

SERFF Tracking #:

HPHP-128544265

State Tracking #:

2012070160

Company Tracking #:

2012 0715 HIP DP 2013 RATE FILING

State: New York

Filing Company:

Health Insurance Plan of Greater New York

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: 2013 HIP Direct Pay 2012 Prior Approval Rate Filing

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2013 HIP DP Rate Manual with Approved Rates		New		2013 HIP DP Rate Manual final No Women's Health Mandate.pdf 2013 HIP DP Rate Manual final with Women's Health Mandate.pdf 2013 HIP DP Rate Manual Rate Change final No Women's Health Mandate.pdf

**HEALTH INSURANCE PLAN OF GREATER NEW YORK
2013 RATE MANUAL**

**DIRECT PAY
MONTHLY PREMIUM
EFFECTIVE JANUARY 2013 THROUGH DECEMBER 2013**

Individual Standardized HMO Plan

Fully PPACA Compliant

<u>Adult</u>	<u>Child</u>
997.52	464.00

**Individual Standardized HMO Plan
Grandfathered**

<u>Adult</u>	<u>Child</u>
994.59	462.64

Individual Standardized POS Plan

Fully PPACA Compliant

<u>Individual</u>	<u>Employee & Child(ren)</u>	<u>Employee & Spouse</u>	<u>Family</u>
1,711.08	2,994.28	3,422.16	4,931.18

Dependent Children [std: covered to 26 end of month]

<u>Age</u>	<u>End of Month</u>			
30	0.0%	6.3%	0.0%	6.3%

Individual Standardized POS Plan

Grandfathered

<u>Individual</u>	<u>Employee & Child(ren)</u>	<u>Employee & Spouse</u>	<u>Family</u>
1,706.06	2,985.49	3,412.11	4,916.73

Dependent Children [std: covered to 26 end of month]

<u>Age</u>	<u>End of Month</u>			
30	0.0%	6.3%	0.0%	6.3%

Pre-Governor's Bill Old HMO Plan

Fully PPACA Compliant

<u>Individual</u>	<u>Employee & Child(ren)</u>	<u>Employee & Spouse</u>	<u>Family</u>
866.58	1,876.05	1,964.55	2,175.47

Dependent Children [std: covered to 26 end of month]

<u>Age</u>	<u>End of Month</u>			
30	0.0%	2.4%	0.0%	2.4%

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**DIRECT PAY
MONTHLY PREMIUM
EFFECTIVE JANUARY 2013 THROUGH DECEMBER 2013**

Individual Standardized HMO Plan

Fully PPACA Compliant

<u>Adult</u>	<u>Child</u>
1,000.51	465.40

**Individual Standardized HMO Plan
Grandfathered**

<u>Adult</u>	<u>Child</u>
994.59	462.64

Individual Standardized POS Plan

Fully PPACA Compliant

<u>Individual</u>	<u>Employee & Child(ren)</u>	<u>Employee & Spouse</u>	<u>Family</u>
1,716.21	3,003.26	3,432.42	4,945.97

Dependent Children [std: covered to 26 end of month]

<u>Age</u>	<u>End of Month</u>			
30	0.0%	6.3%	0.0%	6.3%

Individual Standardized POS Plan

Grandfathered

<u>Individual</u>	<u>Employee & Child(ren)</u>	<u>Employee & Spouse</u>	<u>Family</u>
1,706.06	2,985.49	3,412.11	4,916.73

Dependent Children [std: covered to 26 end of month]

<u>Age</u>	<u>End of Month</u>			
30	0.0%	6.3%	0.0%	6.3%

Pre-Governor's Bill Old HMO Plan

Fully PPACA Compliant

<u>Individual</u>	<u>Employee & Child(ren)</u>	<u>Employee & Spouse</u>	<u>Family</u>
869.18	1,881.68	1,970.44	2,181.99

Dependent Children [std: covered to 26 end of month]

<u>Age</u>	<u>End of Month</u>			
30	0.0%	2.4%	0.0%	2.4%

HEALTH INSURANCE PLAN OF GREATER NEW YORK
2012 RATE MANUAL

DIRECT PAY
MONTHLY PREMIUM
EFFECTIVE JANUARY 2012 THROUGH DECEMBER 2012

Individual Standardized HMO Plan				
Fully PPACA Compliant				
	Adult	Child		
	920.73	428.28		
Individual Standardized HMO Plan Grandfathered				
	Adult	Child		
	918.03	427.03		
Individual Standardized POS Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	1,579.36	2,763.78	3,158.72	4,551.58
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	0.0%	6.3%	0.0%	6.3%
Individual Standardized POS Plan Grandfathered				
	Employee & Child(ren)	Employee & Spouse	Family	
	1,574.73	2,755.67	3,149.45	4,538.24
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	0.0%	6.3%	0.0%	6.3%
Pre-Governor's Bill Old HMO Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	799.87	1,731.63	1,813.32	2,008.00
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	0.0%	2.4%	0.0%	2.4%

HEALTH INSURANCE PLAN OF GREATER NEW YORK
2013 RATE MANUAL

DIRECT PAY
MONTHLY PREMIUM
EFFECTIVE JANUARY 2013 THROUGH DECEMBER 2013

Individual Standardized HMO Plan				
Fully PPACA Compliant				
	Adult	Child		
	997.52	464.00		
Individual Standardized HMO Plan Grandfathered				
	Adult	Child		
	994.59	462.64		
Individual Standardized POS Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	1,711.08	2,994.28	3,422.16	4,931.18
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	0.0%	6.3%	0.0%	6.3%
Individual Standardized POS Plan Grandfathered				
	Employee & Child(ren)	Employee & Spouse	Family	
	1,706.06	2,985.49	3,412.11	4,916.73
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	0.0%	6.3%	0.0%	6.3%
Pre-Governor's Bill Old HMO Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	866.58	1,876.05	1,964.55	2,175.47
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	0.0%	2.4%	0.0%	2.4%

HEALTH INSURANCE PLAN OF GREATER NEW YORK
\$ Change

DIRECT PAY
MONTHLY PREMIUM
EFFECTIVE JANUARY 2013 THROUGH DECEMBER 2013

Individual Standardized HMO Plan				
Fully PPACA Compliant				
	Adult	Child		
	76.79	35.72		
Individual Standardized HMO Plan Grandfathered				
	Adult	Child		
	76.56	35.61		
Individual Standardized POS Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	131.72	230.50	263.44	379.60
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	N/A	N/A	N/A	N/A
Individual Standardized POS Plan Grandfathered				
	Employee & Child(ren)	Employee & Spouse	Family	
	131.33	229.82	262.66	378.49
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	N/A	N/A	N/A	N/A
Pre-Governor's Bill Old HMO Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	66.71	144.42	151.23	167.47
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	N/A	N/A	N/A	N/A

HEALTH INSURANCE PLAN OF GREATER NEW YORK
% Change

DIRECT PAY
MONTHLY PREMIUM
EFFECTIVE JANUARY 2013 THROUGH DECEMBER 2013

Individual Standardized HMO Plan				
Fully PPACA Compliant				
	Adult	Child		
	8.34%	8.34%		
Individual Standardized HMO Plan Grandfathered				
	Adult	Child		
	8.34%	8.34%		
Individual Standardized POS Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	8.34%	8.34%	8.34%	8.34%
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	N/A	N/A	N/A	N/A
Individual Standardized POS Plan Grandfathered				
	Employee & Child(ren)	Employee & Spouse	Family	
	8.34%	8.34%	8.34%	8.34%
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	N/A	N/A	N/A	N/A
Pre-Governor's Bill Old HMO Plan Fully PPACA Compliant				
	Employee & Child(ren)	Employee & Spouse	Family	
	8.34%	8.34%	8.34%	8.34%
Dependent Children [std: covered to 26 end of month]				
Age	End of Month			
30	N/A	N/A	N/A	N/A