

Health Insurance Plan of Greater New York
 New York City
 Rates Effective 1/1/2015
 Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

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	On	0.881	Ind	\$554.22	\$600.98	\$46.76	8.4%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	\$1,108.44	\$1,201.96	\$93.52	8.4%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$942.17	\$1,021.67	\$79.50	8.4%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	\$1,579.53	\$1,712.79	\$133.26	8.4%
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	\$228.34	\$247.60	\$19.26	8.4%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	\$570.85	\$619.01	\$48.16	8.4%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	\$1,141.70	\$1,238.02	\$96.32	8.4%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$970.45	\$1,052.32	\$81.87	8.4%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	\$1,626.92	\$1,764.18	\$137.26	8.4%
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	\$460.85	\$492.94	\$32.09	7.0%
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	\$921.70	\$985.88	\$64.18	7.0%
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	\$783.45	\$838.00	\$54.55	7.0%
Gold	Standard	Base	Select Care Gold	On	0.790	Family	\$1,313.42	\$1,404.88	\$91.46	7.0%
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	\$189.87	\$203.09	\$13.22	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	\$474.68	\$507.73	\$33.05	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	\$949.36	\$1,015.46	\$66.10	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	\$806.96	\$863.14	\$56.18	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	\$1,352.84	\$1,447.03	\$94.19	7.0%
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	\$385.31	\$407.28	\$21.97	5.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	\$770.62	\$814.56	\$43.94	5.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	\$655.03	\$692.38	\$37.35	5.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Family	\$1,098.13	\$1,160.75	\$62.62	5.7%
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	\$158.75	\$167.80	\$9.05	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	\$396.87	\$419.50	\$22.63	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	\$793.74	\$839.00	\$45.26	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	\$674.68	\$713.15	\$38.47	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	\$1,131.08	\$1,195.58	\$64.50	5.7%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	\$332.89	\$354.31	\$21.42	6.4%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	\$665.78	\$708.62	\$42.84	6.4%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$565.91	\$602.33	\$36.42	6.4%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	\$948.74	\$1,009.78	\$61.04	6.4%
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	\$137.15	\$145.98	\$8.83	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	\$342.88	\$364.94	\$22.06	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	\$685.76	\$729.88	\$44.12	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$582.90	\$620.40	\$37.50	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	\$977.21	\$1,040.08	\$62.87	6.4%
Catastrophic	Standard	Base	Select Care Basic	On		Ind	\$202.83	\$200.70	-\$2.13	-1.1%
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	\$405.66	\$401.40	-\$4.26	-1.1%
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	\$344.81	\$341.19	-\$3.62	-1.0%
Catastrophic	Standard	Base	Select Care Basic	On		Family	\$578.07	\$572.00	-\$6.07	-1.1%

Health Insurance Plan of Greater New York
Long Island
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

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	On	0.881	Ind	\$629.85	\$682.99	\$53.14	8.4%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	\$1,259.70	\$1,365.98	\$106.28	8.4%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$1,070.75	\$1,161.08	\$90.33	8.4%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	\$1,795.07	\$1,946.52	\$151.45	8.4%
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	\$259.50	\$281.39	\$21.89	8.4%
Platinum	Standard	Age 29	Select Care Platinum 29	On	0.881	Ind	\$648.75	\$703.48	\$54.73	8.4%
Platinum	Standard	Age 29	Select Care Platinum 29	On	0.881	Ind + Sp	\$1,297.50	\$1,406.96	\$109.46	8.4%
Platinum	Standard	Age 29	Select Care Platinum 29	On	0.881	Parent + Chld(rn)	\$1,102.88	\$1,195.92	\$93.04	8.4%
Platinum	Standard	Age 29	Select Care Platinum 29	On	0.881	Family	\$1,848.94	\$2,004.92	\$155.98	8.4%
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	\$523.74	\$560.21	\$36.47	7.0%
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	\$1,047.48	\$1,120.42	\$72.94	7.0%
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	\$890.36	\$952.36	\$62.00	7.0%
Gold	Standard	Base	Select Care Gold	On	0.790	Family	\$1,492.66	\$1,596.60	\$103.94	7.0%
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	\$215.78	\$230.81	\$15.03	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	\$539.45	\$577.02	\$37.57	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	\$1,078.90	\$1,154.04	\$75.14	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	\$917.07	\$980.93	\$63.86	7.0%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	\$1,537.43	\$1,644.51	\$107.08	7.0%
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	\$437.89	\$462.86	\$24.97	5.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	\$875.78	\$925.72	\$49.94	5.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	\$744.41	\$786.86	\$42.45	5.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Family	\$1,247.99	\$1,319.15	\$71.16	5.7%
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	\$180.41	\$190.70	\$10.29	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	\$451.03	\$476.75	\$25.72	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	\$902.06	\$953.50	\$51.44	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	\$766.75	\$810.48	\$43.73	5.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	\$1,285.44	\$1,358.74	\$73.30	5.7%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	\$378.31	\$402.66	\$24.35	6.4%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	\$756.62	\$805.32	\$48.70	6.4%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$643.13	\$684.52	\$41.39	6.4%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	\$1,078.18	\$1,147.58	\$69.40	6.4%
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	\$155.86	\$165.90	\$10.04	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	\$389.66	\$414.74	\$25.08	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	\$779.32	\$829.48	\$50.16	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$662.42	\$705.06	\$42.64	6.4%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	\$1,110.53	\$1,182.01	\$71.48	6.4%
Catastrophic	Standard	Base	Select Care Basic	On		Ind	\$230.50	\$228.08	-\$2.42	-1.0%
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	\$461.00	\$456.16	-\$4.84	-1.0%
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	\$391.85	\$387.74	-\$4.11	-1.0%
Catastrophic	Standard	Base	Select Care Basic	On		Family	\$656.93	\$650.03	-\$6.90	-1.1%

Health Insurance Plan of Greater New York
 Mid-Hudson
 Rates Effective 1/1/2015
 Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

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	On	0.881	Ind	\$554.22	\$720.47	\$166.25	30.0%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	\$1,108.44	\$1,440.94	\$332.50	30.0%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$942.17	\$1,224.80	\$282.63	30.0%
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	\$1,579.53	\$2,053.34	\$473.81	30.0%
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	\$228.34	\$296.83	\$68.49	30.0%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	\$570.85	\$742.08	\$171.23	30.0%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	\$1,141.70	\$1,484.16	\$342.46	30.0%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$970.45	\$1,261.54	\$291.09	30.0%
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	\$1,626.92	\$2,114.93	\$488.01	30.0%
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	\$460.85	\$590.95	\$130.10	28.2%
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	\$921.70	\$1,181.90	\$260.20	28.2%
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	\$783.45	\$1,004.62	\$221.17	28.2%
Gold	Standard	Base	Select Care Gold	On	0.790	Family	\$1,313.42	\$1,684.21	\$370.79	28.2%
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	\$189.87	\$243.47	\$53.60	28.2%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	\$474.68	\$608.68	\$134.00	28.2%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	\$949.36	\$1,217.36	\$268.00	28.2%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	\$806.96	\$1,034.76	\$227.80	28.2%
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	\$1,352.84	\$1,734.74	\$381.90	28.2%
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	\$385.31	\$488.26	\$102.95	26.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	\$770.62	\$976.52	\$205.90	26.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	\$655.03	\$830.04	\$175.01	26.7%
Silver	Standard	Base	Select Care Silver	On	0.707	Family	\$1,098.13	\$1,391.54	\$293.41	26.7%
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	\$158.75	\$201.16	\$42.41	26.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	\$396.87	\$502.91	\$106.04	26.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	\$793.74	\$1,005.82	\$212.08	26.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	\$674.68	\$854.95	\$180.27	26.7%
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	\$1,131.08	\$1,433.29	\$302.21	26.7%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	\$332.89	\$424.75	\$91.86	27.6%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	\$665.78	\$849.50	\$183.72	27.6%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$565.91	\$722.08	\$156.17	27.6%
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	\$948.74	\$1,210.54	\$261.80	27.6%
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	\$137.15	\$175.00	\$37.85	27.6%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	\$342.88	\$437.49	\$94.61	27.6%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	\$685.76	\$874.98	\$189.22	27.6%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$582.90	\$743.73	\$160.83	27.6%
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	\$977.21	\$1,246.85	\$269.64	27.6%
Catastrophic	Standard	Base	Select Care Basic	On		Ind	\$202.83	\$240.60	\$37.77	18.6%
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	\$405.66	\$481.20	\$75.54	18.6%
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	\$344.81	\$409.02	\$64.21	18.6%
Catastrophic	Standard	Base	Select Care Basic	On		Family	\$578.07	\$685.71	\$107.64	18.6%

Health Insurance Plan of Greater New York
 Albany
 Rates Effective 1/1/2015
 Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

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	On	0.881	Ind	\$0.00	\$720.15	\$720.15	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	\$0.00	\$1,440.30	\$1,440.30	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$0.00	\$1,224.26	\$1,224.26	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	\$0.00	\$2,052.43	\$2,052.43	N/A
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	\$0.00	\$296.70	\$296.70	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	\$0.00	\$741.75	\$741.75	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	\$0.00	\$1,483.50	\$1,483.50	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$0.00	\$1,260.98	\$1,260.98	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	\$0.00	\$2,113.99	\$2,113.99	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	\$0.00	\$590.70	\$590.70	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	\$0.00	\$1,181.40	\$1,181.40	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	\$0.00	\$1,004.19	\$1,004.19	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Family	\$0.00	\$1,683.50	\$1,683.50	N/A
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	\$0.00	\$243.37	\$243.37	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	\$0.00	\$608.42	\$608.42	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	\$0.00	\$1,216.84	\$1,216.84	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	\$0.00	\$1,034.31	\$1,034.31	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	\$0.00	\$1,734.00	\$1,734.00	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	\$0.00	\$488.05	\$488.05	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	\$0.00	\$976.10	\$976.10	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	\$0.00	\$829.69	\$829.69	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Family	\$0.00	\$1,390.94	\$1,390.94	N/A
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	\$0.00	\$201.08	\$201.08	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	\$0.00	\$502.69	\$502.69	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	\$0.00	\$1,005.38	\$1,005.38	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	\$0.00	\$854.57	\$854.57	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	\$0.00	\$1,432.67	\$1,432.67	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	\$0.00	\$424.57	\$424.57	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	\$0.00	\$849.14	\$849.14	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$0.00	\$721.77	\$721.77	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	\$0.00	\$1,210.02	\$1,210.02	N/A
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	\$0.00	\$174.92	\$174.92	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	\$0.00	\$437.31	\$437.31	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	\$0.00	\$874.62	\$874.62	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$0.00	\$743.43	\$743.43	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	\$0.00	\$1,246.33	\$1,246.33	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Ind	\$0.00	\$240.50	\$240.50	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	\$0.00	\$481.00	\$481.00	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	\$0.00	\$408.85	\$408.85	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Family	\$0.00	\$685.43	\$685.43	N/A

Health Insurance Plan of Greater New York
 Syracuse
 Rates Effective 1/1/2015
 Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

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	On	0.881	Ind	\$0.00	\$720.15	\$720.15	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	\$0.00	\$1,440.30	\$1,440.30	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$0.00	\$1,224.26	\$1,224.26	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	\$0.00	\$2,052.43	\$2,052.43	N/A
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	\$0.00	\$296.70	\$296.70	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	\$0.00	\$741.75	\$741.75	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	\$0.00	\$1,483.50	\$1,483.50	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$0.00	\$1,260.98	\$1,260.98	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	\$0.00	\$2,113.99	\$2,113.99	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	\$0.00	\$590.70	\$590.70	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	\$0.00	\$1,181.40	\$1,181.40	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	\$0.00	\$1,004.19	\$1,004.19	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Family	\$0.00	\$1,683.50	\$1,683.50	N/A
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	\$0.00	\$243.37	\$243.37	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	\$0.00	\$608.42	\$608.42	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	\$0.00	\$1,216.84	\$1,216.84	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	\$0.00	\$1,034.31	\$1,034.31	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	\$0.00	\$1,734.00	\$1,734.00	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	\$0.00	\$488.05	\$488.05	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	\$0.00	\$976.10	\$976.10	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	\$0.00	\$829.69	\$829.69	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Family	\$0.00	\$1,390.94	\$1,390.94	N/A
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	\$0.00	\$201.08	\$201.08	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	\$0.00	\$502.69	\$502.69	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	\$0.00	\$1,005.38	\$1,005.38	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	\$0.00	\$854.57	\$854.57	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	\$0.00	\$1,432.67	\$1,432.67	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	\$0.00	\$424.57	\$424.57	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	\$0.00	\$849.14	\$849.14	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$0.00	\$721.77	\$721.77	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	\$0.00	\$1,210.02	\$1,210.02	N/A
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	\$0.00	\$174.92	\$174.92	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	\$0.00	\$437.31	\$437.31	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	\$0.00	\$874.62	\$874.62	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$0.00	\$743.43	\$743.43	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	\$0.00	\$1,246.33	\$1,246.33	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Ind	\$0.00	\$240.50	\$240.50	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	\$0.00	\$481.00	\$481.00	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	\$0.00	\$408.85	\$408.85	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Family	\$0.00	\$685.43	\$685.43	N/A

Health Insurance Plan of Greater New York
 Utica/Watertown
 Rates Effective 1/1/2015
 Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

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	On	0.881	Ind	\$0.00	\$720.15	\$720.15	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	\$0.00	\$1,440.30	\$1,440.30	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$0.00	\$1,224.26	\$1,224.26	N/A
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	\$0.00	\$2,052.43	\$2,052.43	N/A
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	\$0.00	\$296.70	\$296.70	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	\$0.00	\$741.75	\$741.75	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	\$0.00	\$1,483.50	\$1,483.50	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	\$0.00	\$1,260.98	\$1,260.98	N/A
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	\$0.00	\$2,113.99	\$2,113.99	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	\$0.00	\$590.70	\$590.70	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	\$0.00	\$1,181.40	\$1,181.40	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	\$0.00	\$1,004.19	\$1,004.19	N/A
Gold	Standard	Base	Select Care Gold	On	0.790	Family	\$0.00	\$1,683.50	\$1,683.50	N/A
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	\$0.00	\$243.37	\$243.37	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	\$0.00	\$608.42	\$608.42	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	\$0.00	\$1,216.84	\$1,216.84	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	\$0.00	\$1,034.31	\$1,034.31	N/A
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	\$0.00	\$1,734.00	\$1,734.00	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	\$0.00	\$488.05	\$488.05	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	\$0.00	\$976.10	\$976.10	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	\$0.00	\$829.69	\$829.69	N/A
Silver	Standard	Base	Select Care Silver	On	0.707	Family	\$0.00	\$1,390.94	\$1,390.94	N/A
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	\$0.00	\$201.08	\$201.08	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	\$0.00	\$502.69	\$502.69	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	\$0.00	\$1,005.38	\$1,005.38	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	\$0.00	\$854.57	\$854.57	N/A
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	\$0.00	\$1,432.67	\$1,432.67	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	\$0.00	\$424.57	\$424.57	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	\$0.00	\$849.14	\$849.14	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$0.00	\$721.77	\$721.77	N/A
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	\$0.00	\$1,210.02	\$1,210.02	N/A
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	\$0.00	\$174.92	\$174.92	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	\$0.00	\$437.31	\$437.31	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	\$0.00	\$874.62	\$874.62	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	\$0.00	\$743.43	\$743.43	N/A
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	\$0.00	\$1,246.33	\$1,246.33	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Ind	\$0.00	\$240.50	\$240.50	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	\$0.00	\$481.00	\$481.00	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	\$0.00	\$408.85	\$408.85	N/A
Catastrophic	Standard	Base	Select Care Basic	On		Family	\$0.00	\$685.43	\$685.43	N/A

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

Form Name	Form Number	Product Name
Individual Base Contract	155-23-IONHIXHMO(04/14)	Select Care
Individual Child Only Contract	155-23-ICOHIXHMO (04/14)	Select Care
Individual Bronze Schedule	155-23-IONHIXBSchedule(04/14)	Select Care
Individual Catastrophic Schedule	155-23-IONHIXCSchedule (04/14)	Select Care
Individual Gold Schedule	155-23-IONHIXGSchedule (04/14)	Select Care
Individual Platinum Schedule	155-23-IONHIXPSchedule (04/14)	Select Care
Individual Silver Schedule	155-23-IONHIXSSchedule (04/14)	Select Care
Individual Silver 100 Schedule	155-23-IONHIXS100Schedule(04/14)	Select Care
Individual Silver 150 Schedule	155-23-IONHIXS150Schedule(04/14)	Select Care
Individual Silver 200 Schedule	155-23-IONHIXS200Schedule(04/14)	Select Care
Individual Rider to Extend	155-23-IHIXD29 (04/14)	Select Care

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

HIP Individual on Exchange Expected Loss Ratio	86.1%
---	--------------

**Health Insurance Plan of Greater New York
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART**

HIX Standards - On Marketplace

**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 ODP maximum of \$6,600 (single) for calendar year 2015

TYPE OF SERVICE	Platinum			Gold			Silver			Silver - CSR Versions			Bronze	Catastrophic	Native American Cost-Sharing variation
	(AV = 0.88 to 0.92)	(AV = 0.78 to 0.82)	(AV = 0.68 to 0.72)	200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)	(AV = 0.58 to 0.62)	(AV = 0.58 to 0.62)	(AV = 0.58 to 0.62)	(AV = 0.58 to 0.62)	(AV = 0.58 to 0.62)	(AV = 0.58 to 0.62)	(AV = 0.58 to 0.62)	(AV = 0.58 to 0.62)	Less than or equal to 300% FPL
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$1,200	\$250	\$0							\$3,000	\$6,600	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	\$4,000	\$5,500	\$5,200	\$2,000	\$1,000							\$6,350	\$6,600	\$0
COST SHARING - MEDICAL SERVICES															
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission							50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25							50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	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.						50% cost sharing	0% cost sharing	0% cost sharing
							See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	\$15	\$25	\$30	\$30	\$15	\$10							50% cost sharing	0% cost sharing	0% cost sharing
Telemedicine	\$10	\$10	\$10	\$10	\$10	\$10							\$10	\$10	\$10
Telemedicine Dietician	\$5	\$5	\$5	\$5	\$5	\$5							\$5	\$5	\$5
Specialist	\$35	\$40	\$50	\$50	\$35	\$20							50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	\$30	\$25	\$15							50% cost sharing	0% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	\$150	\$75	\$50							50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	\$150	\$75	\$50							50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$30							50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing							50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing							50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% 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	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				
Cervical cytology				
Colonoscopy screening				
Gynecological exams				
Immunizations				
Mammography	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Prenatal maternity care				
Prostate cancer screening				
Routine exams				
Women's preventive health services				

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.

PHYSICIAN/PROFESSIONAL SERVICES									
Inpatient hospital surgery - surgeon		Surgeon copy per case			50% cost sharing	0% cost sharing	0% cost sharing		
Outpatient hospital and freestanding surgicenter - surgeon		Surgeon copy per case			50% cost sharing	0% cost sharing	0% cost sharing		
Office surgery		PCP/Specialist copy 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 copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Additional surgical opinion		Specialist copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Second medical opinion for cancer		Specialist copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Maternity delivery and post natal care - physician or midwife		Surgeon copy per case for delivery and post natal care services combined (only one such copy per pregnancy)			50% cost sharing	0% cost sharing	0% cost sharing		
In-hospital physician visits		SO copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Diagnostic office visits		PCP/Specialist copy 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 copy 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 copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Imaging: CAT/PET scans, MRI		Specialist copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Allergy testing		PCP/Specialist copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Allergy shots		PCP/Specialist copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Office/outpatient consultations		PCP/Specialist copy 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 copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Substance abuse disorder services		PCP copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Chemotherapy		PCP copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Radiation therapy		PCP copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Hemodialysis/Renal dialysis		PCP copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Chiropractic care		Specialist copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
ADDITIONAL BENEFITS/SERVICES									
ABA treatment for Autism Spectrum Disorder		PCP copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Assistive Communication Devices for Autism Spectrum Disorder		PCP copy 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 copy 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 copy per 30 days supply			50% cost sharing	0% cost sharing	0% cost sharing		
Diabetic education and self-management		PCP copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
Home care		PCP copy 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 copy per visit			50% cost sharing	0% cost sharing	0% cost sharing		
PEDIATRIC VISION SERVICES									
Eye exam visit		PCP copy 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	\$9	\$6	\$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	\$20	\$15	\$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	\$40	\$30	\$70	0% cost sharing	0% cost sharing
Above are retail copy 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:

A For an inpatient admission the only copy that applies during an inpatient stay is the inpatient facility per admission copy, and if surgery is performed a surgeon copy, and if a maternity delivery is performed a maternity delivery copy which is the same as the surgeon copy if this copy 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.

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

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

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

E 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).

F 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.

G 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.

H 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.

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

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

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

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

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

N 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).

O 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 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 Exchange Products
Commission Schedule and Fees**

HIP Individual on Exchange Commission

0% of premium

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

Contents

Page #

Premium Rates New York City Region	1
Premium Rates Long Island Region	2
Premium Rates Mid Hudson Region	3
Premium Rates Albany Region	4
Premium Rates Syracuse Region	5
Premium Rates Utica/Watertown Region	6
Form Numbers	7
Regions and area factors	8
Expected Loss Ratios	9
Benefit Summary	10-11
Underwriting Guidelines	12
Commission Schedule	13
Contents	14