30	26.97	na	na	17.21	22.32	27.90
40 visits/$10	8.87	25.72	na	na	16.41	21.29	26.61
40 visits/$15	8.58	24.88	na	na	15.87	20.59	25.74
40 visits/$20	8.21	23.81	na	na	15.19	19.70	24.63
40 visits/$25	8.02	23.26	na	na	14.84	19.25	24.06
40 visits/$30	7.72	22.39	na	na	14.28	18.53	23.16
40 visits/$35	7.25	21.03	na	na	13.41	17.40	21.75
40 visits/$40	6.66	19.31	na	na	12.32	15.98	19.98
40 visits/$45	6.71	19.46	na	na	12.41	16.10	20.13
40 visits/$50	6.81	19.75	na	na	12.60	16.34	20.43
60 visits/$0	10.16	29.46	na	na	18.80	24.38	30.48
60 visits/$5	9.83	28.51	na	na	18.19	23.59	29.49
60 visits/$10	9.36	27.14	na	na	17.32	22.46	28.08
60 visits/$15	9.11	26.42	na	na	16.85	21.86	27.33
60 visits/$20	8.65	25.09	na	na	16.00	20.76	25.95
60 visits/$25	8.60	24.94	na	na	15.91	20.64	25.80
60 visits/$30	8.24	23.90	na	na	15.24	19.78	24.72
60 visits/$35	7.72	22.39	na	na	14.28	18.53	23.16
60 visits/$40	7.07	20.50	na	na	13.08	16.97	21.21
60 visits/$45	6.84	19.84	na	na	12.65	16.42	20.52
60 visits/$50	7.02	20.36	na	na	12.99	16.85	21.06
Unlimited visits/$0	10.26	29.75	na	na	18.98	24.62	30.78
Unlimited visits/$5	9.94	28.83	na	na	18.39	23.86	29.82
Unlimited visits/$10	9.46	27.43	na	na	17.50	22.70	28.38
Unlimited visits/$15	9.20	26.68	na	na	17.02	22.08	27.60
Unlimited visits/$20	8.72	25.29	na	na	16.13	20.93	26.16
Unlimited visits/$25	8.67	25.14	na	na	16.04	20.81	26.01
Unlimited visits/$30	8.31	24.10	na	na	15.37	19.94	24.93
Unlimited visits/$35	7.78	22.56	na	na	14.39	18.67	23.34
Unlimited visits/$40	7.12	20.65	na	na	13.17	17.09	21.36
Unlimited visits/$45	6.88	19.95	na	na	12.73	16.51	20.64
Unlimited visits/$50	7.07	20.50	na	na	13.08	16.97	21.21

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	0.66	1.92	na	na	1.22	1.59	1.98
30 visits/$10	0.63	1.83	na	na	1.17	1.51	1.89
30 visits/$15	0.61	1.77	na	na	1.13	1.46	1.83
30 visits/$20	0.58	1.68	na	na	1.07	1.39	1.74
30 visits/$25	0.57	1.65	na	na	1.06	1.36	1.71
30 visits/$30	0.55	1.59	na	na	1.01	1.32	1.65
30 visits/$35	0.51	1.48	na	na	0.95	1.22	1.53
30 visits/$40	0.49	1.42	na	na	0.91	1.17	1.47
30 visits/$45	0.47	1.36	na	na	0.87	1.13	1.41
30 visits/$50	0.47	1.36	na	na	0.87	1.13	1.41
40 visits/$0	0.74	2.14	na	na	1.37	1.78	2.22
40 visits/$5	0.71	2.06	na	na	1.32	1.70	2.13
40 visits/$10	0.68	1.97	na	na	1.26	1.63	2.04
40 visits/$15	0.65	1.88	na	na	1.20	1.56	1.95
40 visits/$20	0.63	1.83	na	na	1.17	1.51	1.89
40 visits/$25	0.61	1.77	na	na	1.13	1.47	1.83
40 visits/$30	0.58	1.68	na	na	1.07	1.39	1.74
40 visits/$35	0.55	1.60	na	na	1.01	1.32	1.65
40 visits/$40	0.50	1.45	na	na	0.92	1.20	1.50
40 visits/$45	0.51	1.48	na	na	0.94	1.22	1.53
40 visits/$50	0.52	1.51	na	na	0.96	1.24	1.56
60 visits/$0	0.77	2.23	na	na	1.43	1.84	2.31
60 visits/$5	0.74	2.15	na	na	1.37	1.77	2.22
60 visits/$10	0.71	2.05	na	na	1.32	1.70	2.13
60 visits/$15	0.69	2.00	na	na	1.27	1.65	2.07
60 visits/$20	0.66	1.92	na	na	1.22	1.58	1.98
60 visits/$25	0.65	1.88	na	na	1.20	1.56	1.95
60 visits/$30	0.63	1.83	na	na	1.16	1.52	1.89
60 visits/$35	0.58	1.68	na	na	1.07	1.39	1.74
60 visits/$40	0.54	1.56	na	na	1.00	1.30	1.62
60 visits/$45	0.52	1.51	na	na	0.96	1.25	1.56
60 visits/$50	0.53	1.54	na	na	0.98	1.27	1.59
Unlimited visits/$0	0.77	2.23	na	na	1.42	1.84	2.31
Unlimited visits/$5	0.76	2.21	na	na	1.41	1.83	2.28
Unlimited visits/$10	0.72	2.08	na	na	1.33	1.72	2.16
Unlimited visits/$15	0.70	2.03	na	na	1.29	1.68	2.10
Unlimited visits/$20	0.66	1.92	na	na	1.22	1.59	1.98
Unlimited visits/$25	0.66	1.91	na	na	1.22	1.59	1.98
Unlimited visits/$30	0.63	1.83	na	na	1.16	1.51	1.89
Unlimited visits/$35	0.60	1.74	na	na	1.11	1.44	1.80
Unlimited visits/$40	0.54	1.57	na	na	1.00	1.30	1.62
Unlimited visits/$45	0.52	1.51	na	na	0.96	1.25	1.56
Unlimited visits/$50	0.54	1.56	na	na	1.00	1.30	1.62

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	-	-	na	na	-	-	-
$5	-	-	na	na	-	-	-
$10	-	-	na	na	-	-	-
$15	-	-	na	na	-	-	-
$20	-	-	na	na	-	-	-
$25	-	-	na	na	-	-	-
$30	-	-	na	na	-	-	-
$35	-	-	na	na	-	-	-
$40	-	-	na	na	-	-	-
$45	-	-	na	na	-	-	-
$50	-	-	na	na	-	-	-

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	-
PPO	-

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
30 visits/$10	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
30 visits/$15	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
30 visits/$20	8.2%	8.2%	na	na	8.1%	8.2%	8.2%
30 visits/$25	8.2%	8.1%	na	na	8.2%	8.1%	8.2%
30 visits/$30	8.3%	8.3%	na	na	8.2%	8.3%	8.3%
30 visits/$35	8.2%	8.2%	na	na	8.3%	8.2%	8.2%
30 visits/$40	8.3%	8.3%	na	na	8.3%	8.2%	8.3%
30 visits/$45	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
30 visits/$50	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
40 visits/$0	8.3%	8.2%	na	na	8.3%	8.3%	8.3%
40 visits/$5	8.3%	8.3%	na	na	8.3%	8.2%	8.3%
40 visits/$10	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
40 visits/$15	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
40 visits/$20	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
40 visits/$25	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
40 visits/$30	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
40 visits/$35	8.2%	8.2%	na	na	8.1%	8.2%	8.2%
40 visits/$40	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
40 visits/$45	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
40 visits/$50	8.3%	8.3%	na	na	8.2%	8.2%	8.3%
60 visits/$0	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
60 visits/$5	8.1%	8.2%	na	na	8.1%	8.1%	8.1%
60 visits/$10	8.2%	8.2%	na	na	8.3%	8.2%	8.2%
60 visits/$15	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
60 visits/$20	8.3%	8.3%	na	na	8.3%	8.2%	8.3%
60 visits/$25	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
60 visits/$30	8.3%	8.3%	na	na	8.2%	8.3%	8.3%
60 visits/$35	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
60 visits/$40	8.3%	8.2%	na	na	8.3%	8.3%	8.3%
60 visits/$45	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
60 visits/$50	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$0	8.1%	8.1%	na	na	8.1%	8.1%	8.1%
Unlimited visits/$5	8.3%	8.3%	na	na	8.3%	8.3%	8.3%
Unlimited visits/$10	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$15	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$20	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$25	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
Unlimited visits/$30	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$35	8.4%	8.4%	na	na	8.4%	8.4%	8.4%
Unlimited visits/$40	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$45	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
Unlimited visits/$50	8.3%	8.2%	na	na	8.3%	8.3%	8.3%

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$10	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$20	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$25	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$35	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$40	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$45	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	0.0%
PPO	0.0%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
JULY 1, 2012 - SEPTEMBER 30, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	4.28	12.41	na	na	7.92	10.27	12.84
$25	4.03	11.69	na	na	7.46	9.67	12.09
$50	3.75	10.88	na	na	6.94	9.00	11.25
$100	3.49	10.12	na	na	6.46	8.38	10.47
$500	1.67	4.84	na	na	3.09	4.01	5.01
Coinsurance							
80%	3.41	9.89	na	na	6.31	8.18	10.23
75%	3.21	9.31	na	na	5.94	7.70	9.63
70%	3.01	8.73	na	na	5.57	7.22	9.03
			Orthotics **				
$0	0.78	2.26	na	na	1.44	1.87	2.34
$25	0.76	2.20	na	na	1.41	1.82	2.28
$50	0.70	2.03	na	na	1.30	1.68	2.10
$100	0.65	1.89	na	na	1.20	1.56	1.95
$500	0.31	0.90	na	na	0.57	0.74	0.93
Coinsurance							
80%	0.64	1.86	na	na	1.18	1.54	1.92
75%	0.61	1.77	na	na	1.13	1.46	1.83
70%	0.56	1.62	na	na	1.04	1.34	1.68
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	1.90	5.51	na	na	3.52	4.56	5.70
12 Months	3.04	8.82	na	na	5.62	7.30	9.12
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	2.96	8.58	na	na	5.48	7.10	8.88
12 Months	4.71	13.66	na	na	8.71	11.30	14.13
			Private Duty Nursing Riders **				
In Full	0.49	1.42	na	na	0.91	1.18	1.47
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.57	1.65	na	na	1.05	1.37	1.71
			Infertility Riders **				
Limit							
No IVF	3.59	10.41	na	na	6.64	8.62	10.77
2 IVF	8.99	26.07	na	na	16.63	21.58	26.97
3 IVF	10.88	31.55	na	na	20.13	26.11	32.64
			Complementary Alternative Medicine (CAM)				
$20 Copay	4.87	14.12	na	na	9.01	11.69	14.61
			Health Club Reimbursement				
$200 per year	1.48	4.29	na	na	2.74	3.55	4.44
			Nurse Advice Line Rider				
	0.33	0.96	na	na	0.61	0.79	0.99

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	4.63	13.43	na	na	8.57	11.11	13.89
$25	4.36	12.64	na	na	8.07	10.46	13.08
$50	4.06	11.77	na	na	7.51	9.74	12.18
$100	3.77	10.93	na	na	6.97	9.05	11.31
$500	1.80	5.22	na	na	3.33	4.32	5.40
Coinsurance							
80%	3.69	10.70	na	na	6.83	8.86	11.07
75%	3.47	10.06	na	na	6.42	8.33	10.41
70%	3.26	9.45	na	na	6.03	7.82	9.78
			Orthotics **				
$0	0.84	2.44	na	na	1.55	2.02	2.52
$25	0.82	2.38	na	na	1.52	1.97	2.46
$50	0.76	2.20	na	na	1.41	1.82	2.28
$100	0.71	2.06	na	na	1.31	1.70	2.13
$500	0.34	0.99	na	na	0.63	0.82	1.02
Coinsurance							
80%	0.70	2.03	na	na	1.30	1.68	2.10
75%	0.67	1.94	na	na	1.24	1.61	2.01
70%	0.60	1.74	na	na	1.11	1.44	1.80
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	2.06	5.97	na	na	3.81	4.94	6.18
12 Months	3.29	9.54	na	na	6.09	7.90	9.87
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.21	9.31	na	na	5.94	7.70	9.63
12 Months	5.09	14.76	na	na	9.42	12.22	15.27
			Private Duty Nursing Riders **				
In Full	0.52	1.51	na	na	0.96	1.25	1.56
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.62	1.80	na	na	1.15	1.49	1.86
			Infertility Riders **				
Limit							
No IVF	3.88	11.25	na	na	7.18	9.31	11.64
2 IVF	9.73	28.22	na	na	18.00	23.35	29.19
3 IVF	11.78	34.16	na	na	21.79	28.27	35.34
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.28	15.31	na	na	9.77	12.67	15.84
			Health Club Reimbursement				
$200 per year	1.60	4.64	na	na	2.96	3.84	4.80
			Nurse Advice Line Rider				
	0.36	1.04	na	na	0.67	0.86	1.08

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	0.35	1.02	na	na	0.65	0.84	1.05
$25	0.33	0.95	na	na	0.61	0.79	0.99
$50	0.31	0.89	na	na	0.57	0.74	0.93
$100	0.28	0.81	na	na	0.51	0.67	0.84
$500	0.13	0.38	na	na	0.24	0.31	0.39
Coinsurance							
80%	0.28	0.81	na	na	0.52	0.68	0.84
75%	0.26	0.75	na	na	0.48	0.63	0.78
70%	0.25	0.72	na	na	0.46	0.60	0.75
			Orthotics **				
$0	0.06	0.18	na	na	0.11	0.15	0.18
$25	0.06	0.18	na	na	0.11	0.15	0.18
$50	0.06	0.17	na	na	0.11	0.14	0.18
$100	0.06	0.17	na	na	0.11	0.14	0.18
$500	0.03	0.09	na	na	0.06	0.08	0.09
Coinsurance							
80%	0.06	0.17	na	na	0.12	0.14	0.18
75%	0.06	0.17	na	na	0.11	0.15	0.18
70%	0.04	0.12	na	na	0.07	0.10	0.12
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	0.16	0.46	na	na	0.29	0.38	0.48
12 Months	0.25	0.72	na	na	0.47	0.60	0.75
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	0.25	0.73	na	na	0.46	0.60	0.75
12 Months	0.38	1.10	na	na	0.71	0.92	1.14
			Private Duty Nursing Riders **				
In Full	0.03	0.09	na	na	0.05	0.07	0.09
80% hrs 73-504	-	-	na	na	-	-	-
100% hrs 73-504	-	-	na	na	-	-	-
			Dental Care Network Access				
	0.05	0.15	na	na	0.10	0.12	0.15
			Infertility Riders **				
Limit							
No IVF	0.29	0.84	na	na	0.54	0.69	0.87
2 IVF	0.74	2.15	na	na	1.37	1.77	2.22
3 IVF	0.90	2.61	na	na	1.66	2.16	2.70
			Complementary Alternative Medicine (CAM)				
$20 Copay	0.41	1.19	na	na	0.76	0.98	1.23
			Health Club Reimbursement				
$200 per year	0.12	0.35	na	na	0.22	0.29	0.36
			Nurse Advice Line Rider				
	0.03	0.08	na	na	0.06	0.07	0.09

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
$25	8.2%	8.1%	na	na	8.2%	8.2%	8.2%
$50	8.3%	8.2%	na	na	8.2%	8.2%	8.3%
$100	8.0%	8.0%	na	na	7.9%	8.0%	8.0%
$500	7.8%	7.9%	na	na	7.8%	7.7%	7.8%
Coinsurance							
80%	8.2%	8.2%	na	na	8.2%	8.3%	8.2%
75%	8.1%	8.1%	na	na	8.1%	8.2%	8.1%
70%	8.3%	8.2%	na	na	8.3%	8.3%	8.3%
			Orthotics **				
$0	7.7%	8.0%	na	na	7.6%	8.0%	7.7%
$25	7.9%	8.2%	na	na	7.8%	8.2%	7.9%
$50	8.6%	8.4%	na	na	8.5%	8.3%	8.6%
$100	9.2%	9.0%	na	na	9.2%	9.0%	9.2%
$500	9.7%	10.0%	na	na	10.5%	10.8%	9.7%
Coinsurance							
80%	9.4%	9.1%	na	na	10.2%	9.1%	9.4%
75%	9.8%	9.6%	na	na	9.7%	10.3%	9.8%
70%	7.1%	7.4%	na	na	6.7%	7.5%	7.1%
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	8.4%	8.3%	na	na	8.2%	8.3%	8.4%
12 Months	8.2%	8.2%	na	na	8.4%	8.2%	8.2%
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	8.4%	8.5%	na	na	8.4%	8.5%	8.4%
12 Months	8.1%	8.1%	na	na	8.2%	8.1%	8.1%
			Private Duty Nursing Riders **				
In Full	6.1%	6.3%	na	na	5.5%	5.9%	6.1%
80% hrs 73-504	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
100% hrs 73-504	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			Dental Care Network Access				
	8.8%	9.1%	na	na	9.5%	8.8%	8.8%
			Infertility Riders **				
Limit							
No IVF	8.1%	8.1%	na	na	8.1%	8.0%	8.1%
2 IVF	8.2%	8.2%	na	na	8.2%	8.2%	8.2%
3 IVF	8.3%	8.3%	na	na	8.2%	8.3%	8.3%
			Complementary Alternative Medicine (CAM)				
$20 Copay	8.4%	8.4%	na	na	8.4%	8.4%	8.4%
			Health Club Reimbursement				
$200 per year	8.1%	8.2%	na	na	8.0%	8.2%	8.1%
			Nurse Advice Line Rider				
	9.1%	8.3%	na	na	9.8%	8.9%	9.1%

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product F

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	-
PPO	-

Product	Factor
EPO	0.0%
PPO	0.0%

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
JULY 1, 2012 - SEPTEMBER 30, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
3rd Quarter 2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
July 01, 2013 - September 30, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
JULY 1, 2012 - SEPTEMBER 30, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	-	-	-
$750 *	-	-	-
$1,000	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$5,000	-	-	-
Unlimited	-	-	-

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-
$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-
$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
3rd QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
JULY 1, 2012 - SEPTEMBER 30, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	#DIV/0!	0.0%
$1,000	0.0%	0.0%	#DIV/0!	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.0%	#DIV/0!	0.0%	#DIV/0!
$750 *	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates
[a] Exclude Contraceptives	-3.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-6.0%
$2,000 (Brand & Generic)	-4.0%
$2,500 (Brand & Generic)	-3.5%
$3,000 (Brand & Generic)	-3.0%
$4,000 (Brand & Generic)	-2.0%
$5,000 (Brand & Generic)	-1.0%
[c] Non Formulary Coverage, Generic Only Plans	5.0%
[d] PICA Adjustm Applies only to New York City account	-10.0%
[e] IC Adjustmer Applies only to New York City account	-2.0%
[f] Product Factc HMO, Access I, and EPO	0.0%
POS, Access II, and PPO	0.0%
[g] Trend per Quarter	0%
2Q2010-4Q2010	3%
1Q2011	0%
2Q2011	10%
3Q2011-4Q2011	3%
1Q2012	1%
2Q2012	10%
3Q2012-4Q2012	3%

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(rer	2.2531
EE + Spouse	2.9230
Family	3.6537

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates	
[a] Exclude Contraceptives	-3.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-6.0%	
$2,000 (Brand & Generic)	-4.0%	
$2,500 (Brand & Generic)	-3.5%	
$3,000 (Brand & Generic)	-3.0%	
$4,000 (Brand & Generic)	-2.0%	
$5,000 (Brand & Generic)	-1.0%	
[c] Non Formulary Coverage, Generic Only Plans	5.0%	
[d] PICA Adjustm Applies only to New York City account	-10.0%	
[e] IC Adjustmer Applies only to New York City account	-2.0%	
[f] Product Factc HMO, Access I, and EPO	0.0%	
POS, Access II, and PPO	0.0%	
[g] Trend per Quarter		
2Q2010-4Q2010	2.5%	
1Q2011	0.0%	
2Q2011	10.0%	
3Q2011-4Q2011	3.0%	
1Q 2012	0.6%	
2Q 2012	10.0%	
3Q2012-4Q2012	3.0%	0.0%
	EPO	PPO
1Q2013	0.0%	-4.5%
2Q2013	2.5%	3.3%
3Q2013	2.5%	3.3%
[h] Mandatory Women's Preventive Services EPO	1.16	1.12

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(rer	2.2531
EE + Spouse	2.9230
Family	3.6537

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates	
[a] Exclude Contraceptives	-	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-	
$2,000 (Brand & Generic)	-	
$2,500 (Brand & Generic)	-	
$3,000 (Brand & Generic)	-	
$4,000 (Brand & Generic)	-	
$5,000 (Brand & Generic)	-	
[c] Non Formulary Coverage, Generic Only Plans	-	
[d] PICA Adjustm Applies only to New York City account	-	
[e] IC Adjustmer Applies only to New York City account	-	
[f] Product Factc HMO, Access I, and EPO	-	
POS, Access II, and PPO	-	
[g] Trend per Quarter	-	
2Q2010-4Q2010	-	
1Q2011	-	
2Q2011	-	
3Q2011-4Q2011	-	
1Q 2012	-	
2Q 2012	-	-
3Q2012-4Q2012	-	-
$0	#VALUE!	#VALUE!
1Q2013	-	(0.05)
2Q2013	0.03	0.03
3Q2013	0.03	0.03
$0	-	-
$0	-	-
$0	-	-
$0	1.16	1.12

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	-
Family	-
Four Tier	
Individual EE	-
EE + Child(rer	-
EE + Spouse	-
Family	-

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates	
[a] Exclude Contraceptives	0.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	0.0%	
$2,000 (Brand & Generic)	0.0%	
$2,500 (Brand & Generic)	0.0%	
$3,000 (Brand & Generic)	0.0%	
$4,000 (Brand & Generic)	0.0%	
$5,000 (Brand & Generic)	0.0%	
[c] Non Formulary Coverage, Generic Only Plans	0.0%	
[d] PICA Adjustm Applies only to New York City account	0.0%	
[e] IC Adjustmer Applies only to New York City account	0.0%	
[f] Product Factc HMO, Access I, and EPO	#DIV/0!	
POS, Access II, and PPO	#DIV/0!	
[g] Trend per Quarter	#DIV/0!	
2Q2010-4Q2010	0.0%	
1Q2011	#DIV/0!	
2Q2011	0.0%	
3Q2011-4Q2011	0.0%	
1Q 2012	0.0%	
2Q 2012	0.0%	
3Q2012-4Q2012	0.0%	#DIV/0!
$0	#VALUE!	#VALUE!
1Q2013	#DIV/0!	#DIV/0!
2Q2013	#DIV/0!	#DIV/0!
3Q2013	#DIV/0!	#DIV/0!
$0	#DIV/0!	#DIV/0!
	#DIV/0!	#DIV/0!
$0	#DIV/0!	#DIV/0!
	#DIV/0!	#DIV/0!

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	0.0%
Family	0.0%
Four Tier	
Individual EE	0.0%
EE + Child(rer	0.0%
EE + Spouse	0.0%
Family	0.0%

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter 2013 SMALL GROUP RATE MANUAL

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HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate	=	**([(Par Claim Cost + Non-Par Claim Cost)** *** (100% + 37%*HCRA Surcharge Percentage)** **+ HCRA Covered Lives Assessment]** **/ (100% - Retention Percentage)** **+ Mental Health + Rider Premium)** *** Network/Area Factor** *** Sole Proprietor Factor**

Par Claim Cost:

EPO	=	[(1) + (2)] * (4) * (5)
PPO	=	**[(1) + (2)] * (4) * (5) * 116%**
		note: use Par Benefits, Par Deductible, Par Coinsurance %, Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:

EPO	=	0
PPO	=	**[(1) + (3)] * (4) * (6) * 51.5%**
		note: use Non-Par Deductible, Non-Par Coinsurance %, Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge	=	currently 9.63% (subject to changes as amended by law)
HCRA CLA	=	Covered Lives Assessment {Table 7, page } (subject to changes as amended by law)
Retention Percentage	=	Retention Percentage {Table 7, page }
Mental Health Coverage + Riders	=	[Mental Health Coverage (Table 8, pages) + (Drug riders {pages } + Other riders {Table 9, pages }] * Dependent Coverage percentage {Table 4, page }
Network/Area Factor	=	Network/Area Factor (employee composite) {Table 7, page }
Sole Proprietor Factor	=	Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

Table 1

HIP SELECT EPO/PPO POLICY - BASE BENEFITS

Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Plan	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
	Effective October 01, 2013 - December 31, 2013 (w/ WH & Autism)						
Small Group*	437.49	1,268.72	na	na	809.36	1,049.98	1,312.47
	Effective October 01, 2013 - December 31, 2013 (w/out WH & Autism)						
Small Group*	433.17	1,256.19	na	na	801.36	1,039.61	1,299.51

**** Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.88)	(5.45)	na	na	(3.48)	(4.51)	(5.64)
$150	(3.13)	(9.08)	na	na	(5.79)	(7.51)	(9.39)
$200	(4.43)	(12.85)	na	na	(8.20)	(10.63)	(13.29)
$250	(5.72)	(16.59)	na	na	(10.58)	(13.73)	(17.16)
$500	(12.43)	(36.05)	na	na	(23.00)	(29.83)	(37.29)
$750	(19.65)	(56.99)	na	na	(36.35)	(47.16)	(58.95)
$1,000	(27.40)	(79.46)	na	na	(50.69)	(65.76)	(82.20)
Copay/Day							
$50 w/3 Day Max	(3.90)	(11.31)	na	na	(7.22)	(9.36)	(11.70)
$50 w/5 Day Max	(4.61)	(13.37)	na	na	(8.53)	(11.06)	(13.83)
$100 w/3 Day Max	(8.00)	(23.20)	na	na	(14.80)	(19.20)	(24.00)
$100 w/5 Day Max	(10.13)	(29.38)	na	na	(18.74)	(24.31)	(30.39)
$250 w/3 Day Max	(21.54)	(62.47)	na	na	(39.85)	(51.70)	(64.62)
# Days	**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.26	0.75	na	na	0.48	0.62	0.78
90	0.34	0.99	na	na	0.63	0.82	1.02
not covered	(0.31)	(0.90)	na	na	(0.57)	(0.74)	(0.93)
	Inpatient Chemical Abuse Detoxification Limit [std: 7 days]						
# Days	**[Copay same as Inpatient Facility]**						
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.27)	(0.78)	na	na	(0.50)	(0.65)	(0.81)
	Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]						
# Days	**[Copay same as Inpatient Facility]**						
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.39	1.13	na	na	0.72	0.94	1.17
60	0.46	1.33	na	na	0.85	1.10	1.38
90	0.52	1.51	na	na	0.96	1.25	1.56
Unlimited	0.62	1.80	na	na	1.15	1.49	1.86

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.34	0.99	na	na	0.63	0.82	1.02
90	0.50	1.45	na	na	0.93	1.20	1.50
120	0.62	1.80	na	na	1.15	1.49	1.86
Unlimited	0.72	2.09	na	na	1.33	1.73	2.16
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.78)	(2.26)	na	na	(1.44)	(1.87)	(2.34)
$25	(1.30)	(3.77)	na	na	(2.41)	(3.12)	(3.90)
$35	(2.08)	(6.03)	na	na	(3.85)	(4.99)	(6.24)
$50	(3.31)	(9.60)	na	na	(6.12)	(7.94)	(9.93)
$75	(5.41)	(15.69)	na	na	(10.01)	(12.98)	(16.23)
$100	(7.20)	(20.88)	na	na	(13.32)	(17.28)	(21.60)
$125	(8.99)	(26.07)	na	na	(16.63)	(21.58)	(26.97)
$150	(10.78)	(31.26)	na	na	(19.94)	(25.87)	(32.34)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.17)	(3.39)	na	na	(2.16)	(2.81)	(3.51)
$75	(1.86)	(5.39)	na	na	(3.44)	(4.46)	(5.58)
$100	(2.59)	(7.51)	na	na	(4.79)	(6.22)	(7.77)
$125	(3.35)	(9.72)	na	na	(6.20)	(8.04)	(10.05)
$150	(4.16)	(12.06)	na	na	(7.70)	(9.98)	(12.48)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.26	0.75	na	na	0.48	0.62	0.78
200	0.33	0.96	na	na	0.61	0.79	0.99
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(3.85)	(11.17)	na	na	(7.12)	(9.24)	(11.55)
$10	(7.97)	(23.11)	na	na	(14.74)	(19.13)	(23.91)
$15	(12.25)	(35.53)	na	na	(22.66)	(29.40)	(36.75)
$20	(17.46)	(50.63)	na	na	(32.30)	(41.90)	(52.38)
$25	(21.58)	(62.58)	na	na	(39.92)	(51.79)	(64.74)
$30	(25.73)	(74.62)	na	na	(47.60)	(61.75)	(77.19)

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.21)	(6.41)	na	na	(4.09)	(5.30)	(6.63)
$10	(4.59)	(13.31)	na	na	(8.49)	(11.02)	(13.77)
$15	(7.03)	(20.39)	na	na	(13.01)	(16.87)	(21.09)
$20	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
$25	(12.40)	(35.96)	na	na	(22.94)	(29.76)	(37.20)
$30	(14.74)	(42.75)	na	na	(27.27)	(35.38)	(44.22)
Copay	**Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.45)	(15.81)	na	na	(10.08)	(13.08)	(16.35)
$10	(11.17)	(32.39)	na	na	(20.66)	(26.81)	(33.51)
$15	(16.63)	(48.23)	na	na	(30.77)	(39.91)	(49.89)
$20	(22.40)	(64.96)	na	na	(41.44)	(53.76)	(67.20)
$25	(28.42)	(82.42)	na	na	(52.58)	(68.21)	(85.26)
$30	(34.81)	(100.95)	na	na	(64.40)	(83.54)	(104.43)
$35	(40.22)	(116.64)	na	na	(74.41)	(96.53)	(120.66)
$40	(45.56)	(132.12)	na	na	(84.29)	(109.34)	(136.68)
$45	(50.85)	(147.47)	na	na	(94.07)	(122.04)	(152.55)
$50	(56.06)	(162.57)	na	na	(103.71)	(134.54)	(168.18)
Copay	**Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.59)	(13.31)	na	na	(8.49)	(11.02)	(13.77)
$10	(9.44)	(27.38)	na	na	(17.46)	(22.66)	(28.32)
$15	(14.05)	(40.75)	na	na	(25.99)	(33.72)	(42.15)
$20	(18.93)	(54.90)	na	na	(35.02)	(45.43)	(56.79)
$25	(24.03)	(69.69)	na	na	(44.46)	(57.67)	(72.09)
$30	(29.42)	(85.32)	na	na	(54.43)	(70.61)	(88.26)
$35	(34.02)	(98.66)	na	na	(62.94)	(81.65)	(102.06)
$40	(38.52)	(111.71)	na	na	(71.26)	(92.45)	(115.56)
$45	(42.98)	(124.64)	na	na	(79.51)	(103.15)	(128.94)
$50	(47.45)	(137.61)	na	na	(87.78)	(113.88)	(142.35)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	**[Copay same as Specialist Physician Office Visit]**						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.51	1.48	na	na	0.94	1.22	1.53
Unlimited	0.62	1.80	na	na	1.15	1.49	1.86

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 2

HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES

Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
			Outpatient Therapies Limit [std: 30 visits]				
# Visits			**[Copay same as Specialist Physician Office Visit]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.85	2.47	na	na	1.57	2.04	2.55
90	1.32	3.83	na	na	2.44	3.17	3.96
not covered	(3.05)	(8.85)	na	na	(5.64)	(7.32)	(9.15)
Copay			**Refractive Eye Exam Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.34)	(0.99)	na	na	(0.63)	(0.82)	(1.02)
$15	(0.47)	(1.36)	na	na	(0.87)	(1.13)	(1.41)
$20	(0.51)	(1.48)	na	na	(0.94)	(1.22)	(1.53)
$25	(0.71)	(2.06)	na	na	(1.31)	(1.70)	(2.13)
$30	(0.79)	(2.29)	na	na	(1.46)	(1.90)	(2.37)
$35	(0.90)	(2.61)	na	na	(1.67)	(2.16)	(2.70)
$40	(1.04)	(3.02)	na	na	(1.92)	(2.50)	(3.12)
$45	(1.20)	(3.48)	na	na	(2.22)	(2.88)	(3.60)
$50	(1.32)	(3.83)	na	na	(2.44)	(3.17)	(3.96)
			Ambulance Copay [std: $0]				
Copay			**[Copay same or less than Emergency Room Copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.19)	(0.55)	na	na	(0.35)	(0.46)	(0.57)
$35	(0.30)	(0.87)	na	na	(0.56)	(0.72)	(0.90)
$50	(0.39)	(1.13)	na	na	(0.72)	(0.94)	(1.17)
$60	(0.47)	(1.36)	na	na	(0.87)	(1.13)	(1.41)
$75	(0.59)	(1.71)	na	na	(1.09)	(1.42)	(1.77)
$100	(0.79)	(2.29)	na	na	(1.46)	(1.90)	(2.37)
$125	(1.01)	(2.93)	na	na	(1.87)	(2.42)	(3.03)
$150	(1.23)	(3.57)	na	na	(2.28)	(2.95)	(3.69)
			Surgery [std: $0 copay]				
			Copay per procedure of minimum of [20%, $300]				
	(4.90)	(14.21)	na	na	(9.07)	(11.76)	(14.70)
			Diagnostic Testing [std: $0]				
			Copay per procedure minimum of [20%, $500], $500 annual maximum				
	(0.64)	(1.86)	na	na	(1.18)	(1.54)	(1.92)
Maximum			**Calendar Year Maximum [std: unlimited]**				
$100,000	(5.77)	(16.73)	na	na	(10.67)	(13.85)	(17.31)
$500,000	(1.72)	(4.99)	na	na	(3.18)	(4.13)	(5.16)

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 3

HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES

Monthly NON-PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.78)	(2.26)	na	na	(1.44)	(1.87)	(2.34)
$25	(1.30)	(3.77)	na	na	(2.41)	(3.12)	(3.90)
$35	(2.08)	(6.03)	na	na	(3.85)	(4.99)	(6.24)
$50	(3.31)	(9.60)	na	na	(6.12)	(7.94)	(9.93)
$75	(5.41)	(15.69)	na	na	(10.01)	(12.98)	(16.23)
$100	(7.20)	(20.88)	na	na	(13.32)	(17.28)	(21.60)
$125	(8.99)	(26.07)	na	na	(16.63)	(21.58)	(26.97)
$150	(10.78)	(31.26)	na	na	(19.94)	(25.87)	(32.34)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.62)	(16.30)	na	na	(10.40)	(13.49)	(16.86)
$500,000	(1.65)	(4.79)	na	na	(3.05)	(3.96)	(4.95)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
			Dependent Coverage				
			Expressed as % add-on to each premium rate otherwise computed				
			Minimum Mandatory Coverage = Dependent Children to Age 26 EOM				
			Dependent Children				
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
			Full-time Students				
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
					20% Member Coinsurance				
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$500**	**$750**	**$1,000**	**$1,500**	**$2,000**	**$2,500**	**$3,500**	**$5,000**	**$10,000**
					10% Member Coinsurance				
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
					20% Member Coinsurance				
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

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TABLE 5

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

PAR PROVIDER

[std: deductible $0; no coinsurance]

Family Deductible Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	1.000	1.000	1.000
$500	0.994	0.988	0.978
$1,000	0.991	0.983	0.966
$1,500	0.987	0.978	0.963
$2,000	0.989	0.979	0.957
$2,500	0.986	0.973	0.953
$3,000	0.982	0.967	0.949
$3,500	0.977	0.962	0.945

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x I	Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.997	0.995	0.991

HIP INSURANCE COMPANY OF NEW YORK

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TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%

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TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
					10% Member Coinsurance				
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
					20% Member Coinsurance				
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
				30% Member Coinsurance					
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
				40% Member Coinsurance					
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS

NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**	**$10,000**	**$20,000**
					50% Member Coinsurance				
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 6

HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES

Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % AND FEE SCHEUDLE ADJUSTMENTS

NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]

Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ıt Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]

Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 7

HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment

(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	20.35	na	20.35
Two Persons	na	na	na
EE & Child(ren)	na	na	37.85
EE + Spouse	na	na	40.71
Family	49.86	na	62.28

Network Area Factors

	Network	
	HIP	VYTRA
Area*/Plan	Prime	Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups	23.3%

Sole Proprietor Contracts

Sole Proprietor Factor	115.0%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	**Inpatient Mental Health Care [minimum mandatory coverage: 30 days]**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	2.99	8.67	na	na	5.53	7.18	8.97
60	3.83	11.11	na	na	7.09	9.19	11.49
90	4.47	12.96	na	na	8.27	10.73	13.41
Unlimited	4.57	13.25	na	na	8.45	10.97	13.71
SMALL GROUP	**Inpatient Mental Health Care with Unlimited Bio and CSED Coverage**						
# Days	**[Copay same as Inpatient Facility] * [not yet approved]**						
30	4.66	13.51	na	na	8.62	11.18	13.98
60	4.82	13.98	na	na	8.92	11.57	14.46
90	5.02	14.56	na	na	9.29	12.05	15.06
Unlimited	5.11	14.82	na	na	9.45	12.26	15.33
SMALL GROUP							
Inpatient Mental Htlh	0.00	0.00	na	na	0.00	0.00	0.00
	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] **						
SMALL GROUP	**[Copay same or less than Specialist Physician Office Visit]**						
20 visits/$0	6.54	18.97	na	na	12.10	15.70	19.62
20 visits/$5	6.19	17.95	na	na	11.45	14.86	18.57
20 visits/$10	5.88	17.05	na	na	10.88	14.11	17.64
20 visits/$15	5.57	16.15	na	na	10.30	13.37	16.71
20 visits/$20	5.30	15.37	na	na	9.81	12.72	15.90
20 visits/$25	5.03	14.59	na	na	9.31	12.07	15.09
20 visits/$30	4.85	14.07	na	na	8.97	11.64	14.55
20 visits/$35	4.67	13.54	na	na	8.64	11.21	14.01
20 visits/$40	4.50	13.05	na	na	8.33	10.80	13.50
20 visits/$45	4.31	12.50	na	na	7.97	10.34	12.93
20 visits/$50	4.15	12.04	na	na	7.68	9.96	12.45

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$0	8.42	24.42	na	na	15.58	20.21	25.26
30 visits/$5	7.64	22.16	na	na	14.13	18.34	22.92
30 visits/$10	7.16	20.76	na	na	13.25	17.18	21.48
30 visits/$15	6.95	20.16	na	na	12.86	16.68	20.85
30 visits/$20	6.64	19.26	na	na	12.28	15.94	19.92
30 visits/$25	6.52	18.91	na	na	12.06	15.65	19.56
30 visits/$30	6.15	17.84	na	na	11.38	14.76	18.45
30 visits/$35	5.74	16.65	na	na	10.62	13.78	17.22
30 visits/$40	5.69	16.50	na	na	10.53	13.66	17.07
30 visits/$45	5.51	15.98	na	na	10.19	13.22	16.53
30 visits/$50	5.24	15.20	na	na	9.69	12.58	15.72
40 visits/$0	8.85	25.67	na	na	16.37	21.24	26.55
40 visits/$5	8.43	24.45	na	na	15.60	20.23	25.29
40 visits/$10	8.13	23.58	na	na	15.04	19.51	24.39
40 visits/$15	7.80	22.62	na	na	14.43	18.72	23.40
40 visits/$20	7.51	21.78	na	na	13.89	18.02	22.53
40 visits/$25	7.27	21.08	na	na	13.45	17.45	21.81
40 visits/$30	6.95	20.16	na	na	12.86	16.68	20.85
40 visits/$35	6.61	19.17	na	na	12.23	15.86	19.83
40 visits/$40	6.17	17.89	na	na	11.41	14.81	18.51
40 visits/$45	6.19	17.95	na	na	11.45	14.86	18.57
40 visits/$50	6.33	18.36	na	na	11.71	15.19	18.99
60 visits/$0	9.65	27.99	na	na	17.85	23.16	28.95
60 visits/$5	9.31	27.00	na	na	17.22	22.34	27.93
60 visits/$10	8.88	25.75	na	na	16.43	21.31	26.64
60 visits/$15	8.62	25.00	na	na	15.95	20.69	25.86
60 visits/$20	8.22	23.84	na	na	15.21	19.73	24.66
60 visits/$25	8.12	23.55	na	na	15.02	19.49	24.36
60 visits/$30	7.78	22.56	na	na	14.39	18.67	23.34
60 visits/$35	7.26	21.05	na	na	13.43	17.42	21.78
60 visits/$40	6.64	19.26	na	na	12.28	15.94	19.92
60 visits/$45	6.45	18.71	na	na	11.93	15.48	19.35
60 visits/$50	6.55	19.00	na	na	12.12	15.72	19.65
Unlimited visits/$0	9.76	28.30	na	na	18.06	23.42	29.28
Unlimited visits/$5	9.41	27.29	na	na	17.41	22.58	28.23
Unlimited visits/$10	8.97	26.01	na	na	16.59	21.53	26.91
Unlimited visits/$15	8.70	25.23	na	na	16.10	20.88	26.10
Unlimited visits/$20	8.29	24.04	na	na	15.34	19.90	24.87
Unlimited visits/$25	8.20	23.78	na	na	15.17	19.68	24.60
Unlimited visits/$30	7.84	22.74	na	na	14.50	18.82	23.52
Unlimited visits/$35	7.31	21.20	na	na	13.52	17.54	21.93
Unlimited visits/$40	6.71	19.46	na	na	12.41	16.10	20.13
Unlimited visits/$45	6.52	18.91	na	na	12.06	15.65	19.56
Unlimited visits/$50	6.60	19.14	na	na	12.21	15.84	19.80

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
SMALL GROUP						
20 visits/$0	8.38	24.30	na	na	15.50	20.11	25.14
20 visits/$5	8.07	23.40	na	na	14.93	19.37	24.21
20 visits/$10	7.63	22.13	na	na	14.12	18.31	22.89
20 visits/$15	7.27	21.08	na	na	13.45	17.45	21.81
20 visits/$20	6.96	20.18	na	na	12.88	16.70	20.88
20 visits/$25	6.80	19.72	na	na	12.58	16.32	20.40
20 visits/$30	6.54	18.97	na	na	12.10	15.70	19.62
20 visits/$35	6.14	17.81	na	na	11.36	14.74	18.42
20 visits/$40	5.77	16.73	na	na	10.67	13.85	17.31
20 visits/$45	5.51	15.98	na	na	10.19	13.22	16.53
20 visits/$50	5.47	15.86	na	na	10.12	13.13	16.41
30 visits/$0	9.62	27.90	na	na	17.80	23.09	28.86
30 visits/$5	8.96	25.98	na	na	16.58	21.50	26.88
30 visits/$10	8.44	24.48	na	na	15.61	20.26	25.32
30 visits/$15	8.25	23.93	na	na	15.26	19.80	24.75
30 visits/$20	7.87	22.82	na	na	14.56	18.89	23.61
30 visits/$25	7.75	22.48	na	na	14.34	18.60	23.25
30 visits/$30	7.36	21.34	na	na	13.62	17.66	22.08
30 visits/$35	6.87	19.92	na	na	12.71	16.49	20.61
30 visits/$40	6.57	19.05	na	na	12.15	15.77	19.71
30 visits/$45	6.33	18.36	na	na	11.71	15.19	18.99
30 visits/$50	6.33	18.36	na	na	11.71	15.19	18.99
40 visits/$0	9.93	28.80	na	na	18.37	23.83	29.79
40 visits/$5	9.53	27.64	na	na	17.63	22.87	28.59
40 visits/$10	9.09	26.36	na	na	16.82	21.82	27.27
40 visits/$15	8.79	25.49	na	na	16.26	21.10	26.37
40 visits/$20	8.42	24.42	na	na	15.58	20.21	25.26
40 visits/$25	8.22	23.84	na	na	15.21	19.73	24.66
40 visits/$30	7.91	22.94	na	na	14.63	18.98	23.73
40 visits/$35	7.43	21.55	na	na	13.75	17.83	22.29
40 visits/$40	6.83	19.81	na	na	12.64	16.39	20.49
40 visits/$45	6.88	19.95	na	na	12.73	16.51	20.64
40 visits/$50	6.98	20.24	na	na	12.91	16.75	20.94

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
60 visits/$0	10.41	30.19	na	na	19.26	24.98	31.23
60 visits/$5	10.08	29.23	na	na	18.65	24.19	30.24
60 visits/$10	9.59	27.81	na	na	17.74	23.02	28.77
60 visits/$15	9.34	27.09	na	na	17.28	22.42	28.02
60 visits/$20	8.87	25.72	na	na	16.41	21.29	26.61
60 visits/$25	8.82	25.58	na	na	16.32	21.17	26.46
60 visits/$30	8.45	24.51	na	na	15.63	20.28	25.35
60 visits/$35	7.91	22.94	na	na	14.63	18.98	23.73
60 visits/$40	7.25	21.03	na	na	13.41	17.40	21.75
60 visits/$45	7.01	20.33	na	na	12.97	16.82	21.03
60 visits/$50	7.20	20.88	na	na	13.32	17.28	21.60
Unlimited visits/$0	10.52	30.51	na	na	19.46	25.25	31.56
Unlimited visits/$5	10.19	29.55	na	na	18.85	24.46	30.57
Unlimited visits/$10	9.70	28.13	na	na	17.95	23.28	29.10
Unlimited visits/$15	9.43	27.35	na	na	17.45	22.63	28.29
Unlimited visits/$20	8.94	25.93	na	na	16.54	21.46	26.82
Unlimited visits/$25	8.89	25.78	na	na	16.45	21.34	26.67
Unlimited visits/$30	8.52	24.71	na	na	15.76	20.45	25.56
Unlimited visits/$35	7.97	23.11	na	na	14.74	19.13	23.91
Unlimited visits/$40	7.30	21.17	na	na	13.51	17.52	21.90
Unlimited visits/$45	7.05	20.45	na	na	13.04	16.92	21.15
Unlimited visits/$50	7.25	21.03	na	na	13.41	17.40	21.75

SMALL GROUP		**Small Group Premium Credit - Oupatient Mental Health**					
Specialist Copay		****[above rates must be reduced by premium credit]**					
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors

All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based

CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

4th Quarter2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
Deductible			**Durable Medical Equipment Riders ****				
$0	4.75	13.78	na	na	8.79	11.40	14.25
$25	4.47	12.96	na	na	8.27	10.73	13.41
$50	4.16	12.06	na	na	7.70	9.98	12.48
$100	3.86	11.19	na	na	7.14	9.26	11.58
$500	1.85	5.37	na	na	3.42	4.44	5.55
Coinsurance							
80%	3.78	10.96	na	na	6.99	9.07	11.34
75%	3.56	10.32	na	na	6.59	8.54	10.68
70%	3.34	9.69	na	na	6.18	8.02	10.02
			Orthotics **				
$0	0.86	2.49	na	na	1.59	2.06	2.58
$25	0.84	2.44	na	na	1.55	2.02	2.52
$50	0.78	2.26	na	na	1.44	1.87	2.34
$100	0.73	2.12	na	na	1.35	1.75	2.19
$500	0.35	1.02	na	na	0.65	0.84	1.05
Coinsurance							
80%	0.72	2.09	na	na	1.33	1.73	2.16
75%	0.69	2.00	na	na	1.28	1.66	2.07
70%	0.62	1.80	na	na	1.15	1.49	1.86
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	2.11	6.12	na	na	3.90	5.06	6.33
12 Months	3.37	9.77	na	na	6.23	8.09	10.11
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.29	9.54	na	na	6.09	7.90	9.87
12 Months	5.22	15.14	na	na	9.66	12.53	15.66

HIP INSURANCE COMPANY OF NEW YORK

4th Quarter2013 SMALL GROUP RATE MANUAL

TABLE 9

HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS

4th Quarter2013 SMALL GROUP MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Rider	**Individual**	**Family**	**Two Persons**	**Family**	**Employee & Child(ren)**	**Employee & Spouse**	**Family**
			Private Duty Nursing Riders **				
In Full	0.53	1.54	na	na	0.98	1.27	1.59
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.64	1.86	na	na	1.18	1.54	1.92
			Infertility Riders **				
Limit							
No IVF	3.98	11.54	na	na	7.36	9.55	11.94
2 IVF	9.97	28.91	na	na	18.44	23.93	29.91
3 IVF	12.07	35.00	na	na	22.33	28.97	36.21
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.41	15.69	na	na	10.01	12.98	16.23
			Health Club Reimbursement				
$200 per year	1.64	4.76	na	na	3.03	3.94	4.92
			Nurse Advice Line Rider				
	0.37	1.07	na	na	0.68	0.89	1.11

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product

Product	Factor
EPO	100%
PPO	105%

Subject to			**Wellness Rider**				
DFS approval	0.87	2.52	na	na	1.61	2.09	2.61

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[g]
+ applicable pmpm for Women's Preventive Services Table 4 [h]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm			
Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm				
Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm				
Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values		
Drug Rider Variations	**% Adjustment To Above Rates**	
[a] Exclude Contraceptives	-3.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-6.0%	
$2,000 (Brand & Generic)	-4.0%	
$2,500 (Brand & Generic)	-3.5%	
$3,000 (Brand & Generic)	-3.0%	
$4,000 (Brand & Generic)	-2.0%	
$5,000 (Brand & Generic)	-1.0%	
[c] Non Formulary Coverage, Generic Only Plans	5.0%	
[d] PICA Adjustm Applies only to New York City account	-10.0%	
[e] IC Adjustmer Applies only to New York City account	-2.0%	
[f] Product Facto HMO, Access I, and EPO	0.0%	
POS, Access II, and PPO	0.0%	
[g] Trend per Quarter		
2Q2010-4Q2010	2.5%	
1Q2011	0.0%	
2Q2011	10.0%	
3Q2011-4Q2011	3.0%	
1Q2012	0.6%	
2Q 2012	10.0%	
3Q2012-4Q2012	3.0%	
	EPO	PPO
1Q2013	0.0%	-4.5%
2Q2013	2.5%	3.3%
3Q2013	2.5%	3.3%
4Q2013	2.5%	3.3%
[h] Mandatory Women's Preventive Services EPO	**$1.18**	**$1.16**

Table 5: Tier Conversion Factors	
	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(ren	2.2531
EE + Spouse	2.9230
Family	3.6537

HIP Insurance Company of New York

Table 10

Rating Region Definitions

County	Region
Bronx	Downstate
Kings	Downstate
Nassau	Downstate
New York	Downstate
Orange	Downstate
Queens	Downstate
Richmond	Downstate
Rockland	Downstate
Suffolk	Downstate
Westchester	Downstate

Commissions Schedule

Please see SERFF filing # HPHP-127874919

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 118%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 54%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

HCRA CLA = Covered Lives Assessment {Table 7, page }
(subject to changes as amended by law)

etention Percenta = Retention Percentage {Table 7, page }

Mental Health Coverage + Riders = [Mental Health Coverage (Table 8, pages)
+ (Drug riders {pages }
+ Other riders {Table 9, pages }]
* Dependent Coverage percentage {Table 4, page }

etwork/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

ole Proprietor Fact = Sole Proprietor Factor {Table 7, page }

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
HIP SELECT EPO/PPO POLICY
MANUAL RATE CALCULATION

Manual Rate = **([(Par Claim Cost + Non-Par Claim Cost)**
*** (100% + 37%*HCRA Surcharge Percentage)**
+ HCRA Covered Lives Assessment]
/ (100% - Retention Percentage)
+ Mental Health + Rider Premium)
*** Network/Area Factor**
*** Sole Proprietor Factor**

Par Claim Cost:
EPO = [(1) + (2)] * (4) * (5)
PPO = **[(1) + (2)] * (4) * (5) * 116%**
note: use Par Benefits, Par Deductible, Par Coinsurance %,
Par Coinsurance Max., and Par Calendar Year Max.

Non-Par Claim Cost:
EPO = 0
PPO = **[(1) + (3)] * (4) * (6) * 51.5%**
note: use Non-Par Deductible, Non-Par Coinsurance %,
Non-Par Coinsurance Max., and Non-Par Calendar Year Max.

where: (1) = Base Benefits Claim Cost {Table 1, page }
(2) = Par Benefit Dollar Variable adjustments {Table 2, pages }
(3) = Non-Par Benefit Dollar Variable adjustments {Table 3, page }
(4) = Dependent Coverge percentage {Table 4, page }
(5) = Par Benefit Percentage Variable adjustments {Table 5, pages }
(6) = Non-Par Benefit Percentage Variable adjustments {Table 6, pages }

Note: The minimum [PPO Par Claim Cost plus PPO Non-Par Claim Cost] is 104% of the EPO Par Claim Cost for the Par plan design.

HCRA Surcharge = currently 9.63% (subject to changes as amended by law)

HCRA CLA = Covered Lives Assessment {Table 7, page }
(subject to changes as amended by law)

Retention Percenta = Retention Percentage {Table 7, page }

Mental Health Coverage + Riders = [Mental Health Coverage (Table 8, pages)
+ (Drug riders {pages }
+ Other riders {Table 9, pages }]
* Dependent Coverage percentage {Table 4, page }

Network/Area Fact = Network/Area Factor (employee composite) {Table 7, page }

Sole Proprietor Fac = Sole Proprietor Factor {Table 7, page }

HEALTH INSURANCE PLAN OF GREATER NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective 11/1/2012-12/31/2012 (w/ WH & Autism)							
Small Group*	406.25	1,178.13	na	na	751.56	975.00	1,218.75
Effective 10/1/12-10/31/2012 (without WH & Autism)							
Small Group*	402.23	1,166.47	na	na	744.13	965.35	1,206.69

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
Monthly Claim Cost (excl. Mandatory Mental Health Coverage)

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective October 01, 2013 - December 31, 2013 (w/ WH & Autism)							
Small Group*	437.49	1,268.72	na	na	809.36	1,049.98	1,312.47
Effective October 01, 2013 - December 31, 2013 (w/out WH & Autism)							
Small Group*	433.17	1,256.19	na	na	801.36	1,039.61	1,299.51

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
DOLLAR CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective October 01, 2013 - December 31, 2013 (w/ WH & Autism)							
Small Group*	31.24	90.59	na	na	57.80	74.98	93.72
Effective October 01, 2013 - December 31, 2013 (w/out WH & Autism)							
Small Group*	30.94	89.72	na	na	57.23	74.26	92.82

**** Base rates exclude premium component for mandatory mental health coverage***

HEALTH INSURANCE PLAN OF GREATER NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
Table 1
HIP SELECT EPO/PPO POLICY - BASE BENEFITS
PERCENTAGE CHANGE IN RATES

Plan	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Effective October 01, 2013 - December 31, 2013 (w/ WH & Autism)							
Small Group*	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Effective October 01, 2013 - December 31, 2013 (w/out WH & Autism)							
Small Group*	7.7%	7.7%	na	na	7.7%	7.7%	7.7%

**** Base rates exclude premium component for mandatory mental health coverage***

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.75)	(5.08)	na	na	(3.24)	(4.20)	(5.25)
$150	(2.91)	(8.44)	na	na	(5.38)	(6.98)	(8.73)
$200	(4.11)	(11.92)	na	na	(7.60)	(9.86)	(12.33)
$250	(5.31)	(15.40)	na	na	(9.82)	(12.74)	(15.93)
$500	(11.54)	(33.47)	na	na	(21.35)	(27.70)	(34.62)
$750	(18.24)	(52.90)	na	na	(33.74)	(43.78)	(54.72)
$1,000	(25.44)	(73.78)	na	na	(47.06)	(61.06)	(76.32)
Copay/Day							
$50 w/3 Day Max	(3.62)	(10.50)	na	na	(6.70)	(8.69)	(10.86)
$50 w/5 Day Max	(4.28)	(12.41)	na	na	(7.92)	(10.27)	(12.84)
$100 w/3 Day Max	(7.42)	(21.52)	na	na	(13.73)	(17.81)	(22.26)
$100 w/5 Day Max	(9.40)	(27.26)	na	na	(17.39)	(22.56)	(28.20)
$250 w/3 Day Max	(20.00)	(58.00)	na	na	(37.00)	(48.00)	(60.00)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.23	0.67	na	na	0.43	0.55	0.69
90	0.31	0.90	na	na	0.57	0.74	0.93
not covered	(0.28)	(0.81)	na	na	(0.52)	(0.67)	(0.84)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.24)	(0.70)	na	na	(0.44)	(0.58)	(0.72)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.36	1.04	na	na	0.67	0.86	1.08
60	0.43	1.25	na	na	0.80	1.03	1.29
90	0.49	1.42	na	na	0.91	1.18	1.47
Unlimited	0.58	1.68	na	na	1.07	1.39	1.74
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.31	0.90	na	na	0.57	0.74	0.93
90	0.47	1.36	na	na	0.87	1.13	1.41
120	0.58	1.68	na	na	1.07	1.39	1.74
Unlimited	0.66	1.91	na	na	1.22	1.58	1.98
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$25	(1.21)	(3.51)	na	na	(2.24)	(2.90)	(3.63)
$35	(1.93)	(5.60)	na	na	(3.57)	(4.63)	(5.79)
$50	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$75	(5.02)	(14.56)	na	na	(9.29)	(12.05)	(15.06)
$100	(6.68)	(19.37)	na	na	(12.36)	(16.03)	(20.04)
$125	(8.35)	(24.22)	na	na	(15.45)	(20.04)	(25.05)
$150	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.08)	(3.13)	na	na	(2.00)	(2.59)	(3.24)
$75	(1.73)	(5.02)	na	na	(3.20)	(4.15)	(5.19)
$100	(2.41)	(6.99)	na	na	(4.46)	(5.78)	(7.23)
$125	(3.11)	(9.02)	na	na	(5.75)	(7.46)	(9.33)
$150	(3.86)	(11.19)	na	na	(7.14)	(9.26)	(11.58)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.23	0.67	na	na	0.43	0.55	0.69
200	0.30	0.87	na	na	0.56	0.72	0.90
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$100	(1.88)	(5.45)	na	na	(3.48)	(4.51)	(5.64)
$150	(3.13)	(9.08)	na	na	(5.79)	(7.51)	(9.39)
$200	(4.43)	(12.85)	na	na	(8.20)	(10.63)	(13.29)
$250	(5.72)	(16.59)	na	na	(10.58)	(13.73)	(17.16)
$500	(12.43)	(36.05)	na	na	(23.00)	(29.83)	(37.29)
$750	(19.65)	(56.99)	na	na	(36.35)	(47.16)	(58.95)
$1,000	(27.40)	(79.46)	na	na	(50.69)	(65.76)	(82.20)
Copay/Day							
$50 w/3 Day Max	(3.90)	(11.31)	na	na	(7.22)	(9.36)	(11.70)
$50 w/5 Day Max	(4.61)	(13.37)	na	na	(8.53)	(11.06)	(13.83)
$100 w/3 Day Max	(8.00)	(23.20)	na	na	(14.80)	(19.20)	(24.00)
$100 w/5 Day Max	(10.13)	(29.38)	na	na	(18.74)	(24.31)	(30.39)
$250 w/3 Day Max	(21.54)	(62.47)	na	na	(39.85)	(51.70)	(64.62)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.26	0.75	na	na	0.48	0.62	0.78
90	0.34	0.99	na	na	0.63	0.82	1.02
not covered	(0.31)	(0.90)	na	na	(0.57)	(0.74)	(0.93)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	0.00	0.00	na	na	0.00	0.00	0.00
21	0.02	0.06	na	na	0.04	0.05	0.06
30	0.09	0.26	na	na	0.17	0.22	0.27
Unlimited	0.14	0.41	na	na	0.26	0.34	0.42
not covered	(0.27)	(0.78)	na	na	(0.50)	(0.65)	(0.81)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
30	0.39	1.13	na	na	0.72	0.94	1.17
60	0.46	1.33	na	na	0.85	1.10	1.38
90	0.52	1.51	na	na	0.96	1.25	1.56
Unlimited	0.62	1.80	na	na	1.15	1.49	1.86
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.34	0.99	na	na	0.63	0.82	1.02
90	0.50	1.45	na	na	0.93	1.20	1.50
120	0.62	1.80	na	na	1.15	1.49	1.86
Unlimited	0.72	2.09	na	na	1.33	1.73	2.16
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.78)	(2.26)	na	na	(1.44)	(1.87)	(2.34)
$25	(1.30)	(3.77)	na	na	(2.41)	(3.12)	(3.90)
$35	(2.08)	(6.03)	na	na	(3.85)	(4.99)	(6.24)
$50	(3.31)	(9.60)	na	na	(6.12)	(7.94)	(9.93)
$75	(5.41)	(15.69)	na	na	(10.01)	(12.98)	(16.23)
$100	(7.20)	(20.88)	na	na	(13.32)	(17.28)	(21.60)
$125	(8.99)	(26.07)	na	na	(16.63)	(21.58)	(26.97)
$150	(10.78)	(31.26)	na	na	(19.94)	(25.87)	(32.34)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
$50	(1.17)	(3.39)	na	na	(2.16)	(2.81)	(3.51)
$75	(1.86)	(5.39)	na	na	(3.44)	(4.46)	(5.58)
$100	(2.59)	(7.51)	na	na	(4.79)	(6.22)	(7.77)
$125	(3.35)	(9.72)	na	na	(6.20)	(8.04)	(10.05)
$150	(4.16)	(12.06)	na	na	(7.70)	(9.98)	(12.48)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00
60	0.09	0.26	na	na	0.17	0.22	0.27
100	0.26	0.75	na	na	0.48	0.62	0.78
200	0.33	0.96	na	na	0.61	0.79	0.99
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$100	(0.13)	(0.37)	na	na	(0.24)	(0.31)	(0.39)
$150	(0.22)	(0.64)	na	na	(0.41)	(0.53)	(0.66)
$200	(0.32)	(0.93)	na	na	(0.60)	(0.77)	(0.96)
$250	(0.41)	(1.19)	na	na	(0.76)	(0.99)	(1.23)
$500	(0.89)	(2.58)	na	na	(1.65)	(2.13)	(2.67)
$750	(1.41)	(4.09)	na	na	(2.61)	(3.38)	(4.23)
$1,000	(1.96)	(5.68)	na	na	(3.63)	(4.70)	(5.88)
Copay/Day							
$50 w/3 Day Max	(0.28)	(0.81)	na	na	(0.52)	(0.67)	(0.84)
$50 w/5 Day Max	(0.33)	(0.96)	na	na	(0.61)	(0.79)	(0.99)
$100 w/3 Day Max	(0.58)	(1.68)	na	na	(1.07)	(1.39)	(1.74)
$100 w/5 Day Max	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$250 w/3 Day Max	(1.54)	(4.47)	na	na	(2.85)	(3.70)	(4.62)
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	-	-	na	na	-	-	-
60	0.03	0.08	na	na	0.05	0.07	0.09
90	0.03	0.09	na	na	0.06	0.08	0.09
not covered	(0.03)	(0.09)	na	na	(0.05)	(0.07)	(0.09)
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	-	-	na	na	-	-	-
21	-	-	na	na	-	-	-
30	-	-	na	na	-	-	-
Unlimited	-	-	na	na	-	-	-
not covered	(0.03)	(0.08)	na	na	(0.06)	(0.07)	(0.09)
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	-	-	na	na	-	-	-
30	0.03	0.09	na	na	0.05	0.08	0.09
60	0.03	0.08	na	na	0.05	0.07	0.09
90	0.03	0.09	na	na	0.05	0.07	0.09
Unlimited	0.04	0.12	na	na	0.08	0.10	0.12
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	-	-	na	na	-	-	-
60	0.03	0.09	na	na	0.06	0.08	0.09
90	0.03	0.09	na	na	0.06	0.07	0.09
120	0.04	0.12	na	na	0.08	0.10	0.12
Unlimited	0.06	0.18	na	na	0.11	0.15	0.18
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$15	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$25	(0.09)	(0.26)	na	na	(0.17)	(0.22)	(0.27)
$35	(0.15)	(0.43)	na	na	(0.28)	(0.36)	(0.45)
$50	(0.24)	(0.70)	na	na	(0.44)	(0.57)	(0.72)
$75	(0.39)	(1.13)	na	na	(0.72)	(0.93)	(1.17)
$100	(0.52)	(1.51)	na	na	(0.96)	(1.25)	(1.56)
$125	(0.64)	(1.85)	na	na	(1.18)	(1.54)	(1.92)
$150	(0.77)	(2.23)	na	na	(1.42)	(1.85)	(2.31)
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	-	-	na	na	-	-	-
$50	(0.09)	(0.26)	na	na	(0.16)	(0.22)	(0.27)
$75	(0.13)	(0.37)	na	na	(0.24)	(0.31)	(0.39)
$100	(0.18)	(0.52)	na	na	(0.33)	(0.44)	(0.54)
$125	(0.24)	(0.70)	na	na	(0.45)	(0.58)	(0.72)
$150	(0.30)	(0.87)	na	na	(0.56)	(0.72)	(0.90)
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	-	-	na	na	-	-	-
60	-	-	na	na	-	-	-
100	0.03	0.08	na	na	0.05	0.07	0.09
200	0.03	0.09	na	na	0.05	0.07	0.09
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS Individual	TWO TIER Family	THREE TIER Two Persons	THREE TIER Family	FOUR TIER Employee & Child(ren)	FOUR TIER Employee & Spouse	FOUR TIER Family
Copay/Admit			**Inpatient Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$100	7.4%	7.3%	na	na	7.4%	7.4%	7.4%
$150	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
$200	7.8%	7.8%	na	na	7.9%	7.8%	7.8%
$250	7.7%	7.7%	na	na	7.7%	7.8%	7.7%
$500	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$750	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$1,000	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Copay/Day							
$50 w/3 Day Max	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
$50 w/5 Day Max	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$100 w/3 Day Max	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
$100 w/5 Day Max	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
$250 w/3 Day Max	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
# Days			**Inpatient Speech, Occupational & Physical Therapy Limit [std: 30 days]**				
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	13.0%	11.9%	na	na	11.6%	12.7%	13.0%
90	9.7%	10.0%	na	na	10.5%	10.8%	9.7%
not covered	10.7%	11.1%	na	na	9.6%	10.4%	10.7%
			Inpatient Chemical Abuse Detoxification Limit [std: 7 days]				
# Days			**[Copay same as Inpatient Facility]**				
7	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
21	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
not covered	12.5%	11.4%	na	na	13.6%	12.1%	12.5%
			Inpatient Chemical Abuse Rehabilitation Limit [std: not covered]				
# Days			**[Copay same as Inpatient Facility]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
30	8.3%	8.7%	na	na	7.5%	9.3%	8.3%
60	7.0%	6.4%	na	na	6.3%	6.8%	7.0%
90	6.1%	6.3%	na	na	5.5%	5.9%	6.1%
Unlimited	6.9%	7.1%	na	na	7.5%	7.2%	6.9%
# Days			**Skilled Nursing Facility Limit [std: 30 days]**				
0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	9.7%	10.0%	na	na	10.5%	10.8%	9.7%
90	6.4%	6.6%	na	na	6.9%	6.2%	6.4%
120	6.9%	7.1%	na	na	7.5%	7.2%	6.9%
Unlimited	9.1%	9.4%	na	na	9.0%	9.5%	9.1%
Copay			**Outpatient Hospital Emergency Services Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	8.3%	8.1%	na	na	8.3%	8.1%	8.3%
$25	7.4%	7.4%	na	na	7.6%	7.6%	7.4%
$35	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
$50	7.8%	7.9%	na	na	7.7%	7.7%	7.8%
$75	7.8%	7.8%	na	na	7.8%	7.7%	7.8%
$100	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
$125	7.7%	7.6%	na	na	7.6%	7.7%	7.7%
$150	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Copay			**Ambulatory Surgery Facility Copay [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	8.3%	8.3%	na	na	8.0%	8.5%	8.3%
$75	7.5%	7.4%	na	na	7.5%	7.5%	7.5%
$100	7.5%	7.4%	na	na	7.4%	7.6%	7.5%
$125	7.7%	7.8%	na	na	7.8%	7.8%	7.7%
$150	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
# Visits			**Home Health Care Limit [std: 40 visits, $0 copay]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
100	13.0%	11.9%	na	na	11.6%	12.7%	13.0%
200	10.0%	10.3%	na	na	8.9%	9.7%	10.0%
Copay			**PCP Office Visit Copay [inc. Urgent Care facility visits] [std: $0]**				
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(3.58)	(10.38)	na	na	(6.62)	(8.59)	(10.74)
$10	(7.40)	(21.46)	na	na	(13.69)	(17.76)	(22.20)
$15	(11.38)	(33.00)	na	na	(21.05)	(27.31)	(34.14)
$20	(16.20)	(46.98)	na	na	(29.97)	(38.88)	(48.60)
$25	(20.04)	(58.12)	na	na	(37.07)	(48.10)	(60.12)
$30	(23.89)	(69.28)	na	na	(44.20)	(57.34)	(71.67)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.06)	(5.97)	na	na	(3.81)	(4.94)	(6.18)
$10	(4.26)	(12.35)	na	na	(7.88)	(10.22)	(12.78)
$15	(6.53)	(18.94)	na	na	(12.08)	(15.67)	(19.59)
$20	(9.30)	(26.97)	na	na	(17.21)	(22.32)	(27.90)
$25	(11.51)	(33.38)	na	na	(21.29)	(27.62)	(34.53)
$30	(13.69)	(39.70)	na	na	(25.33)	(32.86)	(41.07)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.06)	(14.67)	na	na	(9.36)	(12.14)	(15.18)
$10	(10.37)	(30.07)	na	na	(19.18)	(24.89)	(31.11)
$15	(15.43)	(44.75)	na	na	(28.55)	(37.03)	(46.29)
$20	(20.80)	(60.32)	na	na	(38.48)	(49.92)	(62.40)
$25	(26.39)	(76.53)	na	na	(48.82)	(63.34)	(79.17)
$30	(32.32)	(93.73)	na	na	(59.79)	(77.57)	(96.96)
$35	(37.35)	(108.32)	na	na	(69.10)	(89.64)	(112.05)
$40	(42.31)	(122.70)	na	na	(78.27)	(101.54)	(126.93)
$45	(47.22)	(136.94)	na	na	(87.36)	(113.33)	(141.66)
$50	(52.06)	(150.97)	na	na	(96.31)	(124.94)	(156.18)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.26)	(12.35)	na	na	(7.88)	(10.22)	(12.78)
$10	(8.77)	(25.43)	na	na	(16.22)	(21.05)	(26.31)
$15	(13.05)	(37.85)	na	na	(24.14)	(31.32)	(39.15)
$20	(17.58)	(50.98)	na	na	(32.52)	(42.19)	(52.74)
$25	(22.31)	(64.70)	na	na	(41.27)	(53.54)	(66.93)
$30	(27.32)	(79.23)	na	na	(50.54)	(65.57)	(81.96)
$35	(31.59)	(91.61)	na	na	(58.44)	(75.82)	(94.77)
$40	(35.77)	(103.73)	na	na	(66.17)	(85.85)	(107.31)
$45	(39.91)	(115.74)	na	na	(73.83)	(95.78)	(119.73)
$50	(44.06)	(127.77)	na	na	(81.51)	(105.74)	(132.18)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.48	1.39	na	na	0.89	1.15	1.44
Unlimited	0.58	1.68	na	na	1.07	1.39	1.74
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.79	2.29	na	na	1.46	1.90	2.37
90	1.23	3.57	na	na	2.28	2.95	3.69
not covered	(2.84)	(8.24)	na	na	(5.25)	(6.82)	(8.52)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.31)	(0.90)	na	na	(0.57)	(0.74)	(0.93)
$15	(0.44)	(1.28)	na	na	(0.81)	(1.06)	(1.32)
$20	(0.48)	(1.39)	na	na	(0.89)	(1.15)	(1.44)
$25	(0.65)	(1.89)	na	na	(1.20)	(1.56)	(1.95)
$30	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$35	(0.84)	(2.44)	na	na	(1.55)	(2.02)	(2.52)
$40	(0.97)	(2.81)	na	na	(1.79)	(2.33)	(2.91)
$45	(1.11)	(3.22)	na	na	(2.05)	(2.66)	(3.33)
$50	(1.23)	(3.57)	na	na	(2.28)	(2.95)	(3.69)
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.19)	(0.55)	na	na	(0.35)	(0.46)	(0.57)

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(3.85)	(11.17)	na	na	(7.12)	(9.24)	(11.55)
$10	(7.97)	(23.11)	na	na	(14.74)	(19.13)	(23.91)
$15	(12.25)	(35.53)	na	na	(22.66)	(29.40)	(36.75)
$20	(17.46)	(50.63)	na	na	(32.30)	(41.90)	(52.38)
$25	(21.58)	(62.58)	na	na	(39.92)	(51.79)	(64.74)
$30	(25.73)	(74.62)	na	na	(47.60)	(61.75)	(77.19)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(2.21)	(6.41)	na	na	(4.09)	(5.30)	(6.63)
$10	(4.59)	(13.31)	na	na	(8.49)	(11.02)	(13.77)
$15	(7.03)	(20.39)	na	na	(13.01)	(16.87)	(21.09)
$20	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
$25	(12.40)	(35.96)	na	na	(22.94)	(29.76)	(37.20)
$30	(14.74)	(42.75)	na	na	(27.27)	(35.38)	(44.22)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(5.45)	(15.81)	na	na	(10.08)	(13.08)	(16.35)
$10	(11.17)	(32.39)	na	na	(20.66)	(26.81)	(33.51)
$15	(16.63)	(48.23)	na	na	(30.77)	(39.91)	(49.89)
$20	(22.40)	(64.96)	na	na	(41.44)	(53.76)	(67.20)
$25	(28.42)	(82.42)	na	na	(52.58)	(68.21)	(85.26)
$30	(34.81)	(100.95)	na	na	(64.40)	(83.54)	(104.43)
$35	(40.22)	(116.64)	na	na	(74.41)	(96.53)	(120.66)
$40	(45.56)	(132.12)	na	na	(84.29)	(109.34)	(136.68)
$45	(50.85)	(147.47)	na	na	(94.07)	(122.04)	(152.55)
$50	(56.06)	(162.57)	na	na	(103.71)	(134.54)	(168.18)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(4.59)	(13.31)	na	na	(8.49)	(11.02)	(13.77)
$10	(9.44)	(27.38)	na	na	(17.46)	(22.66)	(28.32)
$15	(14.05)	(40.75)	na	na	(25.99)	(33.72)	(42.15)
$20	(18.93)	(54.90)	na	na	(35.02)	(45.43)	(56.79)
$25	(24.03)	(69.69)	na	na	(44.46)	(57.67)	(72.09)
$30	(29.42)	(85.32)	na	na	(54.43)	(70.61)	(88.26)
$35	(34.02)	(98.66)	na	na	(62.94)	(81.65)	(102.06)
$40	(38.52)	(111.71)	na	na	(71.26)	(92.45)	(115.56)
$45	(42.98)	(124.64)	na	na	(79.51)	(103.15)	(128.94)
$50	(47.45)	(137.61)	na	na	(87.78)	(113.88)	(142.35)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	0.00	0.00	na	na	0.00	0.00	0.00
120	0.51	1.48	na	na	0.94	1.22	1.53
Unlimited	0.62	1.80	na	na	1.15	1.49	1.86
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	0.00	0.00	na	na	0.00	0.00	0.00
60	0.85	2.47	na	na	1.57	2.04	2.55
90	1.32	3.83	na	na	2.44	3.17	3.96
not covered	(3.05)	(8.85)	na	na	(5.64)	(7.32)	(9.15)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	(0.13)	(0.38)	na	na	(0.24)	(0.31)	(0.39)
$10	(0.34)	(0.99)	na	na	(0.63)	(0.82)	(1.02)
$15	(0.47)	(1.36)	na	na	(0.87)	(1.13)	(1.41)
$20	(0.51)	(1.48)	na	na	(0.94)	(1.22)	(1.53)
$25	(0.71)	(2.06)	na	na	(1.31)	(1.70)	(2.13)
$30	(0.79)	(2.29)	na	na	(1.46)	(1.90)	(2.37)
$35	(0.90)	(2.61)	na	na	(1.67)	(2.16)	(2.70)
$40	(1.04)	(3.02)	na	na	(1.92)	(2.50)	(3.12)
$45	(1.20)	(3.48)	na	na	(2.22)	(2.88)	(3.60)
$50	(1.32)	(3.83)	na	na	(2.44)	(3.17)	(3.96)
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.10)	(0.29)	na	na	(0.19)	(0.24)	(0.30)
$25	(0.19)	(0.55)	na	na	(0.35)	(0.46)	(0.57)

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	(0.27)	(0.79)	na	na	(0.50)	(0.65)	(0.81)
$10	(0.57)	(1.65)	na	na	(1.05)	(1.37)	(1.71)
$15	(0.87)	(2.53)	na	na	(1.61)	(2.09)	(2.61)
$20	(1.26)	(3.65)	na	na	(2.33)	(3.02)	(3.78)
$25	(1.54)	(4.46)	na	na	(2.85)	(3.69)	(4.62)
$30	(1.84)	(5.34)	na	na	(3.40)	(4.41)	(5.52)
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.15)	(0.44)	na	na	(0.28)	(0.36)	(0.45)
$10	(0.33)	(0.96)	na	na	(0.61)	(0.80)	(0.99)
$15	(0.50)	(1.45)	na	na	(0.93)	(1.20)	(1.50)
$20	(0.71)	(2.06)	na	na	(1.31)	(1.70)	(2.13)
$25	(0.89)	(2.58)	na	na	(1.65)	(2.14)	(2.67)
$30	(1.05)	(3.05)	na	na	(1.94)	(2.52)	(3.15)
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.39)	(1.14)	na	na	(0.72)	(0.94)	(1.17)
$10	(0.80)	(2.32)	na	na	(1.48)	(1.92)	(2.40)
$15	(1.20)	(3.48)	na	na	(2.22)	(2.88)	(3.60)
$20	(1.60)	(4.64)	na	na	(2.96)	(3.84)	(4.80)
$25	(2.03)	(5.89)	na	na	(3.76)	(4.87)	(6.09)
$30	(2.49)	(7.22)	na	na	(4.61)	(5.97)	(7.47)
$35	(2.87)	(8.32)	na	na	(5.31)	(6.89)	(8.61)
$40	(3.25)	(9.42)	na	na	(6.02)	(7.80)	(9.75)
$45	(3.63)	(10.53)	na	na	(6.71)	(8.71)	(10.89)
$50	(4.00)	(11.60)	na	na	(7.40)	(9.60)	(12.00)
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std: $0]						
$0	-	-	na	na	-	-	-
$5	(0.33)	(0.96)	na	na	(0.61)	(0.80)	(0.99)
$10	(0.67)	(1.95)	na	na	(1.24)	(1.61)	(2.01)
$15	(1.00)	(2.90)	na	na	(1.85)	(2.40)	(3.00)
$20	(1.35)	(3.92)	na	na	(2.50)	(3.24)	(4.05)
$25	(1.72)	(4.99)	na	na	(3.19)	(4.13)	(5.16)
$30	(2.10)	(6.09)	na	na	(3.89)	(5.04)	(6.30)
$35	(2.43)	(7.05)	na	na	(4.50)	(5.83)	(7.29)
$40	(2.75)	(7.98)	na	na	(5.09)	(6.60)	(8.25)
$45	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$50	(3.39)	(9.84)	na	na	(6.27)	(8.14)	(10.17)
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	-	-	na	na	-	-	-
120	0.03	0.09	na	na	0.05	0.07	0.09
Unlimited	0.04	0.12	na	na	0.08	0.10	0.12
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	-	-	na	na	-	-	-
60	0.06	0.18	na	na	0.11	0.14	0.18
90	0.09	0.26	na	na	0.16	0.22	0.27
not covered	(0.21)	(0.61)	na	na	(0.39)	(0.50)	(0.63)
Copay	Refractive Eye Exam Copay [std: $0]						
$0	-	-	na	na	-	-	-
$5	-	-	na	na	-	-	-
$10	(0.03)	(0.09)	na	na	(0.06)	(0.08)	(0.09)
$15	(0.03)	(0.08)	na	na	(0.06)	(0.07)	(0.09)
$20	(0.03)	(0.09)	na	na	(0.05)	(0.07)	(0.09)
$25	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$30	(0.06)	(0.17)	na	na	(0.11)	(0.15)	(0.18)
$35	(0.06)	(0.17)	na	na	(0.12)	(0.14)	(0.18)
$40	(0.07)	(0.21)	na	na	(0.13)	(0.17)	(0.21)
$45	(0.09)	(0.26)	na	na	(0.17)	(0.22)	(0.27)
$50	(0.09)	(0.26)	na	na	(0.16)	(0.22)	(0.27)
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	-	-	na	na	-	-	-
$15	-	-	na	na	-	-	-
$25	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$5	7.5%	7.6%	na	na	7.6%	7.6%	7.5%
$10	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$15	7.6%	7.7%	na	na	7.6%	7.7%	7.6%
$20	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
$25	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$30	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Copay	PCP Office Visit Copay with $0 Child Copay [inc. Urgent Care facility visits] [st						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	7.3%	7.4%	na	na	7.3%	7.3%	7.3%
$10	7.7%	7.8%	na	na	7.7%	7.8%	7.7%
$15	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$20	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
$25	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
$30	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Copay	Specialist Office Visit Copay [incl. Chiropractic visits] [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	7.7%	7.8%	na	na	7.7%	7.7%	7.7%
$10	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$15	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
$20	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$25	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$30	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$40	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$45	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$50	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Copay	Specialist Office Visit Copay with $0 Child copay [incl. Chiropractic visits] [std:						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	7.7%	7.8%	na	na	7.7%	7.8%	7.7%
$10	7.6%	7.7%	na	na	7.6%	7.6%	7.6%
$15	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$20	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$25	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$30	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$40	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$45	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$50	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
	Outpatient Chemical Abuse Rehab Limit [std: 60 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
60	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
120	6.3%	6.5%	na	na	5.6%	6.1%	6.3%
Unlimited	6.9%	7.1%	na	na	7.5%	7.2%	6.9%
	Outpatient Therapies Limit [std: 30 visits]						
# Visits	[Copay same as Specialist Physician Office Visit]						
30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
60	7.6%	7.9%	na	na	7.5%	7.4%	7.6%
90	7.3%	7.3%	na	na	7.0%	7.5%	7.3%
not covered	7.4%	7.4%	na	na	7.4%	7.3%	7.4%
Copay	Refractive Eye Exam Copay [std: $0]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
$10	9.7%	10.0%	na	na	10.5%	10.8%	9.7%
$15	6.8%	6.3%	na	na	7.4%	6.6%	6.8%
$20	6.3%	6.5%	na	na	5.6%	6.1%	6.3%
$25	9.2%	9.0%	na	na	9.2%	9.0%	9.2%
$30	8.2%	8.0%	na	na	8.1%	8.6%	8.2%
$35	7.1%	7.0%	na	na	7.7%	6.9%	7.1%
$40	7.2%	7.5%	na	na	7.3%	7.3%	7.2%
$45	8.1%	8.1%	na	na	8.3%	8.3%	8.1%
$50	7.3%	7.3%	na	na	7.0%	7.5%	7.3%
	Ambulance Copay [std: $0]						
Copay	[Copay same or less than Emergency Room Copay]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
$25	0.0%	0.0%	na	na	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.27)	(0.78)	na	na	(0.50)	(0.65)	(0.81)
$50	(0.36)	(1.04)	na	na	(0.67)	(0.86)	(1.08)
$60	(0.44)	(1.28)	na	na	(0.81)	(1.06)	(1.32)
$75	(0.56)	(1.62)	na	na	(1.04)	(1.34)	(1.68)
$100	(0.73)	(2.12)	na	na	(1.35)	(1.75)	(2.19)
$125	(0.95)	(2.76)	na	na	(1.76)	(2.28)	(2.85)
$150	(1.14)	(3.31)	na	na	(2.11)	(2.74)	(3.42)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]	(4.55)	(13.20)	na	na	(8.42)	(10.92)	(13.65)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum	(0.59)	(1.71)	na	na	(1.09)	(1.42)	(1.77)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.36)	(15.54)	na	na	(9.92)	(12.86)	(16.08)
$500,000	(1.60)	(4.64)	na	na	(2.96)	(3.84)	(4.80)

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
Monthly PAR Claim Cost

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.30)	(0.87)	na	na	(0.56)	(0.72)	(0.90)
$50	(0.39)	(1.13)	na	na	(0.72)	(0.94)	(1.17)
$60	(0.47)	(1.36)	na	na	(0.87)	(1.13)	(1.41)
$75	(0.59)	(1.71)	na	na	(1.09)	(1.42)	(1.77)
$100	(0.79)	(2.29)	na	na	(1.46)	(1.90)	(2.37)
$125	(1.01)	(2.93)	na	na	(1.87)	(2.42)	(3.03)
$150	(1.23)	(3.57)	na	na	(2.28)	(2.95)	(3.69)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]	(4.90)	(14.21)	na	na	(9.07)	(11.76)	(14.70)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum	(0.64)	(1.86)	na	na	(1.18)	(1.54)	(1.92)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.77)	(16.73)	na	na	(10.67)	(13.85)	(17.31)
$500,000	(1.72)	(4.99)	na	na	(3.18)	(4.13)	(5.16)

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	(0.03)	(0.09)	na	na	(0.06)	(0.07)	(0.09)
$50	(0.03)	(0.09)	na	na	(0.05)	(0.08)	(0.09)
$60	(0.03)	(0.08)	na	na	(0.06)	(0.07)	(0.09)
$75	(0.03)	(0.09)	na	na	(0.05)	(0.08)	(0.09)
$100	(0.06)	(0.17)	na	na	(0.11)	(0.15)	(0.18)
$125	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$150	(0.09)	(0.26)	na	na	(0.17)	(0.21)	(0.27)
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]	(0.35)	(1.01)	na	na	(0.65)	(0.84)	(1.05)
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum	(0.05)	(0.15)	na	na	(0.09)	(0.12)	(0.15)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.41)	(1.19)	na	na	(0.75)	(0.99)	(1.23)
$500,000	(0.12)	(0.35)	na	na	(0.22)	(0.29)	(0.36)

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 2
HIP SELECT EPO/PPO SMALL GROUPPOLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
Variable	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
$35	11.1%	11.5%	na	na	12.0%	10.8%	11.1%
$50	8.3%	8.7%	na	na	7.5%	9.3%	8.3%
$60	6.8%	6.3%	na	na	7.4%	6.6%	6.8%
$75	5.4%	5.6%	na	na	4.8%	6.0%	5.4%
$100	8.2%	8.0%	na	na	8.1%	8.6%	8.2%
$125	6.3%	6.2%	na	na	6.3%	6.1%	6.3%
$150	7.9%	7.9%	na	na	8.1%	7.7%	7.9%
Surgery [std: $0 copay]							
Copay per procedure of minimum of [20%, $300]	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Diagnostic Testing [std: $0]							
Copay per procedure minimum of [20%, $500], $500 annual maximum	8.5%	8.8%	na	na	8.3%	8.5%	8.5%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	7.6%	7.7%	na	na	7.6%	7.7%	7.6%
$500,000	7.5%	7.5%	na	na	7.4%	7.6%	7.5%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.72)	(2.09)	na	na	(1.33)	(1.73)	(2.16)
$25	(1.21)	(3.51)	na	na	(2.24)	(2.90)	(3.63)
$35	(1.93)	(5.60)	na	na	(3.57)	(4.63)	(5.79)
$50	(3.07)	(8.90)	na	na	(5.68)	(7.37)	(9.21)
$75	(5.02)	(14.56)	na	na	(9.29)	(12.05)	(15.06)
$100	(6.68)	(19.37)	na	na	(12.36)	(16.03)	(20.04)
$125	(8.35)	(24.22)	na	na	(15.45)	(20.04)	(25.05)
$150	(10.01)	(29.03)	na	na	(18.52)	(24.02)	(30.03)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.22)	(15.14)	na	na	(9.66)	(12.53)	(15.66)
$500,000	(1.53)	(4.44)	na	na	(2.83)	(3.67)	(4.59)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
Monthly NON-PAR Claim Cost

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$15	(0.78)	(2.26)	na	na	(1.44)	(1.87)	(2.34)
$25	(1.30)	(3.77)	na	na	(2.41)	(3.12)	(3.90)
$35	(2.08)	(6.03)	na	na	(3.85)	(4.99)	(6.24)
$50	(3.31)	(9.60)	na	na	(6.12)	(7.94)	(9.93)
$75	(5.41)	(15.69)	na	na	(10.01)	(12.98)	(16.23)
$100	(7.20)	(20.88)	na	na	(13.32)	(17.28)	(21.60)
$125	(8.99)	(26.07)	na	na	(16.63)	(21.58)	(26.97)
$150	(10.78)	(31.26)	na	na	(19.94)	(25.87)	(32.34)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(5.62)	(16.30)	na	na	(10.40)	(13.49)	(16.86)
$500,000	(1.65)	(4.79)	na	na	(3.05)	(3.96)	(4.95)
Unlimited	0.00	0.00	na	na	0.00	0.00	0.00

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
DOLLAR CHANGE IN RATES

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	-	-	na	na	-	-	-
$15	(0.06)	(0.17)	na	na	(0.11)	(0.14)	(0.18)
$25	(0.09)	(0.26)	na	na	(0.17)	(0.22)	(0.27)
$35	(0.15)	(0.43)	na	na	(0.28)	(0.36)	(0.45)
$50	(0.24)	(0.70)	na	na	(0.44)	(0.57)	(0.72)
$75	(0.39)	(1.13)	na	na	(0.72)	(0.93)	(1.17)
$100	(0.52)	(1.51)	na	na	(0.96)	(1.25)	(1.56)
$125	(0.64)	(1.85)	na	na	(1.18)	(1.54)	(1.92)
$150	(0.77)	(2.23)	na	na	(1.42)	(1.85)	(2.31)
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	(0.40)	(1.16)	na	na	(0.74)	(0.96)	(1.20)
$500,000	(0.12)	(0.35)	na	na	(0.22)	(0.29)	(0.36)
Unlimited	-	-	na	na	-	-	-

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 3
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT DOLLAR VARIABLES
PERCENTAGE CHANGE IN RATES

Variable	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Copay	**Outpatient Hospital Emergency Services Copay [std: $0]**						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	8.3%	8.1%	na	na	8.3%	8.1%	8.3%
$25	7.4%	7.4%	na	na	7.6%	7.6%	7.4%
$35	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
$50	7.8%	7.9%	na	na	7.7%	7.7%	7.8%
$75	7.8%	7.8%	na	na	7.8%	7.7%	7.8%
$100	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
$125	7.7%	7.6%	na	na	7.6%	7.7%	7.7%
$150	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Maximum	**Calendar Year Maximum [std: unlimited]**						
$100,000	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
$500,000	7.8%	7.9%	na	na	7.8%	7.9%	7.8%
Unlimited	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%
30	0.0%	7.2%	n/a	n/a	9.5%	0.0%	9.5%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	6.3%	n/a	n/a	8.4%	0.0%	8.4%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	1.7%	n/a	n/a	2.3%	0.0%	2.3%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.3%	n/a	n/a	0.4%	0.0%	0.4%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
DOLLAR CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
30	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			Class II Dependents				
	0.0%	2.9%	n/a	n/a	3.8%	0.0%	3.8%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 4
HIP SELECT EPO/PPO SMALL GROUP POLICY - BENEFIT PERCENTAGE VARIABLES
PERCENTAGE CHANGE IN RATES

DEPENDENT COVERAGE

Rider	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
Dependent Coverage							
Expressed as % add-on to each premium rate otherwise computed							
Dependent Children [std: covered to 19 end of month]							
Age			**End of Month**				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
30	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Year				
19	na	na	na	na	na	na	na
20	na	na	na	na	na	na	na
21	na	na	na	na	na	na	na
22	na	na	na	na	na	na	na
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
Full-time Students [std: covered to 23 end of year]							
Age			**End of Year**				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			End of Month				
23	na	na	na	na	na	na	na
24	na	na	na	na	na	na	na
25	na	na	na	na	na	na	na
26	na	na	na	na	na	na	na
			Grandchildren				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%
			Class II Dependents				
	#DIV/0!	0.0%	na	na	0.0%	#DIV/0!	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 5
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.2%	96.8%	96.5%	96.0%	95.8%	95.6%	95.4%	95.2%	95.0%
$500	89.8%	89.4%	89.1%	88.7%	88.5%	88.3%	88.1%	87.9%	87.6%
$1,000	85.7%	85.3%	85.0%	84.6%	84.4%	84.2%	84.0%	83.8%	83.6%
$1,500	82.7%	82.3%	82.1%	81.7%	81.5%	81.3%	81.1%	80.9%	80.7%
$2,000	80.3%	80.0%	79.7%	79.4%	79.2%	79.0%	78.8%	78.6%	78.4%
$2,500	78.5%	78.2%	77.9%	77.7%	77.4%	77.3%	77.1%	76.9%	76.7%
$3,000	76.6%	76.4%	76.1%	75.9%	75.6%	75.5%	75.3%	75.1%	74.9%
$3,500	74.8%	74.6%	74.3%	74.2%	73.8%	73.8%	73.6%	73.4%	73.2%
20% Member Coinsurance									
$0	95.9%	95.1%	94.4%	93.5%	92.9%	92.5%	91.9%	91.3%	90.4%
$500	89.0%	88.3%	87.7%	86.9%	86.3%	85.9%	85.3%	84.7%	83.9%
$1,000	85.1%	84.5%	83.9%	83.2%	82.7%	82.2%	81.7%	81.1%	80.3%
$1,500	82.3%	81.6%	81.2%	80.5%	80.0%	79.5%	79.1%	78.5%	77.7%
$2,000	80.0%	79.4%	79.0%	78.3%	77.8%	77.4%	77.0%	76.5%	75.6%
$2,500	78.2%	77.7%	77.3%	76.7%	76.2%	75.8%	75.4%	74.9%	74.1%
$3,000	76.4%	75.9%	75.6%	75.0%	74.5%	74.2%	73.8%	73.3%	72.5%
$3,500	74.6%	74.2%	73.9%	73.4%	72.9%	72.6%	72.2%	71.7%	71.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	97.6%	97.2%	96.9%	96.5%	96.3%	96.1%	95.9%	95.7%	95.4%
$500	92.4%	92.0%	91.8%	91.4%	91.2%	91.0%	90.8%	90.6%	90.3%
$1,000	88.9%	88.6%	88.3%	88.0%	87.8%	87.6%	87.3%	87.2%	86.9%
$1,500	86.2%	85.9%	85.6%	85.3%	85.1%	84.9%	84.7%	84.5%	84.3%
$2,000	84.0%	83.7%	83.5%	83.2%	83.0%	82.8%	82.6%	82.4%	82.2%
$2,500	82.3%	82.0%	81.8%	81.5%	81.3%	81.2%	81.0%	80.8%	80.6%
$3,000	80.6%	80.3%	80.1%	79.8%	79.6%	79.5%	79.3%	79.1%	78.9%
$3,500	78.9%	78.6%	78.4%	78.1%	77.9%	77.9%	77.7%	77.5%	77.3%
20% Member Coinsurance									
$0	96.7%	95.9%	95.3%	94.4%	93.8%	93.4%	92.8%	92.2%	91.3%
$500	91.8%	91.1%	90.5%	89.8%	89.2%	88.7%	88.2%	87.6%	86.8%
$1,000	88.4%	87.8%	87.3%	86.6%	86.1%	85.6%	85.2%	84.6%	83.8%
$1,500	85.8%	85.3%	84.8%	84.1%	83.6%	83.2%	82.8%	82.2%	81.4%
$2,000	83.7%	83.2%	82.8%	82.2%	81.7%	81.3%	80.9%	80.3%	79.5%
$2,500	82.0%	81.6%	81.2%	80.6%	80.1%	79.8%	79.4%	78.8%	78.1%
$3,000	80.3%	79.9%	79.6%	79.0%	78.5%	78.3%	77.8%	77.3%	76.6%
$3,500	78.6%	78.3%	78.0%	77.4%	76.9%	76.8%	76.3%	75.8%	75.2%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	100.0%	100.0%	100.0%
$500	99.4%	98.8%	97.8%
$1,000	99.1%	98.3%	96.6%
$1,500	98.7%	97.8%	96.3%
$2,000	98.9%	97.9%	95.7%
$2,500	98.6%	97.3%	95.3%
$3,000	98.2%	96.7%	94.9%
$3,500	97.7%	96.2%	94.5%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
99.7%	99.5%	99.1%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
PAR PROVIDER
[std: deductible $0; no coinsurance]

PLANS WITH PAR OFFICE VISITS SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PLANS WITH PAR OFFICE VISITS & OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

Deductible	Coinsurance Maximum $500	$750	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$10,000
10% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20% Member Coinsurance									
$0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$0	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$3,500	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind	Fam. Co. Max.= 2.5 x Ind	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	84.6%	83.8%	83.9%	82.9%	83.7%	83.3%	83.1%
$200	80.4%	79.6%	79.6%	78.8%	79.4%	79.0%	78.9%
$250	78.3%	77.5%	77.4%	76.7%	77.2%	76.8%	76.7%
$300	76.2%	75.4%	75.3%	74.7%	75.1%	74.7%	74.6%
$350	74.1%	73.3%	73.1%	72.6%	72.9%	72.5%	72.4%
$500	69.5%	68.8%	68.6%	68.0%	68.5%	68.0%	67.9%
$750	63.3%	62.7%	62.2%	61.8%	62.2%	61.7%	61.6%
$1,000	58.5%	57.8%	57.5%	57.0%	57.3%	56.9%	56.8%
$1,500	51.5%	51.1%	50.6%	50.3%	50.4%	50.0%	49.9%
$2,000	46.7%	46.1%	45.6%	45.4%	45.4%	45.1%	45.0%
$2,500	42.8%	42.3%	41.8%	41.8%	41.4%	41.2%	41.2%
$3,000	39.8%	39.2%	38.7%	38.8%	38.3%	38.1%	38.0%
$4,000	35.0%	34.4%	33.8%	34.2%	33.6%	33.5%	33.4%
$6,000	28.4%	27.6%	27.8%	27.6%	27.2%	27.1%	26.9%
			20% Member Coinsurance				
$100	80.7%	79.3%	78.5%	77.1%	76.7%	76.2%	75.6%
$200	76.9%	75.5%	74.7%	73.4%	72.9%	72.4%	71.8%
$250	75.0%	73.6%	72.8%	71.5%	71.0%	70.5%	69.9%
$300	73.1%	71.7%	70.9%	69.7%	69.1%	68.6%	68.0%
$350	71.2%	69.8%	69.0%	67.8%	67.2%	66.7%	66.1%
$500	67.0%	65.7%	64.9%	63.7%	63.2%	62.7%	62.1%
$750	61.3%	60.1%	59.2%	58.1%	57.6%	57.1%	56.5%
$1,000	56.9%	55.7%	54.9%	53.8%	53.3%	52.8%	52.2%
$1,500	50.4%	49.4%	48.6%	47.6%	47.1%	46.6%	46.0%
$2,000	45.8%	44.8%	44.0%	43.1%	42.6%	42.2%	41.6%
$2,500	42.1%	41.2%	40.5%	39.7%	39.1%	38.7%	38.2%
$3,000	39.2%	38.3%	37.6%	36.9%	36.3%	35.9%	35.4%
$4,000	34.6%	33.8%	33.1%	32.6%	32.0%	31.7%	31.2%
$6,000	28.2%	27.4%	27.1%	26.6%	26.1%	25.8%	25.3%
			30% Member Coinsurance				
$100	76.8%	74.8%	73.2%	71.3%	69.8%	69.2%	68.1%
$200	73.4%	71.4%	69.9%	68.0%	66.5%	65.9%	64.8%
$250	71.7%	69.7%	68.2%	66.3%	64.8%	64.2%	63.1%
$300	70.0%	68.0%	66.6%	64.7%	63.2%	62.6%	61.5%
$350	68.3%	66.3%	64.9%	63.0%	61.5%	60.9%	59.8%
$500	64.5%	62.6%	61.2%	59.4%	57.9%	57.4%	56.3%
$750	59.3%	57.5%	56.2%	54.4%	53.0%	52.5%	51.4%
$1,000	55.3%	53.6%	52.3%	50.6%	49.3%	48.7%	47.6%
$1,500	49.3%	47.7%	46.6%	44.9%	43.8%	43.2%	42.1%
$2,000	44.9%	43.5%	42.4%	40.8%	39.8%	39.3%	38.2%
$2,500	41.4%	40.1%	39.2%	37.6%	36.8%	36.2%	35.2%
$3,000	38.6%	37.4%	36.5%	35.0%	34.3%	33.7%	32.8%
$4,000	34.2%	33.2%	32.4%	31.0%	30.4%	29.9%	29.0%
$6,000	28.0%	27.2%	26.4%	25.6%	25.0%	24.5%	23.7%
			40% Member Coinsurance				
$100	73.5%	70.8%	68.9%	66.1%	64.3%	62.8%	61.1%
$200	70.5%	67.8%	65.9%	63.2%	61.4%	59.9%	58.3%
$250	69.0%	66.3%	64.4%	61.7%	59.9%	58.4%	56.9%
$300	67.5%	64.8%	62.9%	60.3%	58.5%	57.0%	55.5%
$350	66.0%	63.3%	61.4%	58.8%	57.0%	55.5%	54.1%
$500	62.6%	60.0%	58.2%	55.6%	53.9%	52.4%	51.0%
$750	57.8%	55.4%	53.7%	51.2%	49.6%	48.1%	46.8%
$1,000	54.0%	51.9%	50.2%	47.8%	46.2%	44.7%	43.6%
$1,500	48.5%	46.5%	45.0%	42.9%	41.3%	39.9%	38.8%
$2,000	44.3%	42.6%	41.2%	39.2%	37.7%	36.5%	35.4%
$2,500	41.0%	39.4%	38.2%	36.3%	34.8%	33.8%	32.7%
$3,000	38.2%	36.8%	35.7%	34.0%	32.5%	31.7%	30.6%
$4,000	33.9%	32.7%	31.8%	30.2%	28.8%	28.3%	27.2%
$6,000	27.8%	27.0%	26.2%	24.7%	24.1%	23.5%	22.4%
			50% Member Coinsurance				
$100	70.9%	67.2%	64.7%	61.3%	59.0%	57.1%	54.4%
$200	68.2%	64.6%	62.2%	58.8%	56.5%	54.7%	52.0%
$250	66.8%	63.3%	60.9%	57.5%	55.2%	53.5%	50.8%
$300	65.5%	62.0%	59.7%	56.3%	54.0%	52.3%	49.6%
$350	64.1%	60.7%	58.4%	55.0%	52.7%	51.1%	48.4%
$500	61.0%	57.8%	55.5%	52.3%	50.1%	48.4%	45.8%
$750	56.5%	53.7%	51.6%	48.5%	46.4%	44.8%	42.3%
$1,000	53.1%	50.5%	48.5%	45.5%	43.5%	41.9%	39.5%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
			10% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			20% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			30% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			40% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
			50% Member Coinsurance				
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	47.7%	45.5%	43.7%	41.1%	39.2%	37.7%	35.5%
$2,000	43.9%	41.9%	40.2%	37.8%	36.0%	34.5%	32.6%
$2,500	40.6%	38.8%	37.4%	35.2%	33.5%	32.0%	30.4%
$3,000	38.0%	36.4%	35.1%	33.0%	31.4%	29.9%	28.5%
$4,000	33.8%	32.4%	31.3%	29.6%	28.1%	26.7%	25.6%
$6,000	27.7%	26.8%	26.0%	24.4%	23.1%	22.5%	21.4%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH ALL NON-PAR SERVICES SUBJECT TO DEDUCTIBLE & COINSURANCE

	Coinsurance Maximum						
Deductible	**$1,000**	**$1,500**	**$2,000**	**$3,000**	**$4,000**	**$5,000**	**$7,000**
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
				10% Member Coinsurance					
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
				20% Member Coinsurance					
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
				30% Member Coinsurance					
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
				40% Member Coinsurance					
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
				50% Member Coinsurance					
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
				10% Member Coinsurance					
$100	85.1%	84.3%	84.2%	83.9%	84.1%	83.4%	83.3%	83.8%	83.5%
$200	81.1%	80.4%	80.2%	79.8%	80.1%	79.5%	79.4%	79.7%	79.6%
$250	79.1%	78.4%	78.2%	77.7%	78.1%	77.5%	77.4%	77.6%	77.6%
$300	77.1%	76.5%	76.2%	75.7%	76.1%	75.6%	75.5%	75.6%	75.7%
$350	75.1%	74.5%	74.2%	73.6%	74.1%	73.6%	73.5%	73.5%	73.7%
$500	71.0%	70.3%	70.0%	69.5%	69.8%	69.5%	69.4%	69.4%	69.4%
$750	65.2%	64.6%	64.2%	63.7%	64.1%	63.6%	63.5%	63.7%	63.7%
$1,000	60.9%	60.4%	60.0%	59.4%	59.7%	59.3%	59.1%	59.3%	59.3%
$1,500	54.4%	53.9%	53.4%	53.2%	53.4%	52.9%	52.8%	52.9%	53.1%
$2,000	49.9%	49.3%	48.9%	48.6%	48.7%	48.4%	48.2%	48.1%	48.3%
$2,500	46.2%	45.9%	45.2%	45.3%	44.9%	44.7%	44.7%	44.5%	44.7%
$3,000	43.3%	42.8%	42.3%	42.4%	42.1%	41.8%	41.8%	41.6%	41.8%
$4,000	38.9%	38.3%	37.7%	38.0%	37.4%	37.3%	37.2%	37.2%	37.3%
$6,000	32.5%	31.9%	32.0%	31.6%	31.4%	31.1%	31.0%	31.0%	31.0%
				20% Member Coinsurance					
$100	81.5%	80.2%	79.4%	78.2%	77.7%	77.0%	76.4%	76.1%	75.4%
$200	77.9%	76.6%	75.8%	74.6%	74.1%	73.5%	72.9%	72.5%	71.9%
$250	76.1%	74.8%	74.0%	72.8%	72.3%	71.7%	71.1%	70.7%	70.1%
$300	74.3%	73.0%	72.2%	71.0%	70.5%	70.0%	69.4%	68.9%	68.4%
$350	72.5%	71.2%	70.4%	69.2%	68.7%	68.2%	67.6%	67.1%	66.6%
$500	68.7%	67.4%	66.6%	65.5%	64.9%	64.5%	63.9%	63.4%	62.8%
$750	63.4%	62.2%	61.4%	60.3%	59.8%	59.3%	58.7%	58.3%	57.7%
$1,000	59.4%	58.3%	57.5%	56.4%	55.9%	55.4%	54.8%	54.4%	53.8%
$1,500	53.4%	52.4%	51.6%	50.7%	50.2%	49.7%	49.1%	48.7%	48.2%
$2,000	49.1%	48.1%	47.4%	46.5%	46.0%	45.6%	45.0%	44.5%	44.0%
$2,500	45.6%	44.8%	44.0%	43.3%	42.7%	42.3%	41.8%	41.3%	40.8%
$3,000	42.8%	42.0%	41.3%	40.6%	40.1%	39.7%	39.2%	38.7%	38.2%
$4,000	38.5%	37.7%	37.0%	36.5%	35.9%	35.6%	35.1%	34.7%	34.2%
$6,000	32.3%	31.6%	31.3%	30.7%	30.3%	29.9%	29.5%	29.1%	28.6%
				30% Member Coinsurance					
$100	77.9%	76.2%	74.6%	72.6%	71.3%	70.6%	69.5%	68.5%	67.3%
$200	74.7%	72.9%	71.4%	69.5%	68.1%	67.5%	66.4%	65.4%	64.2%
$250	73.1%	71.2%	69.8%	67.9%	66.5%	65.9%	64.8%	63.8%	62.6%
$300	71.5%	69.6%	68.2%	66.4%	64.9%	64.4%	63.3%	62.3%	61.1%
$350	69.9%	67.9%	66.6%	64.8%	63.3%	62.8%	61.7%	60.7%	59.5%
$500	66.4%	64.5%	63.2%	61.5%	60.0%	59.5%	58.4%	57.4%	56.2%
$750	61.6%	59.8%	58.6%	56.9%	55.5%	55.0%	53.9%	52.9%	51.7%
$1,000	57.9%	56.2%	55.0%	53.4%	52.1%	51.5%	50.5%	49.5%	48.3%
$1,500	52.4%	50.9%	49.8%	48.2%	47.0%	46.5%	45.4%	44.5%	43.3%
$2,000	48.3%	46.9%	45.9%	44.4%	43.3%	42.8%	41.8%	40.9%	39.7%
$2,500	45.0%	43.7%	42.8%	41.3%	40.5%	39.9%	38.9%	38.1%	36.9%
$3,000	42.3%	41.2%	40.3%	38.8%	38.1%	37.6%	36.6%	35.8%	34.6%
$4,000	38.1%	37.1%	36.3%	35.0%	34.4%	33.9%	33.0%	32.2%	31.1%
$6,000	32.1%	31.3%	30.6%	29.8%	29.2%	28.7%	28.0%	27.2%	26.2%
				40% Member Coinsurance					
$100	75.1%	72.5%	70.4%	67.7%	66.0%	64.5%	63.1%	61.6%	59.4%
$200	72.2%	69.6%	67.6%	65.0%	63.3%	61.8%	60.4%	58.9%	56.7%
$250	70.7%	68.1%	66.2%	63.6%	61.9%	60.4%	59.0%	57.5%	55.3%
$300	69.3%	66.7%	64.8%	62.3%	60.6%	59.1%	57.7%	56.2%	54.0%
$350	67.8%	65.2%	63.4%	60.9%	59.2%	57.7%	56.3%	54.8%	52.6%
$500	64.6%	62.2%	60.4%	58.0%	56.3%	54.8%	53.5%	52.0%	49.8%
$750	60.2%	57.9%	56.3%	53.9%	52.3%	50.9%	49.6%	48.1%	46.0%
$1,000	56.7%	54.7%	53.1%	50.8%	49.3%	47.8%	46.7%	45.2%	43.1%
$1,500	51.6%	49.7%	48.3%	46.2%	44.7%	43.4%	42.3%	40.9%	38.8%
$2,000	47.7%	46.0%	44.7%	42.8%	41.3%	40.2%	39.1%	37.7%	35.7%
$2,500	44.6%	43.1%	41.9%	40.1%	38.6%	37.7%	36.6%	35.2%	33.2%
$3,000	42.0%	40.6%	39.5%	37.9%	36.4%	35.6%	34.5%	33.2%	31.3%
$4,000	37.8%	36.7%	35.8%	34.3%	32.9%	32.4%	31.3%	30.1%	28.2%
$6,000	31.9%	31.1%	30.4%	28.9%	28.3%	27.8%	26.7%	25.7%	24.0%
				50% Member Coinsurance					
$100	72.5%	69.2%	66.6%	63.4%	61.0%	59.4%	56.5%	55.1%	51.9%
$200	69.9%	66.7%	64.2%	61.0%	58.7%	57.1%	54.3%	52.8%	49.6%
$250	68.6%	65.4%	63.0%	59.8%	57.5%	55.9%	53.2%	51.6%	48.4%
$300	67.3%	64.2%	61.8%	58.6%	56.4%	54.8%	52.1%	50.5%	47.3%
$350	66.0%	62.9%	60.6%	57.4%	55.2%	53.6%	51.0%	49.3%	46.1%
$500	63.2%	60.1%	58.0%	54.9%	52.7%	51.1%	48.6%	47.0%	43.8%
$750	59.1%	56.4%	54.4%	51.4%	49.3%	47.8%	45.3%	43.7%	40.6%
$1,000	55.9%	53.4%	51.5%	48.7%	46.7%	45.2%	42.8%	41.2%	38.1%
$1,500	51.0%	48.8%	47.1%	44.5%	42.7%	41.2%	39.2%	37.5%	34.5%
$2,000	47.3%	45.4%	43.8%	41.5%	39.8%	38.3%	36.4%	34.8%	31.9%
$2,500	44.2%	42.5%	41.1%	39.0%	37.4%	35.9%	34.3%	32.7%	29.9%
$3,000	41.7%	40.2%	38.9%	36.9%	35.4%	33.9%	32.6%	30.9%	28.2%
$4,000	37.7%	36.4%	35.3%	33.6%	32.2%	30.9%	29.8%	28.1%	25.6%
$6,000	31.9%	30.9%	30.2%	28.7%	27.4%	26.8%	25.8%	24.3%	22.0%

HIP INSURANCE COMPANY OF NEW YORK
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
				10% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				20% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				30% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				40% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				50% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
PERCENTAGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM % ADJUSTMENTS
NON-PAR PROVIDER

PLANS WITH NON-PAR OUTPATIENT EMERGENCY SERVICES SUBJECT TO A COPAY

	Coinsurance Maximum								
Deductible	$1,000	$1,500	$2,000	$3,000	$4,000	$5,000	$7,000	$10,000	$20,000
				10% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				20% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				30% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				40% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				50% Member Coinsurance					
$100	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

ut Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 6
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.998	0.997	0.994
$200	0.997	0.994	0.988
$250	0.996	0.992	0.986
$300	0.996	0.992	0.983
$350	0.995	0.990	0.981
$500	0.993	0.987	0.975
$750	0.991	0.983	0.967
$1,000	0.989	0.979	0.960
$1,500	0.984	0.970	0.952
$2,000	0.986	0.973	0.945
$2,500	0.981	0.963	0.935
$3,000	0.976	0.961	0.940
$4,000	0.984	0.967	0.935
$6,000	0.983	0.967	0.938

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.998	0.996	0.993

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.964
90th Percentile of HIAA	1.036

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	-	-	-
$200	-	-	-
$250	-	-	-
$300	-	-	-
$350	-	-	-
$500	-	-	-
$750	-	-	-
$1,000	-	-	-
$1,500	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$6,000	-	-	-

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
-	-	-

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	-
90th Percentile of HIAA	-

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - BENEFIT PERCENTAGE VARIABLES
Applies to all Rate Tiers

DEDUCTIBLE, COINSURANCE & COINSURANCE MAXIMUM %
AND FEE SCHEUDLE ADJUSTMENTS
NON-PAR PROVIDER

Family Deductible Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Individual Deductible	Fam. Ded= 2.25 x Ind. Ded	Fam. Ded= 2.5 x Ind. Ded	Fam. Ded= 3.0. x Ind. Ded
$100	0.0%	0.0%	0.0%
$200	0.0%	0.0%	0.0%
$250	0.0%	0.0%	0.0%
$300	0.0%	0.0%	0.0%
$350	0.0%	0.0%	0.0%
$500	0.0%	0.0%	0.0%
$750	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$1,500	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$6,000	0.0%	0.0%	0.0%

Family Coinsurance Maximum Factors [std: 2x Individual Ded]
Expressed as a % add on to each deductible credit rate

Fam. Co. Max.= 2.25 x Ind. Co. Max.	Fam. Co. Max.= 2.5 x Ind. Co. Max.	Fam. Co. Max.= 3.0. x Ind. Co. Max.
0.0%	0.0%	0.0%

Out Of Network Fee Schedule Reimbursement [std: 80th percentile of HIAA]
Expressed as a % add on to each OON premium rate otherwise computed]

Schedule	
70th Percentile of HIAA	0.0%
90th Percentile of HIAA	0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
OCTOBER 1, 2012 - DECEMBER 31, 2012 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	19.76	na	19.76
Two Persons	na	na	na
EE & Child(ren)	na	na	36.75
EE + Spouse	na	na	39.52
Family	48.41	na	60.47

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 7
HIP SELECT EPO/PPO POLICY - OTHER FACTORS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	20.35	na	20.35
Two Persons	na	na	na
EE & Child(ren)	na	na	37.85
EE + Spouse	na	na	40.71
Family	49.86	na	62.28

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	1.000	1.074
Select PPO	1.000	1.044
New York City, Westchester, Rockland and Orange Counties		
Select EPO	1.000	1.028
Select PPO	1.000	1.017
Upstate New York	1.023	1.023
New Jersey	0.954	0.954
Connecticut	1.148	1.148
All Other States	1.200	1.200

employer

Retention Percentage

All Small Groups 23.3%

Sole Proprietor Contracts

Sole Proprietor Factor 115.0%

HIP INSURANCE COMPANY OF NEW YORK

DOLLAR CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	0.59	na	0.59
Two Persons	na	na	na
EE & Child(ren)	na	na	1.10
EE + Spouse	na	na	1.19
Family	1.45	na	1.81

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	-	-
Select PPO	-	-
New York City, Westchester, Rockland and Orange Counties		
Select EPO	-	-
Select PPO	-	-
Upstate New York	-	-
New Jersey	-	-
Connecticut	-	-
All Other States	-	-

employer

Retention Percentage

All Small Groups -

Sole Proprietor Contracts

Sole Proprietor Factor -

HIP INSURANCE COMPANY OF NEW YORK

PERCENTAGE CHANGE IN RATES
HIP SELECT EPO/PPO POLICY - OTHER FACTORS

HCRA Covered Lives Assessment
(subject to changes as amended by law)

	Two Tier	Three Tier	Four Tier
Individual	3.0%	na	3.0%
Two Persons	na	na	na
EE & Child(ren)	na	na	3.0%
EE + Spouse	na	na	3.0%
Family	3.0%	na	3.0%

Network Area Factors

Area*/Plan	Network HIP Prime	Network VYTRA Premium
Long Island		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
New York City, Westchester, Rockland and Orange Counties		
Select EPO	0.0%	0.0%
Select PPO	0.0%	0.0%
Upstate New York	0.0%	0.0%
New Jersey	0.0%	0.0%
Connecticut	0.0%	0.0%
All Other States	0.0%	0.0%

employer

Retention Percentage

All Small Groups 0.0%

Sole Proprietor Contracts

Sole Proprietor Factor 0.0%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
OCTOBER 1, 2012 - DECEMBER 31, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	2.78	8.06	na	na	5.14	6.67	8.34
60	3.56	10.32	na	na	6.59	8.54	10.68
90	4.15	12.04	na	na	7.68	9.96	12.45
Unlimited	4.24	12.30	na	na	7.84	10.18	12.72
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	4.33	12.56	na	na	8.01	10.39	12.99
60	4.48	12.99	na	na	8.29	10.75	13.44
90	4.66	13.51	na	na	8.62	11.18	13.98
Unlimited	4.75	13.78	na	na	8.79	11.40	14.25
SMALL GROUP							
Inpatient Mental Hlth	0.00	0.00	na	na	0.00	0.00	0.00
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	6.07	17.60	na	na	11.23	14.57	18.21
20 visits/$5	5.75	16.68	na	na	10.64	13.80	17.25
20 visits/$10	5.46	15.83	na	na	10.10	13.10	16.38
20 visits/$15	5.17	14.99	na	na	9.56	12.41	15.51
20 visits/$20	4.92	14.27	na	na	9.10	11.81	14.76
20 visits/$25	4.67	13.54	na	na	8.64	11.21	14.01
20 visits/$30	4.50	13.05	na	na	8.33	10.80	13.50
20 visits/$35	4.34	12.59	na	na	8.03	10.42	13.02
20 visits/$40	4.18	12.12	na	na	7.73	10.03	12.54
20 visits/$45	4.00	11.60	na	na	7.40	9.60	12.00
20 visits/$50	3.85	11.17	na	na	7.12	9.24	11.55
30 visits/$0	7.81	22.65	na	na	14.45	18.74	23.43
30 visits/$5	7.09	20.56	na	na	13.12	17.02	21.27
30 visits/$10	6.65	19.29	na	na	12.30	15.96	19.95
30 visits/$15	6.45	18.71	na	na	11.93	15.48	19.35
30 visits/$20	6.17	17.89	na	na	11.41	14.81	18.51
30 visits/$25	6.05	17.55	na	na	11.19	14.52	18.15
30 visits/$30	5.71	16.56	na	na	10.56	13.70	17.13
30 visits/$35	5.33	15.46	na	na	9.86	12.79	15.99
30 visits/$40	5.28	15.31	na	na	9.77	12.67	15.84
30 visits/$45	5.12	14.85	na	na	9.47	12.29	15.36
30 visits/$50	4.87	14.12	na	na	9.01	11.69	14.61
40 visits/$0	8.21	23.81	na	na	15.19	19.70	24.63
40 visits/$5	7.82	22.68	na	na	14.47	18.77	23.46
40 visits/$10	7.55	21.90	na	na	13.97	18.12	22.65
40 visits/$15	7.24	21.00	na	na	13.39	17.38	21.72
40 visits/$20	6.98	20.24	na	na	12.91	16.75	20.94
40 visits/$25	6.75	19.58	na	na	12.49	16.20	20.25
40 visits/$30	6.45	18.71	na	na	11.93	15.48	19.35
40 visits/$35	6.14	17.81	na	na	11.36	14.74	18.42
40 visits/$40	5.73	16.62	na	na	10.60	13.75	17.19
40 visits/$45	5.75	16.68	na	na	10.64	13.80	17.25
40 visits/$50	5.88	17.05	na	na	10.88	14.11	17.64
60 visits/$0	8.96	25.98	na	na	16.58	21.50	26.88
60 visits/$5	8.64	25.06	na	na	15.98	20.74	25.92
60 visits/$10	8.24	23.90	na	na	15.24	19.78	24.72
60 visits/$15	8.00	23.20	na	na	14.80	19.20	24.00
60 visits/$20	7.63	22.13	na	na	14.12	18.31	22.89
60 visits/$25	7.54	21.87	na	na	13.95	18.10	22.62
60 visits/$30	7.22	20.94	na	na	13.36	17.33	21.66
60 visits/$35	6.74	19.55	na	na	12.47	16.18	20.22
60 visits/$40	6.17	17.89	na	na	11.41	14.81	18.51
60 visits/$45	5.99	17.37	na	na	11.08	14.38	17.97
60 visits/$50	6.08	17.63	na	na	11.25	14.59	18.24
Unlimited visits/$0	9.06	26.27	na	na	16.76	21.74	27.18
Unlimited visits/$5	8.74	25.35	na	na	16.17	20.98	26.22
Unlimited visits/$10	8.33	24.16	na	na	15.41	19.99	24.99
Unlimited visits/$15	8.08	23.43	na	na	14.95	19.39	24.24
Unlimited visits/$20	7.70	22.33	na	na	14.25	18.48	23.10
Unlimited visits/$25	7.61	22.07	na	na	14.08	18.26	22.83
Unlimited visits/$30	7.28	21.11	na	na	13.47	17.47	21.84
Unlimited visits/$35	6.79	19.69	na	na	12.56	16.30	20.37
Unlimited visits/$40	6.23	18.07	na	na	11.53	14.95	18.69
Unlimited visits/$45	6.05	17.55	na	na	11.19	14.52	18.15
Unlimited visits/$50	6.13	17.78	na	na	11.34	14.71	18.39
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	7.79	22.59	na	na	14.41	18.70	23.37
20 visits/$5	7.49	21.72	na	na	13.86	17.98	22.47
20 visits/$10	7.08	20.53	na	na	13.10	16.99	21.24
20 visits/$15	6.75	19.58	na	na	12.49	16.20	20.25
20 visits/$20	6.46	18.73	na	na	11.95	15.50	19.38
20 visits/$25	6.31	18.30	na	na	11.67	15.14	18.93
20 visits/$30	6.07	17.60	na	na	11.23	14.57	18.21
20 visits/$35	5.70	16.53	na	na	10.55	13.68	17.10
20 visits/$40	5.36	15.54	na	na	9.92	12.86	16.08
20 visits/$45	5.12	14.85	na	na	9.47	12.29	15.36
20 visits/$50	5.08	14.73	na	na	9.40	12.19	15.24
30 visits/$0	8.94	25.93	na	na	16.54	21.46	26.82

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	2.99	8.67	na	na	5.53	7.18	8.97
60	3.83	11.11	na	na	7.09	9.19	11.49
90	4.47	12.96	na	na	8.27	10.73	13.41
Unlimited	4.57	13.25	na	na	8.45	10.97	13.71
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	4.66	13.51	na	na	8.62	11.18	13.98
60	4.82	13.98	na	na	8.92	11.57	14.46
90	5.02	14.56	na	na	9.29	12.05	15.06
Unlimited	5.11	14.82	na	na	9.45	12.26	15.33
SMALL GROUP							
Inpatient Mental Hlth	0.00	0.00	na	na	0.00	0.00	0.00
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	6.54	18.97	na	na	12.10	15.70	19.62
20 visits/$5	6.19	17.95	na	na	11.45	14.86	18.57
20 visits/$10	5.88	17.05	na	na	10.88	14.11	17.64
20 visits/$15	5.57	16.15	na	na	10.30	13.37	16.71
20 visits/$20	5.30	15.37	na	na	9.81	12.72	15.90
20 visits/$25	5.03	14.59	na	na	9.31	12.07	15.09
20 visits/$30	4.85	14.07	na	na	8.97	11.64	14.55
20 visits/$35	4.67	13.54	na	na	8.64	11.21	14.01
20 visits/$40	4.50	13.05	na	na	8.33	10.80	13.50
20 visits/$45	4.31	12.50	na	na	7.97	10.34	12.93
20 visits/$50	4.15	12.04	na	na	7.68	9.96	12.45
30 visits/$0	8.42	24.42	na	na	15.58	20.21	25.26
30 visits/$5	7.64	22.16	na	na	14.13	18.34	22.92
30 visits/$10	7.16	20.76	na	na	13.25	17.18	21.48
30 visits/$15	6.95	20.16	na	na	12.86	16.68	20.85
30 visits/$20	6.64	19.26	na	na	12.28	15.94	19.92
30 visits/$25	6.52	18.91	na	na	12.06	15.65	19.56
30 visits/$30	6.15	17.84	na	na	11.38	14.76	18.45
30 visits/$35	5.74	16.65	na	na	10.62	13.78	17.22
30 visits/$40	5.69	16.50	na	na	10.53	13.66	17.07
30 visits/$45	5.51	15.98	na	na	10.19	13.22	16.53
30 visits/$50	5.24	15.20	na	na	9.69	12.58	15.72
40 visits/$0	8.85	25.67	na	na	16.37	21.24	26.55
40 visits/$5	8.43	24.45	na	na	15.60	20.23	25.29
40 visits/$10	8.13	23.58	na	na	15.04	19.51	24.39
40 visits/$15	7.80	22.62	na	na	14.43	18.72	23.40
40 visits/$20	7.51	21.78	na	na	13.89	18.02	22.53
40 visits/$25	7.27	21.08	na	na	13.45	17.45	21.81
40 visits/$30	6.95	20.16	na	na	12.86	16.68	20.85
40 visits/$35	6.61	19.17	na	na	12.23	15.86	19.83
40 visits/$40	6.17	17.89	na	na	11.41	14.81	18.51
40 visits/$45	6.19	17.95	na	na	11.45	14.86	18.57
40 visits/$50	6.33	18.36	na	na	11.71	15.19	18.99
60 visits/$0	9.65	27.99	na	na	17.85	23.16	28.95
60 visits/$5	9.31	27.00	na	na	17.22	22.34	27.93
60 visits/$10	8.88	25.75	na	na	16.43	21.31	26.64
60 visits/$15	8.62	25.00	na	na	15.95	20.69	25.86
60 visits/$20	8.22	23.84	na	na	15.21	19.73	24.66
60 visits/$25	8.12	23.55	na	na	15.02	19.49	24.36
60 visits/$30	7.78	22.56	na	na	14.39	18.67	23.34
60 visits/$35	7.26	21.05	na	na	13.43	17.42	21.78
60 visits/$40	6.64	19.26	na	na	12.28	15.94	19.92
60 visits/$45	6.45	18.71	na	na	11.93	15.48	19.35
60 visits/$50	6.55	19.00	na	na	12.12	15.72	19.65
Unlimited visits/$0	9.76	28.30	na	na	18.06	23.42	29.28
Unlimited visits/$5	9.41	27.29	na	na	17.41	22.58	28.23
Unlimited visits/$10	8.97	26.01	na	na	16.59	21.53	26.91
Unlimited visits/$15	8.70	25.23	na	na	16.10	20.88	26.10
Unlimited visits/$20	8.29	24.04	na	na	15.34	19.90	24.87
Unlimited visits/$25	8.20	23.78	na	na	15.17	19.68	24.60
Unlimited visits/$30	7.84	22.74	na	na	14.50	18.82	23.52
Unlimited visits/$35	7.31	21.20	na	na	13.52	17.54	21.93
Unlimited visits/$40	6.71	19.46	na	na	12.41	16.10	20.13
Unlimited visits/$45	6.52	18.91	na	na	12.06	15.65	19.56
Unlimited visits/$50	6.60	19.14	na	na	12.21	15.84	19.80
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	8.38	24.30	na	na	15.50	20.11	25.14
20 visits/$5	8.07	23.40	na	na	14.93	19.37	24.21
20 visits/$10	7.63	22.13	na	na	14.12	18.31	22.89
20 visits/$15	7.27	21.08	na	na	13.45	17.45	21.81
20 visits/$20	6.96	20.18	na	na	12.88	16.70	20.88
20 visits/$25	6.80	19.72	na	na	12.58	16.32	20.40
20 visits/$30	6.54	18.97	na	na	12.10	15.70	19.62
20 visits/$35	6.14	17.81	na	na	11.36	14.74	18.42
20 visits/$40	5.77	16.73	na	na	10.67	13.85	17.31
20 visits/$45	5.51	15.98	na	na	10.19	13.22	16.53
20 visits/$50	5.47	15.86	na	na	10.12	13.13	16.41
30 visits/$0	9.62	27.90	na	na	17.80	23.09	28.86

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	0.21	0.61	na	na	0.39	0.51	0.63
60	0.27	0.79	na	na	0.50	0.65	0.81
90	0.32	0.92	na	na	0.59	0.77	0.96
Unlimited	0.33	0.95	na	na	0.61	0.79	0.99
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	0.33	0.95	na	na	0.61	0.79	0.99
60	0.34	0.99	na	na	0.63	0.82	1.02
90	0.36	1.05	na	na	0.67	0.87	1.08
Unlimited	0.36	1.04	na	na	0.66	0.86	1.08
SMALL GROUP							
Inpatient Mental Hlth	-	-	na	na	-	-	-
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	0.47	1.37	na	na	0.87	1.13	1.41
20 visits/$5	0.44	1.27	na	na	0.81	1.06	1.32
20 visits/$10	0.42	1.22	na	na	0.78	1.01	1.26
20 visits/$15	0.40	1.16	na	na	0.74	0.96	1.20
20 visits/$20	0.38	1.10	na	na	0.71	0.91	1.14
20 visits/$25	0.36	1.05	na	na	0.67	0.86	1.08
20 visits/$30	0.35	1.02	na	na	0.64	0.84	1.05
20 visits/$35	0.33	0.95	na	na	0.61	0.79	0.99
20 visits/$40	0.32	0.93	na	na	0.60	0.77	0.96
20 visits/$45	0.31	0.90	na	na	0.57	0.74	0.93
20 visits/$50	0.30	0.87	na	na	0.56	0.72	0.90
30 visits/$0	0.61	1.77	na	na	1.13	1.47	1.83
30 visits/$5	0.55	1.60	na	na	1.01	1.32	1.65
30 visits/$10	0.51	1.47	na	na	0.95	1.22	1.53
30 visits/$15	0.50	1.45	na	na	0.93	1.20	1.50
30 visits/$20	0.47	1.37	na	na	0.87	1.13	1.41
30 visits/$25	0.47	1.36	na	na	0.87	1.13	1.41
30 visits/$30	0.44	1.28	na	na	0.82	1.06	1.32
30 visits/$35	0.41	1.19	na	na	0.76	0.99	1.23
30 visits/$40	0.41	1.19	na	na	0.76	0.99	1.23
30 visits/$45	0.39	1.13	na	na	0.72	0.93	1.17
30 visits/$50	0.37	1.08	na	na	0.68	0.89	1.11
40 visits/$0	0.64	1.86	na	na	1.18	1.54	1.92
40 visits/$5	0.61	1.77	na	na	1.13	1.46	1.83
40 visits/$10	0.58	1.68	na	na	1.07	1.39	1.74
40 visits/$15	0.56	1.62	na	na	1.04	1.34	1.68
40 visits/$20	0.53	1.54	na	na	0.98	1.27	1.59
40 visits/$25	0.52	1.50	na	na	0.96	1.25	1.56
40 visits/$30	0.50	1.45	na	na	0.93	1.20	1.50
40 visits/$35	0.47	1.36	na	na	0.87	1.12	1.41
40 visits/$40	0.44	1.27	na	na	0.81	1.06	1.32
40 visits/$45	0.44	1.27	na	na	0.81	1.06	1.32
40 visits/$50	0.45	1.31	na	na	0.83	1.08	1.35
60 visits/$0	0.69	2.01	na	na	1.27	1.66	2.07
60 visits/$5	0.67	1.94	na	na	1.24	1.60	2.01
60 visits/$10	0.64	1.85	na	na	1.19	1.53	1.92
60 visits/$15	0.62	1.80	na	na	1.15	1.49	1.86
60 visits/$20	0.59	1.71	na	na	1.09	1.42	1.77
60 visits/$25	0.58	1.68	na	na	1.07	1.39	1.74
60 visits/$30	0.56	1.62	na	na	1.03	1.34	1.68
60 visits/$35	0.52	1.50	na	na	0.96	1.24	1.56
60 visits/$40	0.47	1.37	na	na	0.87	1.13	1.41
60 visits/$45	0.46	1.34	na	na	0.85	1.10	1.38
60 visits/$50	0.47	1.37	na	na	0.87	1.13	1.41
Unlimited visits/$0	0.70	2.03	na	na	1.30	1.68	2.10
Unlimited visits/$5	0.67	1.94	na	na	1.24	1.60	2.01
Unlimited visits/$10	0.64	1.85	na	na	1.18	1.54	1.92
Unlimited visits/$15	0.62	1.80	na	na	1.15	1.49	1.86
Unlimited visits/$20	0.59	1.71	na	na	1.09	1.42	1.77
Unlimited visits/$25	0.59	1.71	na	na	1.09	1.42	1.77
Unlimited visits/$30	0.56	1.63	na	na	1.03	1.35	1.68
Unlimited visits/$35	0.52	1.51	na	na	0.96	1.24	1.56
Unlimited visits/$40	0.48	1.39	na	na	0.88	1.15	1.44
Unlimited visits/$45	0.47	1.36	na	na	0.87	1.13	1.41
Unlimited visits/$50	0.47	1.36	na	na	0.87	1.13	1.41
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	0.59	1.71	na	na	1.09	1.41	1.77
20 visits/$5	0.58	1.68	na	na	1.07	1.39	1.74
20 visits/$10	0.55	1.60	na	na	1.02	1.32	1.65
20 visits/$15	0.52	1.50	na	na	0.96	1.25	1.56
20 visits/$20	0.50	1.45	na	na	0.93	1.20	1.50
20 visits/$25	0.49	1.42	na	na	0.91	1.18	1.47
20 visits/$30	0.47	1.37	na	na	0.87	1.13	1.41
20 visits/$35	0.44	1.28	na	na	0.81	1.06	1.32
20 visits/$40	0.41	1.19	na	na	0.75	0.99	1.23
20 visits/$45	0.39	1.13	na	na	0.72	0.93	1.17
20 visits/$50	0.39	1.13	na	na	0.72	0.94	1.17
30 visits/$0	0.68	1.97	na	na	1.26	1.63	2.04

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
SMALL GROUP	Inpatient Mental Health Care [minimum mandatory coverage: 30 days] [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
60	7.6%	7.7%	na	na	7.6%	7.6%	7.6%
90	7.7%	7.6%	na	na	7.7%	7.7%	7.7%
Unlimited	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
SMALL GROUP	Inpatient Mental Health Care with Unlimited Bio and CSED Coverage [Copay same as Inpatient Facility] * [not yet approved]						
# Days							
30	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
60	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
90	7.7%	7.8%	na	na	7.8%	7.8%	7.7%
Unlimited	7.6%	7.5%	na	na	7.5%	7.5%	7.6%
SMALL GROUP							
Inpatient Mental Hlth	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
SMALL GROUP	Outpatient Mental Health Care [minimum mandatory coverage: 20 visit limit] ** [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	7.7%	7.8%	na	na	7.7%	7.8%	7.7%
20 visits/$5	7.7%	7.6%	na	na	7.6%	7.7%	7.7%
20 visits/$10	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
20 visits/$15	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
20 visits/$20	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
20 visits/$25	7.7%	7.8%	na	na	7.8%	7.7%	7.7%
20 visits/$30	7.8%	7.8%	na	na	7.7%	7.8%	7.8%
20 visits/$35	7.6%	7.5%	na	na	7.6%	7.6%	7.6%
20 visits/$40	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
20 visits/$45	7.7%	7.8%	na	na	7.7%	7.7%	7.7%
20 visits/$50	7.8%	7.8%	na	na	7.9%	7.8%	7.8%
30 visits/$0	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
30 visits/$5	7.8%	7.8%	na	na	7.7%	7.8%	7.8%
30 visits/$10	7.7%	7.6%	na	na	7.7%	7.6%	7.7%
30 visits/$15	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
30 visits/$20	7.6%	7.7%	na	na	7.6%	7.6%	7.6%
30 visits/$25	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
30 visits/$30	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
30 visits/$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
30 visits/$40	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
30 visits/$45	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
30 visits/$50	7.6%	7.6%	na	na	7.5%	7.6%	7.6%
40 visits/$0	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
40 visits/$5	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
40 visits/$10	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
40 visits/$15	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
40 visits/$20	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
40 visits/$25	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
40 visits/$30	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
40 visits/$35	7.7%	7.6%	na	na	7.7%	7.6%	7.7%
40 visits/$40	7.7%	7.6%	na	na	7.6%	7.7%	7.7%
40 visits/$45	7.7%	7.6%	na	na	7.6%	7.7%	7.7%
40 visits/$50	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
60 visits/$0	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$5	7.8%	7.7%	na	na	7.8%	7.7%	7.8%
60 visits/$10	7.8%	7.7%	na	na	7.8%	7.7%	7.8%
60 visits/$15	7.7%	7.8%	na	na	7.8%	7.8%	7.7%
60 visits/$20	7.7%	7.7%	na	na	7.7%	7.8%	7.7%
60 visits/$25	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$30	7.8%	7.7%	na	na	7.7%	7.7%	7.8%
60 visits/$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$40	7.6%	7.7%	na	na	7.6%	7.6%	7.6%
60 visits/$45	7.7%	7.7%	na	na	7.7%	7.6%	7.7%
60 visits/$50	7.7%	7.8%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$0	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
Unlimited visits/$5	7.7%	7.7%	na	na	7.7%	7.6%	7.7%
Unlimited visits/$10	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$15	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$20	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
Unlimited visits/$25	7.8%	7.7%	na	na	7.7%	7.8%	7.8%
Unlimited visits/$30	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
Unlimited visits/$35	7.7%	7.7%	na	na	7.6%	7.6%	7.7%
Unlimited visits/$40	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
Unlimited visits/$45	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
Unlimited visits/$50	7.7%	7.6%	na	na	7.7%	7.7%	7.7%
SMALL GROUP	Outpatient Mental Health Care with Unlimited Biologically Based and Childhood Emotional Disturbances Coverage [Copay same or less than Specialist Physician Office Visit]						
20 visits/$0	7.6%	7.6%	na	na	7.6%	7.5%	7.6%
20 visits/$5	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
20 visits/$10	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
20 visits/$15	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
20 visits/$20	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
20 visits/$25	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
20 visits/$30	7.7%	7.8%	na	na	7.7%	7.8%	7.7%
20 visits/$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
20 visits/$40	7.6%	7.7%	na	na	7.6%	7.7%	7.6%
20 visits/$45	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
20 visits/$50	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
30 visits/$0	7.6%	7.6%	na	na	7.6%	7.6%	7.6%

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
OCTOBER 1, 2012 - DECEMBER 31, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.32	24.13	na	na	15.39	19.97	24.96
30 visits/$10	7.83	22.71	na	na	14.49	18.79	23.49
30 visits/$15	7.66	22.21	na	na	14.17	18.38	22.98
30 visits/$20	7.31	21.20	na	na	13.52	17.54	21.93
30 visits/$25	7.20	20.88	na	na	13.32	17.28	21.60
30 visits/$30	6.83	19.81	na	na	12.64	16.39	20.49
30 visits/$35	6.38	18.50	na	na	11.80	15.31	19.14
30 visits/$40	6.10	17.69	na	na	11.29	14.64	18.30
30 visits/$45	5.88	17.05	na	na	10.88	14.11	17.64
30 visits/$50	5.88	17.05	na	na	10.88	14.11	17.64
40 visits/$0	9.22	26.74	na	na	17.06	22.13	27.66
40 visits/$5	8.85	25.67	na	na	16.37	21.24	26.55
40 visits/$10	8.44	24.48	na	na	15.61	20.26	25.32
40 visits/$15	8.17	23.69	na	na	15.11	19.61	24.51
40 visits/$20	7.81	22.65	na	na	14.45	18.74	23.43
40 visits/$25	7.63	22.13	na	na	14.12	18.31	22.89
40 visits/$30	7.35	21.32	na	na	13.60	17.64	22.05
40 visits/$35	6.90	20.01	na	na	12.77	16.56	20.70
40 visits/$40	6.34	18.39	na	na	11.73	15.22	19.02
40 visits/$45	6.39	18.53	na	na	11.82	15.34	19.17
40 visits/$50	6.48	18.79	na	na	11.99	15.55	19.44
60 visits/$0	9.67	28.04	na	na	17.89	23.21	29.01
60 visits/$5	9.36	27.14	na	na	17.32	22.46	28.08
60 visits/$10	8.91	25.84	na	na	16.48	21.38	26.73
60 visits/$15	8.67	25.14	na	na	16.04	20.81	26.01
60 visits/$20	8.23	23.87	na	na	15.23	19.75	24.69
60 visits/$25	8.19	23.75	na	na	15.15	19.66	24.57
60 visits/$30	7.84	22.74	na	na	14.50	18.82	23.52
60 visits/$35	7.35	21.32	na	na	13.60	17.64	22.05
60 visits/$40	6.73	19.52	na	na	12.45	16.15	20.19
60 visits/$45	6.51	18.88	na	na	12.04	15.62	19.53
60 visits/$50	6.68	19.37	na	na	12.36	16.03	20.04
Unlimited visits/$0	9.77	28.33	na	na	18.07	23.45	29.31
Unlimited visits/$5	9.46	27.43	na	na	17.50	22.70	28.38
Unlimited visits/$10	9.00	26.10	na	na	16.65	21.60	27.00
Unlimited visits/$15	8.76	25.40	na	na	16.21	21.02	26.28
Unlimited visits/$20	8.30	24.07	na	na	15.36	19.92	24.90
Unlimited visits/$25	8.25	23.93	na	na	15.26	19.80	24.75
Unlimited visits/$30	7.91	22.94	na	na	14.63	18.98	23.73
Unlimited visits/$35	7.40	21.46	na	na	13.69	17.76	22.20
Unlimited visits/$40	6.78	19.66	na	na	12.54	16.27	20.34
Unlimited visits/$45	6.55	19.00	na	na	12.12	15.72	19.65
Unlimited visits/$50	6.73	19.52	na	na	12.45	16.15	20.19

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	8.96	25.98	na	na	16.58	21.50	26.88
30 visits/$10	8.44	24.48	na	na	15.61	20.26	25.32
30 visits/$15	8.25	23.93	na	na	15.26	19.80	24.75
30 visits/$20	7.87	22.82	na	na	14.56	18.89	23.61
30 visits/$25	7.75	22.48	na	na	14.34	18.60	23.25
30 visits/$30	7.36	21.34	na	na	13.62	17.66	22.08
30 visits/$35	6.87	19.92	na	na	12.71	16.49	20.61
30 visits/$40	6.57	19.05	na	na	12.15	15.77	19.71
30 visits/$45	6.33	18.36	na	na	11.71	15.19	18.99
30 visits/$50	6.33	18.36	na	na	11.71	15.19	18.99
40 visits/$0	9.93	28.80	na	na	18.37	23.83	29.79
40 visits/$5	9.53	27.64	na	na	17.63	22.87	28.59
40 visits/$10	9.09	26.36	na	na	16.82	21.82	27.27
40 visits/$15	8.79	25.49	na	na	16.26	21.10	26.37
40 visits/$20	8.42	24.42	na	na	15.58	20.21	25.26
40 visits/$25	8.22	23.84	na	na	15.21	19.73	24.66
40 visits/$30	7.91	22.94	na	na	14.63	18.98	23.73
40 visits/$35	7.43	21.55	na	na	13.75	17.83	22.29
40 visits/$40	6.83	19.81	na	na	12.64	16.39	20.49
40 visits/$45	6.88	19.95	na	na	12.73	16.51	20.64
40 visits/$50	6.98	20.24	na	na	12.91	16.75	20.94
60 visits/$0	10.41	30.19	na	na	19.26	24.98	31.23
60 visits/$5	10.08	29.23	na	na	18.65	24.19	30.24
60 visits/$10	9.59	27.81	na	na	17.74	23.02	28.77
60 visits/$15	9.34	27.09	na	na	17.28	22.42	28.02
60 visits/$20	8.87	25.72	na	na	16.41	21.29	26.61
60 visits/$25	8.82	25.58	na	na	16.32	21.17	26.46
60 visits/$30	8.45	24.51	na	na	15.63	20.28	25.35
60 visits/$35	7.91	22.94	na	na	14.63	18.98	23.73
60 visits/$40	7.25	21.03	na	na	13.41	17.40	21.75
60 visits/$45	7.01	20.33	na	na	12.97	16.82	21.03
60 visits/$50	7.20	20.88	na	na	13.32	17.28	21.60
Unlimited visits/$0	10.52	30.51	na	na	19.46	25.25	31.56
Unlimited visits/$5	10.19	29.55	na	na	18.85	24.46	30.57
Unlimited visits/$10	9.70	28.13	na	na	17.95	23.28	29.10
Unlimited visits/$15	9.43	27.35	na	na	17.45	22.63	28.29
Unlimited visits/$20	8.94	25.93	na	na	16.54	21.46	26.82
Unlimited visits/$25	8.89	25.78	na	na	16.45	21.34	26.67
Unlimited visits/$30	8.52	24.71	na	na	15.76	20.45	25.56
Unlimited visits/$35	7.97	23.11	na	na	14.74	19.13	23.91
Unlimited visits/$40	7.30	21.17	na	na	13.51	17.52	21.90
Unlimited visits/$45	7.05	20.45	na	na	13.04	16.92	21.15
Unlimited visits/$50	7.25	21.03	na	na	13.41	17.40	21.75

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	0.00	0.00	na	na	0.00	0.00	0.00
$5	0.00	0.00	na	na	0.00	0.00	0.00
$10	0.00	0.00	na	na	0.00	0.00	0.00
$15	0.00	0.00	na	na	0.00	0.00	0.00
$20	0.00	0.00	na	na	0.00	0.00	0.00
$25	0.00	0.00	na	na	0.00	0.00	0.00
$30	0.00	0.00	na	na	0.00	0.00	0.00
$35	0.00	0.00	na	na	0.00	0.00	0.00
$40	0.00	0.00	na	na	0.00	0.00	0.00
$45	0.00	0.00	na	na	0.00	0.00	0.00
$50	0.00	0.00	na	na	0.00	0.00	0.00

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	100%
PPO	105%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	0.64	1.85	na	na	1.19	1.53	1.92
30 visits/$10	0.61	1.77	na	na	1.12	1.47	1.83
30 visits/$15	0.59	1.72	na	na	1.09	1.42	1.77
30 visits/$20	0.56	1.62	na	na	1.04	1.35	1.68
30 visits/$25	0.55	1.60	na	na	1.02	1.32	1.65
30 visits/$30	0.53	1.53	na	na	0.98	1.27	1.59
30 visits/$35	0.49	1.42	na	na	0.91	1.18	1.47
30 visits/$40	0.47	1.36	na	na	0.86	1.13	1.41
30 visits/$45	0.45	1.31	na	na	0.83	1.08	1.35
30 visits/$50	0.45	1.31	na	na	0.83	1.08	1.35
40 visits/$0	0.71	2.06	na	na	1.31	1.70	2.13
40 visits/$5	0.68	1.97	na	na	1.26	1.63	2.04
40 visits/$10	0.65	1.88	na	na	1.21	1.56	1.95
40 visits/$15	0.62	1.80	na	na	1.15	1.49	1.86
40 visits/$20	0.61	1.77	na	na	1.13	1.47	1.83
40 visits/$25	0.59	1.71	na	na	1.09	1.42	1.77
40 visits/$30	0.56	1.62	na	na	1.03	1.34	1.68
40 visits/$35	0.53	1.54	na	na	0.98	1.27	1.59
40 visits/$40	0.49	1.42	na	na	0.91	1.17	1.47
40 visits/$45	0.49	1.42	na	na	0.91	1.17	1.47
40 visits/$50	0.50	1.45	na	na	0.92	1.20	1.50
60 visits/$0	0.74	2.15	na	na	1.37	1.77	2.22
60 visits/$5	0.72	2.09	na	na	1.33	1.73	2.16
60 visits/$10	0.68	1.97	na	na	1.26	1.64	2.04
60 visits/$15	0.67	1.95	na	na	1.24	1.61	2.01
60 visits/$20	0.64	1.85	na	na	1.18	1.54	1.92
60 visits/$25	0.63	1.83	na	na	1.17	1.51	1.89
60 visits/$30	0.61	1.77	na	na	1.13	1.46	1.83
60 visits/$35	0.56	1.62	na	na	1.03	1.34	1.68
60 visits/$40	0.52	1.51	na	na	0.96	1.25	1.56
60 visits/$45	0.50	1.45	na	na	0.93	1.20	1.50
60 visits/$50	0.52	1.51	na	na	0.96	1.25	1.56
Unlimited visits/$0	0.75	2.18	na	na	1.39	1.80	2.25
Unlimited visits/$5	0.73	2.12	na	na	1.35	1.76	2.19
Unlimited visits/$10	0.70	2.03	na	na	1.30	1.68	2.10
Unlimited visits/$15	0.67	1.95	na	na	1.24	1.61	2.01
Unlimited visits/$20	0.64	1.86	na	na	1.18	1.54	1.92
Unlimited visits/$25	0.64	1.85	na	na	1.19	1.54	1.92
Unlimited visits/$30	0.61	1.77	na	na	1.13	1.47	1.83
Unlimited visits/$35	0.57	1.65	na	na	1.05	1.37	1.71
Unlimited visits/$40	0.52	1.51	na	na	0.97	1.25	1.56
Unlimited visits/$45	0.50	1.45	na	na	0.92	1.20	1.50
Unlimited visits/$50	0.52	1.51	na	na	0.96	1.25	1.56

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	-	-	na	na	-	-	-
$5	-	-	na	na	-	-	-
$10	-	-	na	na	-	-	-
$15	-	-	na	na	-	-	-
$20	-	-	na	na	-	-	-
$25	-	-	na	na	-	-	-
$30	-	-	na	na	-	-	-
$35	-	-	na	na	-	-	-
$40	-	-	na	na	-	-	-
$45	-	-	na	na	-	-	-
$50	-	-	na	na	-	-	-

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	-
PPO	-

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 8
HIP SELECT EPO/PPO POLICY
MENTAL HEALTH PREMIUMS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
	Individual	Family	Two Persons	Family	Employee & Child(ren)	Employee & Spouse	Family
30 visits/$5	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
30 visits/$10	7.8%	7.8%	na	na	7.7%	7.8%	7.8%
30 visits/$15	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
30 visits/$20	7.7%	7.6%	na	na	7.7%	7.7%	7.7%
30 visits/$25	7.6%	7.7%	na	na	7.7%	7.6%	7.6%
30 visits/$30	7.8%	7.7%	na	na	7.8%	7.7%	7.8%
30 visits/$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
30 visits/$40	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
30 visits/$45	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
30 visits/$50	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
40 visits/$0	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
40 visits/$5	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
40 visits/$10	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
40 visits/$15	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
40 visits/$20	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
40 visits/$25	7.7%	7.7%	na	na	7.7%	7.8%	7.7%
40 visits/$30	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
40 visits/$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
40 visits/$40	7.7%	7.7%	na	na	7.8%	7.7%	7.7%
40 visits/$45	7.7%	7.7%	na	na	7.7%	7.6%	7.7%
40 visits/$50	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$0	7.7%	7.7%	na	na	7.7%	7.6%	7.7%
60 visits/$5	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$10	7.6%	7.6%	na	na	7.6%	7.7%	7.6%
60 visits/$15	7.7%	7.8%	na	na	7.7%	7.7%	7.7%
60 visits/$20	7.8%	7.8%	na	na	7.7%	7.8%	7.8%
60 visits/$25	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$30	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
60 visits/$35	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
60 visits/$40	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$45	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
60 visits/$50	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
Unlimited visits/$0	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$5	7.7%	7.7%	na	na	7.7%	7.8%	7.7%
Unlimited visits/$10	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
Unlimited visits/$15	7.6%	7.7%	na	na	7.6%	7.7%	7.6%
Unlimited visits/$20	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$25	7.8%	7.7%	na	na	7.8%	7.8%	7.8%
Unlimited visits/$30	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$35	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$40	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
Unlimited visits/$45	7.6%	7.6%	na	na	7.6%	7.6%	7.6%
Unlimited visits/$50	7.7%	7.7%	na	na	7.7%	7.7%	7.7%

SMALL GROUP Specialist Copay	Small Group Premium Credit - Oupatient Mental Health **[above rates must be reduced by premium credit]						
$0	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$5	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$10	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$15	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$20	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$25	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$30	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$35	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$40	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$45	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
$50	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!

Product Factors
All above rates for Mental Health are multiplied by the following Product Factors:

Product	**Factor**
EPO	0.0%
PPO	0.0%

Bio = Biologically Based
CSED = Childhood Serious Emotional Disturbances

HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
OCTOBER 1, 2012 - DECEMBER 31, 2012 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	4.41	12.79	na	na	8.16	10.58	13.23
$25	4.15	12.04	na	na	7.68	9.96	12.45
$50	3.86	11.19	na	na	7.14	9.26	11.58
$100	3.59	10.41	na	na	6.64	8.62	10.77
$500	1.72	4.99	na	na	3.18	4.13	5.16
Coinsurance							
80%	3.51	10.18	na	na	6.49	8.42	10.53
75%	3.31	9.60	na	na	6.12	7.94	9.93
70%	3.10	8.99	na	na	5.74	7.44	9.30
			Orthotics **				
$0	0.80	2.32	na	na	1.48	1.92	2.40
$25	0.78	2.26	na	na	1.44	1.87	2.34
$50	0.72	2.09	na	na	1.33	1.73	2.16
$100	0.67	1.94	na	na	1.24	1.61	2.01
$500	0.32	0.93	na	na	0.59	0.77	0.96
Coinsurance							
80%	0.66	1.91	na	na	1.22	1.58	1.98
75%	0.63	1.83	na	na	1.17	1.51	1.89
70%	0.58	1.68	na	na	1.07	1.39	1.74
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	1.96	5.68	na	na	3.63	4.70	5.88
12 Months	3.13	9.08	na	na	5.79	7.51	9.39
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.05	8.85	na	na	5.64	7.32	9.15
12 Months	4.85	14.07	na	na	8.97	11.64	14.55
			Private Duty Nursing Riders **				
In Full	0.50	1.45	na	na	0.93	1.20	1.50
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.59	1.71	na	na	1.09	1.42	1.77
			Infertility Riders **				
Limit							
No IVF	3.70	10.73	na	na	6.85	8.88	11.10
2 IVF	9.26	26.85	na	na	17.13	22.22	27.78
3 IVF	11.21	32.51	na	na	20.74	26.90	33.63
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.02	14.56	na	na	9.29	12.05	15.06
			Health Club Reimbursement				
$200 per year	1.52	4.41	na	na	2.81	3.65	4.56
			Nurse Advice Line Rider				
	0.34	0.99	na	na	0.63	0.82	1.02

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	4.75	13.78	na	na	8.79	11.40	14.25
$25	4.47	12.96	na	na	8.27	10.73	13.41
$50	4.16	12.06	na	na	7.70	9.98	12.48
$100	3.86	11.19	na	na	7.14	9.26	11.58
$500	1.85	5.37	na	na	3.42	4.44	5.55
Coinsurance							
80%	3.78	10.96	na	na	6.99	9.07	11.34
75%	3.56	10.32	na	na	6.59	8.54	10.68
70%	3.34	9.69	na	na	6.18	8.02	10.02
			Orthotics **				
$0	0.86	2.49	na	na	1.59	2.06	2.58
$25	0.84	2.44	na	na	1.55	2.02	2.52
$50	0.78	2.26	na	na	1.44	1.87	2.34
$100	0.73	2.12	na	na	1.35	1.75	2.19
$500	0.35	1.02	na	na	0.65	0.84	1.05
Coinsurance							
80%	0.72	2.09	na	na	1.33	1.73	2.16
75%	0.69	2.00	na	na	1.28	1.66	2.07
70%	0.62	1.80	na	na	1.15	1.49	1.86
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	0.00	0.00	na	na	0.00	0.00	0.00
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	2.11	6.12	na	na	3.90	5.06	6.33
12 Months	3.37	9.77	na	na	6.23	8.09	10.11
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	3.29	9.54	na	na	6.09	7.90	9.87
12 Months	5.22	15.14	na	na	9.66	12.53	15.66
			Private Duty Nursing Riders **				
In Full	0.53	1.54	na	na	0.98	1.27	1.59
80% hrs 73-504	0.07	0.20	na	na	0.13	0.17	0.21
100% hrs 73-504	0.11	0.32	na	na	0.20	0.26	0.33
			Dental Care Network Access				
	0.64	1.86	na	na	1.18	1.54	1.92
			Infertility Riders **				
Limit							
No IVF	3.98	11.54	na	na	7.36	9.55	11.94
2 IVF	9.97	28.91	na	na	18.44	23.93	29.91
3 IVF	12.07	35.00	na	na	22.33	28.97	36.21
			Complementary Alternative Medicine (CAM)				
$20 Copay	5.41	15.69	na	na	10.01	12.98	16.23
			Health Club Reimbursement				
$200 per year	1.64	4.76	na	na	3.03	3.94	4.92
			Nurse Advice Line Rider				
	0.37	1.07	na	na	0.68	0.89	1.11

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
DOLLAR CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	0.34	0.99	na	na	0.63	0.82	1.02
$25	0.32	0.92	na	na	0.59	0.77	0.96
$50	0.30	0.87	na	na	0.56	0.72	0.90
$100	0.27	0.78	na	na	0.50	0.64	0.81
$500	0.13	0.38	na	na	0.24	0.31	0.39
Coinsurance							
80%	0.27	0.78	na	na	0.50	0.65	0.81
75%	0.25	0.72	na	na	0.47	0.60	0.75
70%	0.24	0.70	na	na	0.44	0.58	0.72
			Orthotics **				
$0	0.06	0.17	na	na	0.11	0.14	0.18
$25	0.06	0.18	na	na	0.11	0.15	0.18
$50	0.06	0.17	na	na	0.11	0.14	0.18
$100	0.06	0.18	na	na	0.11	0.14	0.18
$500	0.03	0.09	na	na	0.06	0.07	0.09
Coinsurance							
80%	0.06	0.18	na	na	0.11	0.15	0.18
75%	0.06	0.17	na	na	0.11	0.15	0.18
70%	0.04	0.12	na	na	0.08	0.10	0.12
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	-	-	na	na	-	-	-
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	0.15	0.44	na	na	0.27	0.36	0.45
12 Months	0.24	0.69	na	na	0.44	0.58	0.72
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	0.24	0.69	na	na	0.45	0.58	0.72
12 Months	0.37	1.07	na	na	0.69	0.89	1.11
			Private Duty Nursing Riders **				
In Full	0.03	0.09	na	na	0.05	0.07	0.09
80% hrs 73-504	-	-	na	na	-	-	-
100% hrs 73-504	-	-	na	na	-	-	-
			Dental Care Network Access				
	0.05	0.15	na	na	0.09	0.12	0.15
			Infertility Riders **				
Limit							
No IVF	0.28	0.81	na	na	0.51	0.67	0.84
2 IVF	0.71	2.06	na	na	1.31	1.71	2.13
3 IVF	0.86	2.49	na	na	1.59	2.07	2.58
			Complementary Alternative Medicine (CAM)				
$20 Copay	0.39	1.13	na	na	0.72	0.93	1.17
			Health Club Reimbursement				
$200 per year	0.12	0.35	na	na	0.22	0.29	0.36
			Nurse Advice Line Rider				
	0.03	0.08	na	na	0.05	0.07	0.09

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product Factors:

HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
TABLE 9
HIP SELECT EPO/PPO SMALL GROUP POLICY - OTHER RIDERS
PERCENTAGE CHANGE IN RATES

	ALL TIERS	TWO TIER	THREE TIER		FOUR TIER		
			Two		Employee	Employee	
Rider	Individual	Family	Persons	Family	& Child(ren)	& Spouse	Family
Deductible			**Durable Medical Equipment Riders ****				
$0	7.7%	7.7%	na	na	7.7%	7.8%	7.7%
$25	7.7%	7.6%	na	na	7.7%	7.7%	7.7%
$50	7.8%	7.8%	na	na	7.8%	7.8%	7.8%
$100	7.5%	7.5%	na	na	7.5%	7.4%	7.5%
$500	7.6%	7.6%	na	na	7.5%	7.5%	7.6%
Coinsurance							
80%	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
75%	7.6%	7.5%	na	na	7.7%	7.6%	7.6%
70%	7.7%	7.8%	na	na	7.7%	7.8%	7.7%
			Orthotics **				
$0	7.5%	7.3%	na	na	7.4%	7.3%	7.5%
$25	7.7%	8.0%	na	na	7.6%	8.0%	7.7%
$50	8.3%	8.1%	na	na	8.3%	8.1%	8.3%
$100	9.0%	9.3%	na	na	8.9%	8.7%	9.0%
$500	9.4%	9.7%	na	na	10.2%	9.1%	9.4%
Coinsurance							
80%	9.1%	9.4%	na	na	9.0%	9.5%	9.1%
75%	9.5%	9.3%	na	na	9.4%	9.9%	9.5%
70%	6.9%	7.1%	na	na	7.5%	7.2%	6.9%
			Optical Riders				
Eyeglasses Only with $45 copay							
24 Months	#DIV/0!	#DIV/0!	na	na	#DIV/0!	#DIV/0!	#DIV/0!
Eyeglasses with $0 copay and Contacts with $70 copay							
24 Months	7.7%	7.7%	na	na	7.4%	7.7%	7.7%
12 Months	7.7%	7.6%	na	na	7.6%	7.7%	7.7%
Eyeglasses with $0 copay and Contacts with $25 copay							
24 Months	7.9%	7.8%	na	na	8.0%	7.9%	7.9%
12 Months	7.6%	7.6%	na	na	7.7%	7.6%	7.6%
			Private Duty Nursing Riders **				
In Full	6.0%	6.2%	na	na	5.4%	5.8%	6.0%
80% hrs 73-504	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
100% hrs 73-504	0.0%	0.0%	na	na	0.0%	0.0%	0.0%
			Dental Care Network Access				
	8.5%	8.8%	na	na	8.3%	8.5%	8.5%
			Infertility Riders **				
Limit							
No IVF	7.6%	7.5%	na	na	7.4%	7.5%	7.6%
2 IVF	7.7%	7.7%	na	na	7.6%	7.7%	7.7%
3 IVF	7.7%	7.7%	na	na	7.7%	7.7%	7.7%
			Complementary Alternative Medicine (CAM)				
$20 Copay	7.8%	7.8%	na	na	7.8%	7.7%	7.8%
			Health Club Reimbursement				
$200 per year	7.9%	7.9%	na	na	7.8%	7.9%	7.9%
			Nurse Advice Line Rider				
	8.8%	8.1%	na	na	7.9%	8.5%	8.8%

**** Product Factors**

The above rates for DME, Orthotics, PDN and Infertility are multiplied by the following Product F

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	100%
PPO	105%

Product	Factor
EPO	-
PPO	-

Product	Factor
EPO	0.0%
PPO	0.0%

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
OCTOBER 1, 2012 - DECEMBER 31, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
4th Quarter2013 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
October 01, 2013 - December 31, 2013 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

GROUP CONTRACT - DRUG RIDERS
MONTHLY PREMIUMS EFFECTIVE 2011 1st QUARTER

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	27.61	0.00	0.00
$750 *	27.61	23.70	2.48
$1,000	27.61	31.60	3.30
$2,000	27.61	47.60	5.40
$2,500	27.61	53.20	6.20
$3,000	27.61	57.90	7.00
$4,000	27.61	65.00	8.20
$5,000	27.61	70.10	9.30
Unlimited	27.61	96.69	20.58

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	1.536	0.000	0.000	0.000
$750 *	1.306	0.349	0.000	0.026
$1,000	1.229	0.465	0.000	0.034
$2,000	1.229	0.838	0.106	0.056
$2,500	1.229	0.986	0.191	0.063
$3,000	1.229	1.111	0.224	0.071
$4,000	1.229	1.311	0.253	0.079
$5,000	1.229	1.446	0.298	0.086
Unlimited	1.229	2.196	0.329	0.150

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.012	0.000	0.447	0.000
$750 *	0.014	0.006	0.532	0.026
$1,000	0.015	0.008	0.560	0.035
$2,000	0.020	0.010	0.841	0.063
$2,500	0.021	0.014	0.981	0.072
$3,000	0.022	0.015	1.121	0.081
$4,000	0.024	0.015	1.401	0.096
$5,000	0.024	0.017	1.680	0.104
Unlimited	0.028	0.018	2.801	0.227

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
OCTOBER 1, 2012 - DECEMBER 31, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	-	-	-
$750 *	-	-	-
$1,000	-	-	-
$2,000	-	-	-
$2,500	-	-	-
$3,000	-	-	-
$4,000	-	-	-
$5,000	-	-	-
Unlimited	-	-	-

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-
$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	-	-	-	-
$750 *	-	-	-	-
$1,000	-	-	-	-
$2,000	-	-	-	-
$2,500	-	-	-	-
$3,000	-	-	-	-
$4,000	-	-	-	-
$5,000	-	-	-	-
Unlimited	-	-	-	-

** Available to EmblemHealth Coordinated Care Plans only*

HEALTH INSURANCE PLAN OF GREATER NEW YORK
HIP INSURANCE COMPANY OF NEW YORK
4th QUARTER 2012 SMALL GROUP RATE MANUAL
GROUP CONTRACT - DRUG RIDERS
OCTOBER 1, 2012 - DECEMBER 31, 2012 MONTHLY PREMIUMS

BENEFIT PARAMETER	BENEFIT OPTIONS
Deductibles	$0, $50, $100, $150, $200, $250, $300, $400 or $500
Generic Drug Copay	$0, $1, $2 ,$2.50, $5, $7, $10, $15, $20 or $25
Brand Drug Copay	$0, $1, $2, $2.50, $5, $7, $10, $12, $15, $20, $25, $30, $35 or not available
Coinsurance	0%, 10%, 20% or 30% [for HealthPass only: 25% for Brand Drugs]
Non-Formulary Copay/Coinsurance	$1, $2.50, $5, $7, $10, $15, $20, $25, $30, $35, $40, $50, 50% or not available [for HealthPass only: 50% not to exceed $100]
Calendar Year Max	$750, $1,000, $2,000, $2,500, $3,000, $4,000, $5,000 or unlimited The calendar year maximum can apply to brand only or to all drugs.

DRUG RIDER PREMIUM RATE FORMULA

Drug Rider Premium pmpm =
+ Base Generic PMPM Value (Table 1a)
+ Base Formulary Brand PMPM Value (Table 1b)
+ Base Non-Formulary Brand PMPM Value (Table 1c)
- Generic Copay x Generic Copay PMPM Value (Table 2a)
- Minimum of (Brand Formulary Copay or $35) x Brand Formulary Copay PMPM Value (Table 2b)
- Maximum of [(Brand Formulary Copay - $35) or $0] x Brand Formulary Copay PMPM Value (Table 2c)
- Brand Non-Formulary Copay x Brand Non-Formulary Copay PMPM Value (Table 2d)
- Deductible x Deductible Unit PMPM Value (Table 3a or 3b)
+ (Deductible - 50) / 1.1 x Deductible Unit PMPM Value (if Generic Only and Deductible > 0)
+ (Deductible - 50) / 1.4 x Deductible Unit PMPM Value (if Brand Included and Deductible > 0)
- Coinsurance % x 100 x Coinsurance Unit PMPM Value (Table 3c)
- Non-Form. Brand Coinsurance % x 100 x Non-Form. Coinsurance Unit PMPM Value (Table 3d)

Drug Rider Tier Premium Rates =
+ Drug Rider Premium pmpm (from above)
x applicable percentage adjustments from Table 4[a] through 4[d]
x tier conversion factors

Table 1: Drug Rider Base Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand	(c) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%

Table 2: Drug Rider Copay Values pmpm

Brand Maximum	(a) Generic	(b) Formulary Brand up to $35	(c) Formulary Brand in excess of $35	(d) Non-Formulary Brand
$0	0.0%	#DIV/0!	#DIV/0!	#DIV/0!
$750 *	0.0%	0.0%	#DIV/0!	0.0%
$1,000	0.0%	0.0%	#DIV/0!	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

Table 3: Other Drug Rider Values pmpm

Brand Maximum	(a) Deductible incl Generics	(b) Deductible excl Generics	(c) Generic & Brand Formulary Coinsurance	(d) Non-Formulary Brand Coinsurance
$0	0.0%	#DIV/0!	0.0%	#DIV/0!
$750 *	0.0%	0.0%	0.0%	0.0%
$1,000	0.0%	0.0%	0.0%	0.0%
$2,000	0.0%	0.0%	0.0%	0.0%
$2,500	0.0%	0.0%	0.0%	0.0%
$3,000	0.0%	0.0%	0.0%	0.0%
$4,000	0.0%	0.0%	0.0%	0.0%
$5,000	0.0%	0.0%	0.0%	0.0%
Unlimited	0.0%	0.0%	0.0%	0.0%

** Available to EmblemHealth Coordinated Care Plans only*

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates
[a] Exclude Contraceptives	-3.0%
[b] Annual Maximum to also include Generic Drugs:	
$1,000 (Brand & Generic)	-6.0%
$2,000 (Brand & Generic)	-4.0%
$2,500 (Brand & Generic)	-3.5%
$3,000 (Brand & Generic)	-3.0%
$4,000 (Brand & Generic)	-2.0%
$5,000 (Brand & Generic)	-1.0%
[c] Non Formulary Coverage, Generic Only Plans	5.0%
[d] PICA Adjustm Applies only to New York City account	-10.0%
[e] IC Adjustmer Applies only to New York City account	-2.0%
[f] Product Factc HMO, Access I, and EPO	0.0%
POS, Access II, and PPO	0.0%
[g] Trend per Quarter	
2Q2010-4Q2010	2.5%
1Q2011	0.0%
2Q2011	10.0%
3Q2011-4Q2011	3.0%
1Q2012	0.6%
2Q2012	10.0%
3Q2012-4Q2012	3.0%

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(rer	2.2531
EE + Spouse	2.9230
Family	3.6537

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates	
[a] Exclude Contraceptives	-3.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-6.0%	
$2,000 (Brand & Generic)	-4.0%	
$2,500 (Brand & Generic)	-3.5%	
$3,000 (Brand & Generic)	-3.0%	
$4,000 (Brand & Generic)	-2.0%	
$5,000 (Brand & Generic)	-1.0%	
[c] Non Formulary Coverage, Generic Only Plans	5.0%	
[d] PICA Adjustm Applies only to New York City account	-10.0%	
[e] IC Adjustmer Applies only to New York City account	-2.0%	
[f] Product Factc HMO, Access I, and EPO	0.0%	
POS, Access II, and PPO	0.0%	
[g] Trend per Quarter		
2Q2010-4Q2010	2.5%	
1Q2011	0.0%	
2Q2011	10.0%	
3Q2011-4Q2011	3.0%	
1Q2012	0.6%	
2Q 2012	10.0%	
3Q2012-4Q2012	3.0%	0.0%
$0	EPO	PPO
1Q2013	0.0%	-4.5%
2Q2013	2.5%	3.3%
3Q2013	2.5%	3.3%
4Q2013	2.5%	3.3%
[h] Mandatory Women's Preventive Services EPO	118.0%	116.0%

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	1.2179
Family	3.5319
Four Tier	
Individual EE	1.2179
EE + Child(rer	2.2531
EE + Spouse	2.9230
Family	3.6537

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates	
[a] Exclude Contraceptives	-	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	-	
$2,000 (Brand & Generic)	-	
$2,500 (Brand & Generic)	-	
$3,000 (Brand & Generic)	-	
$4,000 (Brand & Generic)	-	
$5,000 (Brand & Generic)	-	
[c] Non Formulary Coverage, Generic Only Plans	-	
[d] PICA Adjustm Applies only to New York City account	-	
[e] IC Adjustmer Applies only to New York City account	-	
[f] Product Factc HMO, Access I, and EPO	-	
POS, Access II, and PPO	-	
[g] Trend per Quarter	-	
2Q2010-4Q2010	-	
1Q2011	-	
2Q2011	-	
3Q2011-4Q2011	-	
1Q2012	-	
2Q 2012	-	
3Q2012-4Q2012	-	-
$0	#VALUE!	#VALUE!
1Q2013	-	(0.05)
2Q2013	0.03	0.03
3Q2013	0.03	0.03
4Q2013	0.03	0.03
$0	-	-
[h] Mandatory Women's Preventive Services EPO	1.18	1.16
	-	

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	-
Family	-
Four Tier	
Individual EE	-
EE + Child(rer	-
EE + Spouse	-
Family	-

Table 4: Drug Rider Percentage Values

Drug Rider Variations	% Adjustment To Above Rates	
[a] Exclude Contraceptives	0.0%	
[b] Annual Maximum to also include Generic Drugs:		
$1,000 (Brand & Generic)	0.0%	
$2,000 (Brand & Generic)	0.0%	
$2,500 (Brand & Generic)	0.0%	
$3,000 (Brand & Generic)	0.0%	
$4,000 (Brand & Generic)	0.0%	
$5,000 (Brand & Generic)	0.0%	
[c] Non Formulary Coverage, Generic Only Plans	0.0%	
[d] PICA Adjustm Applies only to New York City account	0.0%	
[e] IC Adjustmer Applies only to New York City account	0.0%	
[f] Product Factc HMO, Access I, and EPO	#DIV/0!	
POS, Access II, and PPO	#DIV/0!	
[g] Trend per Quarter	#DIV/0!	
2Q2010-4Q2010	0.0%	
1Q2011	#DIV/0!	
2Q2011	0.0%	
3Q2011-4Q2011	0.0%	
1Q2012	0.0%	
2Q 2012	0.0%	#DIV/0!
3Q2012-4Q2012	0.0%	#DIV/0!
$0	#VALUE!	#VALUE!
1Q2013	#DIV/0!	#DIV/0!
2Q2013	#DIV/0!	#DIV/0!
3Q2013	#DIV/0!	#DIV/0!
4Q2013	#DIV/0!	#DIV/0!
$0	#DIV/0!	#DIV/0!
$0	#DIV/0!	#DIV/0!
$0	#DIV/0!	#DIV/0!

Table 5: Tier Conversion Factors

	HIPIC Small Group
Two Tier	
Individual EE	0.0%
Family	0.0%
Four Tier	
Individual EE	0.0%
EE + Child(rer	0.0%
EE + Spouse	0.0%
Family	0.0%