

Health Insurance Plan of Greater New York
New York City
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates	\$ Change	
									2015 Rates / 2014 Rates	% Change 2015 Rates / 2014 Rates
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind	\$554.22	\$600.98	\$46.76	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind + Sp	\$1,108.44	\$1,201.96	\$93.52	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Parent + Child(rn)	\$942.17	\$1,021.67	\$79.50	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Family	\$1,579.53	\$1,712.79	\$133.26	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Child Only	\$228.34	\$247.60	\$19.26	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind	\$570.85	\$619.01	\$48.16	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind + Sp	\$1,141.70	\$1,238.02	\$96.32	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Parent + Child(rn)	\$970.45	\$1,052.32	\$81.87	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Family	\$1,626.92	\$1,764.18	\$137.26	8.4%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind	\$473.70	\$492.94	\$19.24	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind + Sp	\$947.40	\$985.88	\$38.48	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Parent + Child(rn)	\$805.29	\$838.00	\$32.71	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Family	\$1,350.05	\$1,404.88	\$54.83	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Child Only	\$195.16	\$203.09	\$7.93	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind	\$487.91	\$507.73	\$19.82	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind + Sp	\$975.82	\$1,015.46	\$39.64	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Parent + Child(rn)	\$829.45	\$863.14	\$33.69	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Family	\$1,390.54	\$1,447.03	\$56.49	4.1%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind	\$385.31	\$407.28	\$21.97	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind + Sp	\$770.62	\$814.56	\$43.94	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Parent + Child(rn)	\$655.03	\$692.38	\$37.35	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Family	\$1,098.13	\$1,160.75	\$62.62	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Child Only	\$158.75	\$167.80	\$9.05	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind	\$396.87	\$419.50	\$22.63	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind + Sp	\$793.74	\$839.00	\$45.26	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Parent + Child(rn)	\$674.68	\$713.15	\$38.47	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Family	\$1,131.08	\$1,195.58	\$64.50	5.7%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind	\$332.89	\$354.31	\$21.42	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind + Sp	\$665.78	\$708.62	\$42.84	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Parent + Child(rn)	\$565.91	\$602.33	\$36.42	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Family	\$948.74	\$1,009.78	\$61.04	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Child Only	\$137.15	\$145.98	\$8.83	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind	\$342.88	\$364.94	\$22.06	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind + Sp	\$685.76	\$729.88	\$44.12	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Parent + Child(rn)	\$582.90	\$620.40	\$37.50	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Family	\$977.21	\$1,040.08	\$62.87	6.4%
Catastrophic	Standard	Base	Select Care Basic	Off		Ind	\$0.00	\$200.70	\$200.70	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind + Sp	\$0.00	\$401.40	\$401.40	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Parent + Child(rn)	\$0.00	\$341.19	\$341.19	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Family	\$0.00	\$572.00	\$572.00	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind	\$601.70	\$655.68	\$53.98	9.0%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind + Sp	\$1,203.40	\$1,311.36	\$107.96	9.0%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Parent + Child(rn)	\$1,022.89	\$1,114.66	\$91.77	9.0%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Family	\$1,714.85	\$1,868.69	\$153.84	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind	\$619.75	\$675.35	\$55.60	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind + Sp	\$1,239.50	\$1,350.70	\$111.20	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Parent + Child(rn)	\$1,053.58	\$1,148.10	\$94.52	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Family	\$1,766.29	\$1,924.75	\$158.46	9.0%

Health Insurance Plan of Greater New York
 Long Island
 Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates	\$ Change	% Change
									2015 Rates / 2014 Rates	2015 Rates / 2014 Rates
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind	\$629.85	\$682.99	\$53.14	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind + Sp	\$1,259.70	\$1,365.98	\$106.28	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$1,070.75	\$1,161.08	\$90.33	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Family	\$1,795.07	\$1,946.52	\$151.45	8.4%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Child Only	\$259.50	\$281.39	\$21.89	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind	\$648.75	\$703.48	\$54.73	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind + Sp	\$1,297.50	\$1,406.96	\$109.46	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$1,102.88	\$1,195.92	\$93.04	8.4%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Family	\$1,848.94	\$2,004.92	\$155.98	8.4%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind	\$538.34	\$560.21	\$21.87	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind + Sp	\$1,076.68	\$1,120.42	\$43.74	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$915.18	\$952.36	\$37.18	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Family	\$1,534.27	\$1,596.60	\$62.33	4.1%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Child Only	\$221.80	\$230.81	\$9.01	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind	\$554.49	\$577.02	\$22.53	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind + Sp	\$1,108.98	\$1,154.04	\$45.06	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$942.63	\$980.93	\$38.30	4.1%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Family	\$1,580.30	\$1,644.51	\$64.21	4.1%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind	\$437.89	\$462.86	\$24.97	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind + Sp	\$875.78	\$925.72	\$49.94	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$744.41	\$786.86	\$42.45	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Family	\$1,247.99	\$1,319.15	\$71.16	5.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Child Only	\$180.41	\$190.70	\$10.29	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind	\$451.03	\$476.75	\$25.72	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind + Sp	\$902.06	\$953.50	\$51.44	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$766.75	\$810.48	\$43.73	5.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Family	\$1,285.44	\$1,358.74	\$73.30	5.7%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind	\$378.31	\$402.66	\$24.35	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind + Sp	\$756.62	\$805.32	\$48.70	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$643.13	\$684.52	\$41.39	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Family	\$1,078.18	\$1,147.58	\$69.40	6.4%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Child Only	\$155.86	\$165.90	\$10.04	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind	\$389.66	\$414.74	\$25.08	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind + Sp	\$779.32	\$829.48	\$50.16	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$662.42	\$705.06	\$42.64	6.4%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Family	\$1,110.53	\$1,182.01	\$71.48	6.4%
Catastrophic	Standard	Base	Select Care Basic	Off		Ind	\$0.00	\$228.08	\$228.08	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind + Sp	\$0.00	\$456.16	\$456.16	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Parent + Chld(rn)	\$0.00	\$387.74	\$387.74	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Family	\$0.00	\$650.03	\$650.03	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind	\$683.81	\$745.15	\$61.34	9.0%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind + Sp	\$1,367.62	\$1,490.30	\$122.68	9.0%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$1,162.48	\$1,266.76	\$104.28	9.0%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Family	\$1,948.86	\$2,123.68	\$174.82	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind	\$704.32	\$767.50	\$63.18	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind + Sp	\$1,408.64	\$1,535.00	\$126.36	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$1,197.34	\$1,304.75	\$107.41	9.0%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Family	\$2,007.31	\$2,187.38	\$180.07	9.0%

Health Insurance Plan of Greater New York
Mid-Hudson
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates	\$ Change	% Change
									2015 Rates / 2014 Rates	2015 Rates / 2014 Rates
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind	\$554.22	\$720.47	\$166.25	30.0%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind + Sp	\$1,108.44	\$1,440.94	\$332.50	30.0%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$942.17	\$1,224.80	\$282.63	30.0%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Family	\$1,579.53	\$2,053.34	\$473.81	30.0%
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Child Only	\$228.34	\$296.83	\$68.49	30.0%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind	\$570.85	\$742.08	\$171.23	30.0%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind + Sp	\$1,141.70	\$1,484.16	\$342.46	30.0%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$970.45	\$1,261.54	\$291.09	30.0%
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Family	\$1,626.92	\$2,114.93	\$488.01	30.0%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind	\$473.70	\$590.95	\$117.25	24.8%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind + Sp	\$947.40	\$1,181.90	\$234.50	24.8%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$805.29	\$1,004.62	\$199.33	24.8%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Family	\$1,350.05	\$1,684.21	\$334.16	24.8%
Gold	Standard	Base	Select Care Gold D	Off	0.790	Child Only	\$195.16	\$243.47	\$48.31	24.8%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind	\$487.91	\$608.68	\$120.77	24.8%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind + Sp	\$975.82	\$1,217.36	\$241.54	24.8%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$829.45	\$1,034.76	\$205.31	24.8%
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Family	\$1,390.54	\$1,734.74	\$344.20	24.8%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind	\$385.31	\$488.26	\$102.95	26.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind + Sp	\$770.62	\$976.52	\$205.90	26.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$655.03	\$830.04	\$175.01	26.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Family	\$1,098.13	\$1,391.54	\$293.41	26.7%
Silver	Standard	Base	Select Care Silver D	Off	0.707	Child Only	\$158.75	\$201.16	\$42.41	26.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind	\$396.87	\$502.91	\$106.04	26.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind + Sp	\$793.74	\$1,005.82	\$212.08	26.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$674.68	\$854.95	\$180.27	26.7%
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Family	\$1,131.08	\$1,433.29	\$302.21	26.7%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind	\$332.89	\$424.75	\$91.86	27.6%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind + Sp	\$665.78	\$849.50	\$183.72	27.6%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$565.91	\$722.08	\$156.17	27.6%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Family	\$948.74	\$1,210.54	\$261.80	27.6%
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Child Only	\$137.15	\$175.00	\$37.85	27.6%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind	\$342.88	\$437.49	\$94.61	27.6%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind + Sp	\$685.76	\$874.98	\$189.22	27.6%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$582.90	\$743.73	\$160.83	27.6%
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Family	\$977.21	\$1,246.85	\$269.64	27.6%
Catastrophic	Standard	Base	Select Care Basic	Off		Ind	\$0.00	\$240.60	\$240.60	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind + Sp	\$0.00	\$481.20	\$481.20	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Parent + Chld(rn)	\$0.00	\$409.02	\$409.02	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Family	\$0.00	\$685.71	\$685.71	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind	\$601.70	\$786.05	\$184.35	30.6%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind + Sp	\$1,203.40	\$1,572.10	\$368.70	30.6%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$1,022.89	\$1,336.29	\$313.40	30.6%
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Family	\$1,714.85	\$2,240.24	\$525.39	30.6%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind	\$619.75	\$809.63	\$189.88	30.6%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind + Sp	\$1,239.50	\$1,619.26	\$379.76	30.6%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$1,053.58	\$1,376.37	\$322.79	30.6%
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Family	\$1,766.29	\$2,307.45	\$541.16	30.6%

Health Insurance Plan of Greater New York
Albany
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates	\$ Change	% Change
									2015 Rates / 2014 Rates	2015 Rates / 2014 Rates
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind	\$0.00	\$720.15	\$720.15	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind + Sp	\$0.00	\$1,440.30	\$1,440.30	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,224.26	\$1,224.26	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Family	\$0.00	\$2,052.43	\$2,052.43	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Child Only	\$0.00	\$296.70	\$296.70	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind	\$0.00	\$741.75	\$741.75	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind + Sp	\$0.00	\$1,483.50	\$1,483.50	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,260.98	\$1,260.98	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Family	\$0.00	\$2,113.99	\$2,113.99	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind	\$0.00	\$590.70	\$590.70	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind + Sp	\$0.00	\$1,181.40	\$1,181.40	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$0.00	\$1,004.19	\$1,004.19	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Family	\$0.00	\$1,683.50	\$1,683.50	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Child Only	\$0.00	\$243.37	\$243.37	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind	\$0.00	\$608.42	\$608.42	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind + Sp	\$0.00	\$1,216.84	\$1,216.84	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$0.00	\$1,034.31	\$1,034.31	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Family	\$0.00	\$1,734.00	\$1,734.00	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind	\$0.00	\$488.05	\$488.05	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind + Sp	\$0.00	\$976.10	\$976.10	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$0.00	\$829.69	\$829.69	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Family	\$0.00	\$1,390.94	\$1,390.94	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Child Only	\$0.00	\$201.08	\$201.08	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind	\$0.00	\$502.69	\$502.69	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind + Sp	\$0.00	\$1,005.38	\$1,005.38	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$0.00	\$854.57	\$854.57	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Family	\$0.00	\$1,432.67	\$1,432.67	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind	\$0.00	\$424.57	\$424.57	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind + Sp	\$0.00	\$849.14	\$849.14	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$0.00	\$721.77	\$721.77	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Family	\$0.00	\$1,210.02	\$1,210.02	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Child Only	\$0.00	\$174.92	\$174.92	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind	\$0.00	\$437.31	\$437.31	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind + Sp	\$0.00	\$874.62	\$874.62	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$0.00	\$743.43	\$743.43	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Family	\$0.00	\$1,246.33	\$1,246.33	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind	\$0.00	\$240.50	\$240.50	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind + Sp	\$0.00	\$481.00	\$481.00	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Parent + Chld(rn)	\$0.00	\$408.85	\$408.85	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Family	\$0.00	\$685.43	\$685.43	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind	\$0.00	\$785.71	\$785.71	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,571.42	\$1,571.42	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,335.71	\$1,335.71	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Family	\$0.00	\$2,239.27	\$2,239.27	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind	\$0.00	\$809.28	\$809.28	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,618.56	\$1,618.56	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,375.78	\$1,375.78	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Family	\$0.00	\$2,306.45	\$2,306.45	N/A

Health Insurance Plan of Greater New York
Syracuse
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates	\$ Change	% Change
									2015 Rates / 2014 Rates	2015 Rates / 2014 Rates
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind	\$0.00	\$720.15	\$720.15	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind + Sp	\$0.00	\$1,440.30	\$1,440.30	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,224.26	\$1,224.26	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Family	\$0.00	\$2,052.43	\$2,052.43	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Child Only	\$0.00	\$296.70	\$296.70	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind	\$0.00	\$741.75	\$741.75	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind + Sp	\$0.00	\$1,483.50	\$1,483.50	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,260.98	\$1,260.98	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Family	\$0.00	\$2,113.99	\$2,113.99	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind	\$0.00	\$590.70	\$590.70	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind + Sp	\$0.00	\$1,181.40	\$1,181.40	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$0.00	\$1,004.19	\$1,004.19	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Family	\$0.00	\$1,683.50	\$1,683.50	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Child Only	\$0.00	\$243.37	\$243.37	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind	\$0.00	\$608.42	\$608.42	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind + Sp	\$0.00	\$1,216.84	\$1,216.84	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$0.00	\$1,034.31	\$1,034.31	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Family	\$0.00	\$1,734.00	\$1,734.00	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind	\$0.00	\$488.05	\$488.05	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind + Sp	\$0.00	\$976.10	\$976.10	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$0.00	\$829.69	\$829.69	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Family	\$0.00	\$1,390.94	\$1,390.94	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Child Only	\$0.00	\$201.08	\$201.08	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind	\$0.00	\$502.69	\$502.69	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind + Sp	\$0.00	\$1,005.38	\$1,005.38	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$0.00	\$854.57	\$854.57	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Family	\$0.00	\$1,432.67	\$1,432.67	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind	\$0.00	\$424.57	\$424.57	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind + Sp	\$0.00	\$849.14	\$849.14	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$0.00	\$721.77	\$721.77	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Family	\$0.00	\$1,210.02	\$1,210.02	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Child Only	\$0.00	\$174.92	\$174.92	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind	\$0.00	\$437.31	\$437.31	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind + Sp	\$0.00	\$874.62	\$874.62	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$0.00	\$743.43	\$743.43	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Family	\$0.00	\$1,246.33	\$1,246.33	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind	\$0.00	\$240.50	\$240.50	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind + Sp	\$0.00	\$481.00	\$481.00	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Parent + Chld(rn)	\$0.00	\$408.85	\$408.85	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Family	\$0.00	\$685.43	\$685.43	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind	\$0.00	\$785.71	\$785.71	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,571.42	\$1,571.42	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,335.71	\$1,335.71	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Family	\$0.00	\$2,239.27	\$2,239.27	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind	\$0.00	\$809.28	\$809.28	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,618.56	\$1,618.56	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,375.78	\$1,375.78	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Family	\$0.00	\$2,306.45	\$2,306.45	N/A

Health Insurance Plan of Greater New York
 Utica/Watertown
 Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates	\$ Change	% Change
									2015 Rates / 2014 Rates	2015 Rates / 2014 Rates
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind	\$0.00	\$720.15	\$720.15	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Ind + Sp	\$0.00	\$1,440.30	\$1,440.30	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,224.26	\$1,224.26	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Family	\$0.00	\$2,052.43	\$2,052.43	N/A
Platinum	Standard	Base	Select Care Platinum D	Off	0.881	Child Only	\$0.00	\$296.70	\$296.70	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind	\$0.00	\$741.75	\$741.75	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Ind + Sp	\$0.00	\$1,483.50	\$1,483.50	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,260.98	\$1,260.98	N/A
Platinum	Standard	Age 29	Select Care Platinum D	Off	0.881	Family	\$0.00	\$2,113.99	\$2,113.99	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind	\$0.00	\$590.70	\$590.70	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Ind + Sp	\$0.00	\$1,181.40	\$1,181.40	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$0.00	\$1,004.19	\$1,004.19	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Family	\$0.00	\$1,683.50	\$1,683.50	N/A
Gold	Standard	Base	Select Care Gold D	Off	0.790	Child Only	\$0.00	\$243.37	\$243.37	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind	\$0.00	\$608.42	\$608.42	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Ind + Sp	\$0.00	\$1,216.84	\$1,216.84	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Parent + Chld(rn)	\$0.00	\$1,034.31	\$1,034.31	N/A
Gold	Standard	Age 29	Select Care Gold D	Off	0.790	Family	\$0.00	\$1,734.00	\$1,734.00	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind	\$0.00	\$488.05	\$488.05	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Ind + Sp	\$0.00	\$976.10	\$976.10	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$0.00	\$829.69	\$829.69	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Family	\$0.00	\$1,390.94	\$1,390.94	N/A
Silver	Standard	Base	Select Care Silver D	Off	0.707	Child Only	\$0.00	\$201.08	\$201.08	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind	\$0.00	\$502.69	\$502.69	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Ind + Sp	\$0.00	\$1,005.38	\$1,005.38	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Parent + Chld(rn)	\$0.00	\$854.57	\$854.57	N/A
Silver	Standard	Age 29	Select Care Silver D	Off	0.707	Family	\$0.00	\$1,432.67	\$1,432.67	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind	\$0.00	\$424.57	\$424.57	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Ind + Sp	\$0.00	\$849.14	\$849.14	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$0.00	\$721.77	\$721.77	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Family	\$0.00	\$1,210.02	\$1,210.02	N/A
Bronze	Standard	Base	Select Care Bronze D	Off	0.620	Child Only	\$0.00	\$174.92	\$174.92	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind	\$0.00	\$437.31	\$437.31	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Ind + Sp	\$0.00	\$874.62	\$874.62	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Parent + Chld(rn)	\$0.00	\$743.43	\$743.43	N/A
Bronze	Standard	Age 29	Select Care Bronze D	Off	0.620	Family	\$0.00	\$1,246.33	\$1,246.33	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind	\$0.00	\$240.50	\$240.50	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Ind + Sp	\$0.00	\$481.00	\$481.00	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Parent + Chld(rn)	\$0.00	\$408.85	\$408.85	N/A
Catastrophic	Standard	Base	Select Care Basic	Off		Family	\$0.00	\$685.43	\$685.43	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind	\$0.00	\$785.71	\$785.71	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,571.42	\$1,571.42	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,335.71	\$1,335.71	N/A
Platinum	Non-Standard	Base	Select Care DP POS	Off	0.881	Family	\$0.00	\$2,239.27	\$2,239.27	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind	\$0.00	\$809.28	\$809.28	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Ind + Sp	\$0.00	\$1,618.56	\$1,618.56	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Parent + Chld(rn)	\$0.00	\$1,375.78	\$1,375.78	N/A
Platinum	Non-Standard	Age 29	Select Care DP POS	Off	0.881	Family	\$0.00	\$2,306.45	\$2,306.45	N/A

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

Form Name	Form Number
Individual Base Contract	155-23-IOFFHIXCONT (04/14)
Individual Child Only Contract	155-23-IOFFHIXCHILDCONT (04/14)
Individual Bronze Schedule	155-23-IOFFHIXBSchedule (04/14)
Individual Catastrophic Schedule	155-23-IOFFHIXCSchedule (04/14)
Individual Gold Schedule	155-23-IOFFHIXGSchedule (04/14)
Individual Platinum Schedule	155-23-IOFFHIXPSchedule (04/14)
Individual Silver Schedule	155-23-IOFFHIXSSchedule (04/14)
Individual Rider to Extend Coverage For Young Adults Through Age 29	155-23-IHIXD29 (04/14)

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

<u>County</u>	<u>Region</u>	<u>Area Factor</u>
Bronx	New York City	0.9556
Kings	New York City	0.9556
New York	New York City	0.9556
Queens	New York City	0.9556
Richmond	New York City	0.9556
Rockland	New York City	0.9556
Westchester	New York City	0.9556
Nassau	Long Island	1.0860
Suffolk	Long Island	1.0860
Delaware	Mid-Hudson	1.1456
Dutchess	Mid-Hudson	1.1456
Orange	Mid-Hudson	1.1456
Putnam	Mid-Hudson	1.1456
Sullivan	Mid-Hudson	1.1456
Ulster	Mid-Hudson	1.1456
Albany	Albany	1.1451
Columbia	Albany	1.1451
Fulton	Albany	1.1451
Greene	Albany	1.1451
Montgomery	Albany	1.1451
Renssellar	Albany	1.1451
Saratoga	Albany	1.1451
Schenectady	Albany	1.1451
Schoharie	Albany	1.1451
Warren	Albany	1.1451
Washington	Albany	1.1451
Broome	Syracuse	1.1451
Ostego	Utica/Watertown	1.1451

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

EmblemHealth Individual on Off Exchange Expected Loss	86.10%
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**Health Insurance Plan of Greater New York
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART**

HIX Standards - Of Exchange

NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Feb 2013 final versions) and NYS laws/regulations.

****Note: The Catastrophic plan design was revised to reflect the official OOP maximum of \$6,600 (single) for calendar year 2015**

TYPE OF SERVICE	Platinum	Gold	Silver	Native American Cost-Sharing variation		
	(AV = 0.88 to 0.92)	(AV = 0.78 to 0.82)	(AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Less than or equal to 300% FPL
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$3,000	\$6,600	\$0
MAXIMUM OUT OF POCKET LIMIT (single)	\$2,000	\$4,000	\$5,500	\$6,500	\$6,600	\$0
Includes the deductible						
COST SHARING - MEDICAL SERVICES						
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".					
PCP	\$15	\$25	\$30	50% cost sharing	0% cost sharing	0% cost sharing
Telemedicine	\$10	\$10	\$10	\$10	\$10	\$10
Telemedicine Dietician	\$5	\$5	\$5	\$5	\$5	\$5
Specialist	\$35	\$40	\$50	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	50% cost sharing	0% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	\$55	\$40	\$70	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
INPATIENT HOSPITAL SERVICES						
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit			50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility. Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
	Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility					
EMERGENCY MEDICAL SERVICES						
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room			50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit	\$0 copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	\$0 copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case			50% cost sharing	0% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES						
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case			50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing	\$0 copay			50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray, excluding CAT/PET scans, MRI	Specialist copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay			50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/renal dialysis	PCP copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Hospice	PCP copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
PREVENTIVE & PRIMARY CARE SERVICES						
Bone density testing				NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.		
Cervical cytology						
Colonoscopy screening						
Gynecological exams						
Immunizations	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing	0% cost sharing
Mammography						
Prenatal maternity care						
Prostate cancer screening						
Routine exams						
Women's preventive health services						

PHYSICIAN/PROFESSIONAL SERVICES				
Inpatient hospital surgery - surgeon	Surgeon copay per case	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case	50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)	50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	50 copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray, excluding CAT/PET scans, MRI	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Mental health/behavioral health care	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/renal dialysis	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing

ADDITIONAL BENEFITS/SERVICES				
ABA treatment for Autism Spectrum Disorder	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder	PCP copay per device	50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply	50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.			

PEDIATRIC DENTAL SERVICES				
Dental office visit	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing

PEDIATRIC VISION SERVICES				
Eye exam visit	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames	50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing

PRESCRIPTION DRUGS						
Generic or Tier 1	\$10	\$10	\$10	\$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	0% cost sharing	0% cost sharing

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

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

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

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

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

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

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

If the copay payable is more than the allowed amount (or remainder of the allowed amount), the copay payable is reduced to the allowed amount (or to the remainder of the allowed amount). The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.

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

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

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

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

Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply.

These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply.

These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

The family deductible is two times the single deductible and the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family member needs to accumulate any more dollars towards the deductible (or out-of-pocket limit).

Note: The pediatric dental cost sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental plan will have its own deductible and cost sharing arrangements and associated premium.

The maximum out of pocket limit for calendar year 2014 is \$6,600 for self only coverage, and \$13,200 for family coverage.

Plans will need to amend the individual rate filing to reflect the revised catastrophic plan design.

Plans that submitted any plan design with a maximum out of pocket limit exceeding the official maximums will need to submit an amendment to the filing to revise such out of pocket limit.

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

Family verification

- EmblemHealth will request a Federal 1040 form and/or a marriage certificate to verify the marriage of two individuals with different last names. In addition, EmblemHealth will require a birth certificate and/or Federal 1040 Form as proof that a dependent is eligible for coverage if the dependent has a last name different from the subscriber.

Domestic Partners

Domestic partner coverage is available with EmblemHealth.

- A domestic partner will be treated as a dependent.
- Eligible dependents of the domestic partner may be added.
- Domestic partners are not recognized by the IRS and may not receive tax benefits afforded to non-domestic partners (e.g., Health Savings Accounts).
- Domestic partners must submit the following form to EmblemHealth. This form must be notarized.

EmblemHealth's Declaration of Cohabitation & Financial Interdependence Form (DCFIF). In addition, the partners must also provide three documents showing a similar residence and financial interdependence. The specific list of acceptable documents is shown on the Declaration of Cohabitation & Financial Interdependence Form.

High Deductible Health Plans

- The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product.
- EmblemHealth will require a signed statement that the deductible is not being funded by the employer or any other first dollar coverage plan.

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

HIP Individual Off Exchange Commission	0% of premium
HIP Individual Off Exchange General Agent	\$0.00

**Health Insurance Plan of Greater New York
Individual Off Exchange Products
Effective January 1, 2015-December 31, 2015**

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