

Health Insurance Plan of Greater New York
New York City

Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	\$ Change																% Change			
							2014Q1	2014Q2	2014Q3	2014Q4	2015Q1	2015Q2	2015Q3	2015Q4	2014Q1	2014Q2	2014Q3	2014Q4	2015Q1	2015Q2	2015Q3	2015Q4	2015Q1	2015Q2	2015Q3	2015Q4
							Rates	Rates / Rates /																		
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$570.60	\$581.44	\$592.49	\$603.75	\$570.60	\$581.44	\$592.49	\$603.75	N/A	N/A	N/A	N/A				
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,141.20	\$1,162.88	\$1,184.97	\$1,207.48	\$1,141.20	\$1,162.88	\$1,184.97	\$1,207.48	N/A	N/A	N/A	N/A				
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$970.02	\$988.45	\$1,007.23	\$1,026.37	\$970.02	\$988.45	\$1,007.23	\$1,026.37	N/A	N/A	N/A	N/A				
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,626.21	\$1,657.11	\$1,688.60	\$1,720.68	\$1,626.21	\$1,657.11	\$1,688.60	\$1,720.68	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$587.72	\$598.88	\$610.26	\$621.86	\$587.72	\$598.88	\$610.26	\$621.86	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,175.44	\$1,197.77	\$1,220.53	\$1,243.72	\$1,175.44	\$1,197.77	\$1,220.53	\$1,243.72	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$999.12	\$1,018.10	\$1,037.44	\$1,057.15	\$999.12	\$1,018.10	\$1,037.44	\$1,057.15	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,675.00	\$1,706.83	\$1,739.26	\$1,772.31	\$1,675.00	\$1,706.83	\$1,739.26	\$1,772.31	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	\$460.08	\$474.34	\$489.04	\$504.20	\$496.78	\$506.22	\$515.84	\$525.64	\$36.70	\$31.88	\$26.80	\$21.44	0.079769	6.7%	5.5%	4.3%				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	\$920.16	\$948.68	\$978.09	\$1,008.41	\$993.56	\$1,012.44	\$1,031.68	\$1,051.28	\$73.40	\$63.76	\$53.59	\$42.87	8.0%	6.7%	5.5%	4.3%				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	\$782.14	\$806.39	\$831.39	\$857.16	\$844.53	\$860.58	\$876.93	\$893.59	\$62.39	\$54.19	\$45.54	\$36.43	8.0%	6.7%	5.5%	4.3%				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	\$1,311.23	\$1,351.88	\$1,393.79	\$1,437.00	\$1,415.82	\$1,442.72	\$1,470.13	\$1,498.06	\$104.59	\$90.84	\$76.34	\$61.06	8.0%	6.7%	5.5%	4.2%				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	\$473.88	\$488.57	\$503.71	\$519.33	\$511.68	\$521.41	\$531.32	\$541.41	\$37.80	\$32.84	\$27.61	\$22.08	8.0%	6.7%	5.5%	4.3%				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	\$947.76	\$977.14	\$1,007.43	\$1,038.66	\$1,023.36	\$1,042.80	\$1,062.61	\$1,082.80	\$75.60	\$65.66	\$55.18	\$44.14	8.0%	6.7%	5.5%	4.2%				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	\$805.60	\$830.57	\$856.32	\$882.87	\$869.86	\$886.39	\$903.23	\$920.39	\$64.26	\$55.82	\$46.91	\$37.52	8.0%	6.7%	5.5%	4.2%				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	\$1,350.56	\$1,392.43	\$1,435.60	\$1,480.10	\$1,458.29	\$1,486.00	\$1,514.23	\$1,543.00	\$107.73	\$93.57	\$78.63	\$62.90	8.0%	6.7%	5.5%	4.2%				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	\$392.83	\$405.01	\$417.57	\$430.51	\$448.89	\$457.42	\$466.11	\$474.97	\$56.06	\$52.41	\$48.54	\$44.46	14.3%	12.9%	11.6%	10.3%				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	\$785.66	\$810.02	\$835.13	\$861.02	\$897.78	\$914.84	\$932.22	\$949.93	\$112.12	\$104.82	\$97.09	\$88.91	14.3%	12.9%	11.6%	10.3%				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	\$667.81	\$688.51	\$709.85	\$731.86	\$763.11	\$777.61	\$792.38	\$807.44	\$95.30	\$89.10	\$82.53	\$75.58	14.3%	12.9%	11.6%	10.3%				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	\$1,119.57	\$1,154.28	\$1,190.06	\$1,226.95	\$1,279.34	\$1,303.65	\$1,328.42	\$1,353.66	\$159.77	\$149.37	\$138.36	\$126.71	14.3%	12.9%	11.6%	10.3%				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	\$404.61	\$417.16	\$430.10	\$443.43	\$462.36	\$471.14	\$480.09	\$489.22	\$57.75	\$53.98	\$49.99	\$45.79	14.3%	12.9%	11.6%	10.3%				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	\$809.22	\$834.31	\$860.17	\$886.84	\$924.72	\$942.29	\$960.19	\$978.43	\$115.50	\$107.98	\$100.02	\$91.59	14.3%	12.9%	11.6%	10.3%				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	\$687.84	\$709.16	\$731.14	\$753.81	\$786.01	\$800.94	\$816.16	\$831.67	\$98.17	\$91.78	\$85.02	\$77.86	14.3%	12.9%	11.6%	10.3%				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	\$1,153.14	\$1,188.89	\$1,225.75	\$1,263.75	\$1,317.73	\$1,342.77	\$1,368.28	\$1,394.28	\$164.59	\$153.88	\$142.53	\$130.53	14.3%	12.9%	11.6%	10.3%				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	\$392.54	\$404.71	\$417.26	\$430.20	\$440.87	\$449.25	\$457.79	\$466.49	\$48.33	\$44.54	\$40.53	\$36.29	12.3%	11.0%	9.7%	8.4%				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	\$785.08	\$809.42	\$834.51	\$860.38	\$881.74	\$898.49	\$915.56	\$932.96	\$96.66	\$89.07	\$81.05	\$72.58	12.3%	11.0%	9.7%	8.4%				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	\$667.32	\$688.01	\$709.34	\$731.33	\$749.48	\$763.72	\$778.23	\$793.02	\$82.16	\$75.71	\$68.89	\$61.69	12.3%	11.0%	9.7%	8.4%				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	\$1,118.74	\$1,153.42	\$1,189.18	\$1,226.04	\$1,256.48	\$1,280.35	\$1,304.68	\$1,329.47	\$137.74	\$126.93	\$115.50	\$103.43	12.3%	11.0%	9.7%	8.4%				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	\$404.32	\$416.85	\$429.78	\$443.11	\$454.10	\$462.73	\$471.52	\$480.48	\$49.78	\$45.88	\$41.74	\$37.37	12.3%	11.0%	9.7%	8.4%				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	\$808.64	\$833.71	\$859.56	\$886.21	\$908.20	\$925.46	\$943.04	\$960.96	\$99.56	\$91.75	\$83.48	\$74.75	12.3%	11.0%	9.7%	8.4%				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	\$687.34	\$708.65	\$730.62	\$753.27	\$771.97	\$786.64	\$801.59	\$816.82	\$84.63	\$77.99	\$70.97	\$63.55	12.3%	11.0%	9.7%	8.4%				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	\$1,152.31	\$1,188.03	\$1,224.86	\$1,262.83	\$1,294.19	\$1,318.78	\$1,343.84	\$1,369.37	\$141.88	\$130.75	\$118.98	\$106.54	12.3%	11.0%	9.7%	8.4%				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	\$342.74	\$353.36	\$364.31	\$375.60	\$370.24	\$377.27	\$384.44	\$391.74	\$27.50	\$23.91	\$20.13	\$16.14	8.0%	6.8%	5.5%	4.3%				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	\$685.48	\$706.73	\$728.64	\$751.23	\$740.48	\$754.55	\$768.89	\$783.50	\$55.00	\$47.82	\$40.25	\$32.27	8.0%	6.8%	5.5%	4.3%				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	\$582.66	\$600.72	\$619.34	\$638.54	\$629.41	\$641.37	\$653.56	\$665.98	\$46.75	\$40.65	\$34.22	\$27.44	8.0%	6.8%	5.5%	4.3%				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	\$976.81	\$1,007.09	\$1,038.31	\$1,070.50	\$1,055.18	\$1,075.23	\$1,095.66	\$1,116.48	\$78.37	\$68.14	\$57.35	\$45.98	8.0%	6.8%	5.5%	4.3%				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	\$353.02	\$363.96	\$375.24	\$386.87	\$381.35	\$388.59	\$395.97	\$403.49	\$28.33	\$24.63	\$20.73	\$16.62	8.0%	6.8%	5.5%	4.3%				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	\$706.04	\$727.93	\$750.50	\$773.77	\$762.70	\$777.19	\$791.96	\$807.01	\$56.66	\$49.26	\$41.46	\$33.24	8.0%	6.8%	5.5%	4.3%				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	\$600.13	\$618.73	\$637.91	\$657.69	\$648.30	\$660.62	\$673.17	\$685.96	\$48.17	\$41.89	\$35.26	\$28.27	8.0%	6.8%	5.5%	4.3%				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	\$1,006.11	\$1,037.30	\$1,069.46	\$1,102.61	\$1,086.85	\$1,107.50	\$1,128.54	\$1,149.98	\$80.74	\$70.20	\$59.08	\$47.37	8.0%	6.8%	5.5%	4.3%				

Health Insurance Plan of Greater New York
Long Island

Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	\$ Change															
							2014Q1	2014Q2	2014Q3	2014Q4	2015Q1	2015Q2	2015Q3	2015Q4	2015Q1	2015Q2	2015Q3	2015Q4	2015Q1	2015Q2	2015Q3	2015Q4
							Rates	Rates / 2014Q1	Rates / 2014Q2	Rates / 2014Q3	Rates / 2014Q4	Rates / 2014Q1	Rates / 2014Q2	Rates / 2014Q3	Rates / 2014Q4							
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$648.47	\$660.79	\$673.35	\$686.14	\$648.47	\$660.79	\$673.35	\$686.14	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,296.94	\$1,321.58	\$1,346.69	\$1,372.28	\$1,296.94	\$1,321.58	\$1,346.69	\$1,372.28	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,102.40	\$1,123.35	\$1,144.69	\$1,166.44	\$1,102.40	\$1,123.35	\$1,144.69	\$1,166.44	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,848.14	\$1,883.25	\$1,919.03	\$1,955.49	\$1,848.14	\$1,883.25	\$1,919.03	\$1,955.49	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$667.92	\$680.61	\$693.55	\$706.72	\$667.92	\$680.61	\$693.55	\$706.72	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,335.84	\$1,361.22	\$1,387.08	\$1,413.43	\$1,335.84	\$1,361.22	\$1,387.08	\$1,413.43	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,135.46	\$1,157.03	\$1,179.01	\$1,201.41	\$1,135.46	\$1,157.03	\$1,179.01	\$1,201.41	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,903.57	\$1,939.74	\$1,976.60	\$2,014.16	\$1,903.57	\$1,939.74	\$1,976.60	\$2,014.16	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	\$522.86	\$539.07	\$555.78	\$573.01	\$564.57	\$575.30	\$586.23	\$597.37	\$431.71	\$36.23	\$30.45	\$24.36	0.079773	6.7%	5.5%	4.3%
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	\$1,045.72	\$1,078.14	\$1,111.56	\$1,146.02	\$1,129.14	\$1,150.59	\$1,172.45	\$1,194.73	\$83.42	\$72.45	\$60.89	\$48.71	8.0%	6.7%	5.5%	4.3%
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	\$888.86	\$916.41	\$944.82	\$974.11	\$959.77	\$978.01	\$996.59	\$1,015.53	\$70.91	\$61.60	\$51.77	\$41.42	8.0%	6.7%	5.5%	4.3%
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	\$1,490.15	\$1,536.34	\$1,583.97	\$1,633.07	\$1,609.02	\$1,639.59	\$1,670.74	\$1,702.48	\$118.87	\$103.25	\$86.77	\$69.41	8.0%	6.7%	5.5%	4.3%
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	\$538.55	\$555.24	\$572.45	\$590.20	\$581.51	\$592.56	\$603.82	\$615.29	\$42.96	\$37.32	\$31.37	\$25.09	8.0%	6.7%	5.5%	4.3%
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	\$1,077.10	\$1,110.49	\$1,144.92	\$1,180.41	\$1,163.02	\$1,185.12	\$1,207.64	\$1,230.59	\$85.92	\$74.63	\$62.72	\$50.18	8.0%	6.7%	5.5%	4.3%
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	\$915.54	\$943.92	\$973.18	\$1,003.35	\$988.57	\$1,007.35	\$1,026.49	\$1,045.99	\$73.03	\$63.43	\$53.31	\$42.64	8.0%	6.7%	5.5%	4.2%
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	\$1,534.87	\$1,582.45	\$1,631.51	\$1,682.09	\$1,657.30	\$1,688.79	\$1,720.88	\$1,753.58	\$122.43	\$106.34	\$89.37	\$71.49	8.0%	6.7%	5.5%	4.3%
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	\$446.44	\$460.28	\$474.55	\$489.26	\$510.15	\$519.84	\$529.72	\$539.78	\$63.71	\$59.56	\$55.17	\$50.52	14.3%	12.9%	11.6%	10.3%
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	\$892.88	\$920.56	\$949.10	\$978.52	\$1,020.30	\$1,039.69	\$1,059.44	\$1,079.57	\$127.42	\$119.13	\$110.34	\$101.05	14.3%	12.9%	11.6%	10.3%
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	\$758.95	\$782.48	\$806.74	\$831.75	\$867.26	\$883.74	\$900.53	\$917.64	\$108.31	\$101.26	\$93.79	\$85.89	14.3%	12.9%	11.6%	10.3%
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	\$1,272.35	\$1,311.79	\$1,352.46	\$1,394.39	\$1,453.93	\$1,481.55	\$1,509.70	\$1,538.38	\$181.58	\$169.76	\$157.24	\$143.99	14.3%	12.9%	11.6%	10.3%
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	\$459.83	\$474.09	\$488.79	\$503.94	\$525.45	\$535.44	\$545.61	\$555.97	\$65.62	\$61.35	\$56.82	\$52.03	14.3%	12.9%	11.6%	10.3%
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	\$919.66	\$948.17	\$977.56	\$1,007.86	\$1,050.90	\$1,070.87	\$1,091.22	\$1,111.95	\$131.24	\$122.70	\$113.66	\$104.09	14.3%	12.9%	11.6%	10.3%
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	\$781.71	\$805.94	\$830.92	\$856.68	\$893.27	\$910.24	\$927.53	\$945.15	\$111.56	\$104.30	\$96.61	\$88.47	14.3%	12.9%	11.6%	10.3%
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	\$1,310.52	\$1,351.15	\$1,393.04	\$1,436.22	\$1,497.53	\$1,525.98	\$1,554.97	\$1,584.51	\$187.01	\$174.83	\$161.93	\$148.29	14.3%	12.9%	11.6%	10.3%
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	\$446.10	\$459.93	\$474.19	\$488.89	\$501.03	\$510.55	\$520.25	\$530.13	\$54.93	\$50.62	\$46.06	\$41.24	12.3%	11.0%	9.7%	8.4%
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	\$892.20	\$919.86	\$948.38	\$977.78	\$1,002.06	\$1,021.10	\$1,040.50	\$1,060.27	\$109.86	\$101.24	\$92.12	\$82.49	12.3%	11.0%	9.7%	8.4%
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	\$758.37	\$781.88	\$806.12	\$831.11	\$851.75	\$867.93	\$884.42	\$901.22	\$93.38	\$86.05	\$78.30	\$70.11	12.3%	11.0%	9.7%	8.4%
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	\$1,271.39	\$1,310.80	\$1,351.43	\$1,393.32	\$1,427.94	\$1,455.07	\$1,482.72	\$1,510.89	\$156.55	\$144.27	\$131.29	\$117.57	12.3%	11.0%	9.7%	8.4%
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	\$459.48	\$473.73	\$488.42	\$503.56	\$516.06	\$525.87	\$535.86	\$546.03	\$56.58	\$52.14	\$47.44	\$42.47	12.3%	11.0%	9.7%	8.4%
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	\$918.96	\$947.45	\$976.82	\$1,007.10	\$1,032.12	\$1,051.73	\$1,071.71	\$1,092.07	\$113.16	\$104.28	\$94.89	\$84.97	12.3%	11.0%	9.7%	8.4%
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	\$781.12	\$805.33	\$830.30	\$856.04	\$877.30	\$893.97	\$910.96	\$928.27	\$96.18	\$88.64	\$80.66	\$72.23	12.3%	11.0%	9.7%	8.4%
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	\$1,309.52	\$1,350.12	\$1,391.97	\$1,435.12	\$1,470.77	\$1,498.71	\$1,527.19	\$1,556.21	\$161.25	\$148.59	\$135.22	\$121.09	12.3%	11.0%	9.7%	8.4%
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	\$389.51	\$401.58	\$414.03	\$426.86	\$420.76	\$428.75	\$436.90	\$445.20	\$31.25	\$27.17	\$22.87	\$18.34	8.0%	6.8%	5.5%	4.3%
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	\$779.02	\$803.17	\$828.07	\$853.74	\$841.52	\$857.51	\$873.80	\$890.40	\$62.50	\$54.34	\$45.73	\$36.66	8.0%	6.8%	5.5%	4.3%
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	\$662.17	\$682.70	\$703.86	\$725.68	\$715.29	\$728.88	\$742.73	\$756.84	\$53.12	\$46.18	\$38.87	\$31.16	8.0%	6.8%	5.5%	4.3%
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	\$1,110.10	\$1,144.51	\$1,179.99	\$1,216.57	\$1,199.17	\$1,221.95	\$1,245.17	\$1,268.83	\$89.07	\$77.44	\$65.18	\$52.26	8.0%	6.8%	5.5%	4.3%
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	\$401.20	\$413.63	\$426.45	\$439.67	\$433.38	\$441.61	\$450.01	\$458.56	\$32.18	\$27.98	\$23.56	\$18.89	8.0%	6.8%	5.5%	4.3%
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	\$802.40	\$827.27	\$852.92	\$879.36	\$866.76	\$883.23	\$900.01	\$917.11	\$64.36	\$55.96	\$47.09	\$37.75	8.0%	6.8%	5.5%	4.3%
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	\$682.04	\$703.18	\$724.98	\$747.45	\$736.75	\$750.75	\$765.01	\$779.55	\$54.71	\$47.57	\$40.03	\$32.10	8.0%	6.8%	5.5%	4.3%
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	\$1,143.42	\$1,178.87	\$1,215.41	\$1,253.09	\$1,235.13	\$1,258.60	\$1,282.51	\$1,306.88	\$91.71	\$79.73	\$67.10	\$53.79	8.0%	6.8%	5.5%	4.3%

Health Insurance Plan of Greater New York
Mid-Hudson

Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	\$ Change																															
							2014Q1				2014Q2				2014Q3				2014Q4				2015Q1				2015Q2				2015Q3				2015Q4			
							Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates	Rates											
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$684.06	\$697.06	\$710.30	\$723.80	\$684.06	\$697.06	\$710.30	\$723.80	N/A	N/A	N/A	N/A																
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,368.12	\$1,394.11	\$1,420.60	\$1,447.59	\$1,368.12	\$1,394.11	\$1,420.60	\$1,447.59	N/A	N/A	N/A	N/A																
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,162.90	\$1,185.00	\$1,207.52	\$1,230.46	\$1,162.90	\$1,185.00	\$1,207.52	\$1,230.46	N/A	N/A	N/A	N/A																
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,949.57	\$1,986.61	\$2,024.36	\$2,062.82	\$1,949.57	\$1,986.61	\$2,024.36	\$2,062.82	N/A	N/A	N/A	N/A																
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$704.58	\$717.97	\$731.61	\$745.51	\$704.58	\$717.97	\$731.61	\$745.51	N/A	N/A	N/A	N/A																
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,409.16	\$1,435.93	\$1,463.21	\$1,491.01	\$1,409.16	\$1,435.93	\$1,463.21	\$1,491.01	N/A	N/A	N/A	N/A																
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,197.79	\$1,220.55	\$1,243.74	\$1,267.37	\$1,197.79	\$1,220.55	\$1,243.74	\$1,267.37	N/A	N/A	N/A	N/A																
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$2,008.05	\$2,046.20	\$2,085.08	\$2,124.70	\$2,008.05	\$2,046.20	\$2,085.08	\$2,124.70	N/A	N/A	N/A	N/A																
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	\$460.08	\$474.34	\$489.04	\$504.20	\$595.55	\$606.87	\$618.40	\$630.15	\$135.47	\$132.53	\$129.36	\$125.95	0.294449	27.9%	26.5%	25.0%																
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	\$920.16	\$948.68	\$978.09	\$1,008.41	\$1,191.10	\$1,213.73	\$1,236.79	\$1,260.29	\$270.94	\$265.05	\$258.70	\$251.88	29.4%	27.9%	26.4%	25.0%																
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	\$782.14	\$806.39	\$831.39	\$857.16	\$1,012.44	\$1,031.68	\$1,051.28	\$1,071.25	\$230.30	\$225.29	\$219.89	\$214.09	29.4%	27.9%	26.4%	25.0%																
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	\$1,311.23	\$1,351.88	\$1,393.79	\$1,437.00	\$1,697.32	\$1,729.57	\$1,762.43	\$1,795.92	\$386.09	\$377.69	\$368.64	\$358.92	29.4%	27.9%	26.4%	25.0%																
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	\$473.88	\$488.57	\$503.71	\$519.33	\$613.42	\$625.08	\$636.95	\$649.05	\$139.54	\$136.51	\$133.24	\$129.72	29.4%	27.9%	26.5%	25.0%																
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	\$947.76	\$977.14	\$1,007.43	\$1,038.66	\$1,226.84	\$1,250.15	\$1,273.90	\$1,298.10	\$279.08	\$273.01	\$266.47	\$259.44	29.4%	27.9%	26.5%	25.0%																
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	\$805.60	\$830.57	\$856.32	\$882.87	\$1,042.81	\$1,062.62	\$1,082.81	\$1,103.38	\$237.21	\$232.05	\$226.49	\$220.51	29.4%	27.9%	26.4%	25.0%																
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	\$1,350.56	\$1,392.43	\$1,435.60	\$1,480.10	\$1,748.25	\$1,781.47	\$1,815.32	\$1,849.81	\$397.69	\$389.04	\$379.72	\$369.71	29.4%	27.9%	26.5%	25.0%																
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	\$392.83	\$405.01	\$417.57	\$430.51	\$538.15	\$548.37	\$558.79	\$569.41	\$145.32	\$143.36	\$141.22	\$138.90	37.0%	35.4%	33.8%	32.3%																
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	\$785.66	\$810.02	\$835.13	\$861.02	\$1,076.30	\$1,096.75	\$1,117.59	\$1,138.82	\$290.64	\$286.73	\$282.46	\$277.80	37.0%	35.4%	33.8%	32.3%																
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	\$667.81	\$688.51	\$709.85	\$731.86	\$914.86	\$932.24	\$949.95	\$968.00	\$247.05	\$243.73	\$240.10	\$236.14	37.0%	35.4%	33.8%	32.3%																
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	\$1,119.57	\$1,154.28	\$1,190.06	\$1,226.95	\$1,533.73	\$1,562.87	\$1,592.56	\$1,622.82	\$414.16	\$408.59	\$402.50	\$395.87	37.0%	35.4%	33.8%	32.3%																
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	\$404.61	\$417.16	\$430.10	\$443.43	\$554.29	\$564.82	\$575.55	\$586.49	\$149.68	\$147.66	\$145.45	\$143.06	37.0%	35.4%	33.8%	32.3%																
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	\$809.22	\$834.31	\$860.17	\$886.84	\$1,108.58	\$1,129.64	\$1,151.10	\$1,172.97	\$299.36	\$295.33	\$290.93	\$286.13	37.0%	35.4%	33.8%	32.3%																
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	\$687.84	\$709.16	\$731.14	\$753.81	\$942.29	\$960.19	\$978.43	\$997.02	\$254.45	\$251.03	\$247.29	\$243.21	37.0%	35.4%	33.8%	32.3%																
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	\$1,153.14	\$1,188.89	\$1,225.75	\$1,263.75	\$1,579.73	\$1,609.74	\$1,640.33	\$1,671.50	\$426.59	\$420.85	\$414.58	\$407.75	37.0%	35.4%	33.8%	32.3%																
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	\$392.54	\$404.71	\$417.26	\$430.20	\$528.53	\$538.57	\$548.80	\$559.23	\$135.99	\$133.86	\$131.54	\$129.03	34.6%	33.1%	31.5%	30.0%																
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	\$785.08	\$809.42	\$834.51	\$860.38	\$1,057.06	\$1,077.14	\$1,097.61	\$1,118.46	\$271.98	\$267.72	\$263.10	\$258.08	34.6%	33.1%	31.5%	30.0%																
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	\$667.32	\$688.01	\$709.34	\$731.33	\$898.50	\$915.57	\$932.97	\$950.70	\$231.18	\$227.56	\$223.63	\$219.37	34.6%	33.1%	31.5%	30.0%																
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	\$1,118.74	\$1,153.42	\$1,189.18	\$1,226.04	\$1,506.31	\$1,534.93	\$1,564.09	\$1,593.81	\$387.57	\$381.51	\$374.91	\$367.77	34.6%	33.1%	31.5%	30.0%																
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	\$404.32	\$416.85	\$429.78	\$443.11	\$544.39	\$554.73	\$565.26	\$576.01	\$140.07	\$137.88	\$135.48	\$132.90	34.6%	33.1%	31.5%	30.0%																
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	\$808.64	\$833.71	\$859.56	\$886.21	\$1,088.78	\$1,109.47	\$1,130.55	\$1,152.03	\$280.14	\$275.76	\$270.99	\$265.82	34.6%	33.1%	31.5%	30.0%																
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	\$687.34	\$708.65	\$730.62	\$753.27	\$925.46	\$943.04	\$960.96	\$979.22	\$238.12	\$234.39	\$230.34	\$225.95	34.6%	33.1%	31.5%	30.0%																
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	\$1,152.31	\$1,188.03	\$1,224.86	\$1,262.83	\$1,551.51	\$1,580.99	\$1,611.03	\$1,641.64	\$399.20	\$392.96	\$386.17	\$378.81	34.6%	33.1%	31.5%	30.0%																
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	\$342.74	\$353.36	\$364.31	\$375.60	\$443.86	\$452.29	\$460.88	\$469.64	\$101.12	\$98.93	\$96.57	\$94.04	29.5%	28.0%	26.5%	25.0%																
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	\$685.48	\$706.73	\$728.64	\$751.23	\$887.72	\$904.59	\$921.78	\$939.29	\$202.24	\$197.86	\$193.14	\$188.06	29.5%	28.0%	26.5%	25.0%																
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	\$582.66	\$600.72	\$619.34	\$638.54	\$754.56	\$768.90	\$783.51	\$798.40	\$171.90	\$168.18	\$164.17	\$159.86	29.5%	28.0%	26.5%	25.0%																
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	\$976.81	\$1,007.09	\$1,038.31	\$1,070.50	\$1,265.00	\$1,289.04	\$1,313.53	\$1,338.49	\$288.19	\$281.95	\$275.22	\$267.99	29.5%	28.0%	26.5%	25.0%																
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	\$353.02	\$363.96	\$375.24	\$386.87	\$457.18	\$465.86	\$474.71	\$483.73	\$104.16	\$101.90	\$99.47	\$96.86	29.5%	28.0%	26.5%	25.0%																
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	\$706.04	\$727.93	\$750.50	\$773.77	\$914.36	\$931.73	\$949.43	\$967.47	\$208.32	\$203.80	\$198.93	\$193.70	29.5%	28.0%	26.5%	25.0%																
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	\$600.13	\$618.73	\$637.91	\$657.69	\$777.21	\$791.98	\$807.03	\$822.36	\$177.08	\$173.25	\$169.12	\$164.67	29.5%	28.0%	26.5%	25.0%																
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	\$1,006.11	\$1,037.30	\$1,069.46	\$1,102.61	\$1,302.96	\$1,327.72	\$1,352.95	\$1,378.66	\$296.85	\$290.42	\$283.49	\$276.05	29.5%	28.0%	26.5%	25.0%																

Health Insurance Plan of Greater New York
Albany

Rates Effective 1/1/2015

Metal Level	Standard / Non-Base Plan Standard or Age 29 Product Name			On Exchange	Metal AV Value Tier		\$ Change																			
							2014				2015Q1				2015Q2				2015Q3				2015Q4			
							Rates	Rates	Rates	Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates	Rates / Rates				
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$683.76	\$696.75	\$709.99	\$723.48	\$683.76	\$696.75	\$709.99	\$723.48	N/A	N/A	N/A	N/A				
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,367.52	\$1,393.50	\$1,419.98	\$1,446.96	\$1,367.52	\$1,393.50	\$1,419.98	\$1,446.96	N/A	N/A	N/A	N/A				
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,162.39	\$1,184.48	\$1,206.99	\$1,229.92	\$1,162.39	\$1,184.48	\$1,206.99	\$1,229.92	N/A	N/A	N/A	N/A				
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,948.72	\$1,985.75	\$2,023.48	\$2,061.93	\$1,948.72	\$1,985.75	\$2,023.48	\$2,061.93	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$704.27	\$717.65	\$731.29	\$745.18	\$704.27	\$717.65	\$731.29	\$745.18	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,408.54	\$1,435.30	\$1,462.57	\$1,490.36	\$1,408.54	\$1,435.30	\$1,462.57	\$1,490.36	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,197.26	\$1,220.01	\$1,243.19	\$1,266.81	\$1,197.26	\$1,220.01	\$1,243.19	\$1,266.81	N/A	N/A	N/A	N/A				
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$2,007.17	\$2,045.31	\$2,084.17	\$2,123.77	\$2,007.17	\$2,045.31	\$2,084.17	\$2,123.77	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$595.29	\$606.60	\$618.13	\$629.87	\$595.29	\$606.60	\$618.13	\$629.87	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,190.58	\$1,213.20	\$1,236.25	\$1,259.74	\$1,190.58	\$1,213.20	\$1,236.25	\$1,259.74	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,011.99	\$1,031.22	\$1,050.81	\$1,070.78	\$1,011.99	\$1,031.22	\$1,050.81	\$1,070.78	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,696.58	\$1,728.82	\$1,761.67	\$1,795.14	\$1,696.58	\$1,728.82	\$1,761.67	\$1,795.14	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$613.15	\$624.80	\$636.67	\$648.77	\$613.15	\$624.80	\$636.67	\$648.77	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.30	\$1,249.60	\$1,273.34	\$1,297.53	\$1,226.30	\$1,249.60	\$1,273.34	\$1,297.53	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,042.36	\$1,062.16	\$1,082.34	\$1,102.90	\$1,042.36	\$1,062.16	\$1,082.34	\$1,102.90	N/A	N/A	N/A	N/A				
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,747.48	\$1,780.68	\$1,814.51	\$1,848.99	\$1,747.48	\$1,780.68	\$1,814.51	\$1,848.99	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$537.91	\$548.13	\$558.54	\$569.15	\$537.91	\$548.13	\$558.54	\$569.15	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,075.82	\$1,096.26	\$1,117.09	\$1,138.31	\$1,075.82	\$1,096.26	\$1,117.09	\$1,138.31	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$914.45	\$931.82	\$949.52	\$967.56	\$914.45	\$931.82	\$949.52	\$967.56	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,533.04	\$1,562.17	\$1,591.85	\$1,622.10	\$1,533.04	\$1,562.17	\$1,591.85	\$1,622.10	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$554.05	\$564.57	\$575.30	\$586.22	\$554.05	\$564.57	\$575.30	\$586.22	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,108.10	\$1,129.15	\$1,150.60	\$1,172.46	\$1,108.10	\$1,129.15	\$1,150.60	\$1,172.46	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$941.89	\$959.79	\$978.03	\$996.61	\$941.89	\$959.79	\$978.03	\$996.61	N/A	N/A	N/A	N/A				
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,579.04	\$1,609.04	\$1,639.61	\$1,670.76	\$1,579.04	\$1,609.04	\$1,639.61	\$1,670.76	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$528.30	\$538.34	\$548.57	\$558.99	\$528.30	\$538.34	\$548.57	\$558.99	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,056.60	\$1,076.68	\$1,097.14	\$1,117.99	\$1,056.60	\$1,076.68	\$1,097.14	\$1,117.99	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$898.11	\$915.17	\$932.56	\$950.28	\$898.11	\$915.17	\$932.56	\$950.28	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,505.66	\$1,534.27	\$1,563.42	\$1,593.12	\$1,505.66	\$1,534.27	\$1,563.42	\$1,593.12	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$544.15	\$554.49	\$565.03	\$575.76	\$544.15	\$554.49	\$565.03	\$575.76	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,088.30	\$1,108.98	\$1,130.05	\$1,151.52	\$1,088.30	\$1,108.98	\$1,130.05	\$1,151.52	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$925.06	\$942.64	\$960.55	\$978.80	\$925.06	\$942.64	\$960.55	\$978.80	N/A	N/A	N/A	N/A				
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,550.83	\$1,580.30	\$1,610.33	\$1,640.93	\$1,550.83	\$1,580.30	\$1,610.33	\$1,640.93	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$443.66	\$452.09	\$460.68	\$469.43	\$443.66	\$452.09	\$460.68	\$469.43	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$887.32	\$904.18	\$921.36	\$938.87	\$887.32	\$904.18	\$921.36	\$938.87	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$754.22	\$768.55	\$783.15	\$798.03	\$754.22	\$768.55	\$783.15	\$798.03	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,264.43	\$1,288.45	\$1,312.93	\$1,337.88	\$1,264.43	\$1,288.45	\$1,312.93	\$1,337.88	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$456.97	\$465.65	\$474.50	\$483.51	\$456.97	\$465.65	\$474.50	\$483.51	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$913.94	\$931.30	\$948.99	\$967.02	\$913.94	\$931.30	\$948.99	\$967.02	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$776.85	\$791.61	\$806.65	\$821.98	\$776.85	\$791.61	\$806.65	\$821.98	N/A	N/A	N/A	N/A				
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,302.36	\$1,327.10	\$1,352.31	\$1,378.00	\$1,302.36	\$1,327.10	\$1,352.31	\$1,378.00	N/A	N/A	N/A	N/A				

Health Insurance Plan of Greater New York
Syracuse

Rates Effective 1/1/2015

Metal Level	Standard / Non-Base Plan Standard or Age 29		Product Name	On Exchange	Metal AV Value Tier		2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	\$ Change				% Change							
											2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates	2015Q1 Rates /	2015Q2 Rates /	2015Q3 Rates /	2015Q4 Rates /	2015Q1 Rates /	2015Q2 Rates /	2015Q3 Rates /	2015Q4 Rates /
											2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$683.76	\$696.75	\$709.99	\$723.48	\$683.76	\$696.75	\$709.99	\$723.48	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,367.52	\$1,393.50	\$1,419.98	\$1,446.96	\$1,367.52	\$1,393.50	\$1,419.98	\$1,446.96	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,162.39	\$1,184.48	\$1,206.99	\$1,229.92	\$1,162.39	\$1,184.48	\$1,206.99	\$1,229.92	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,948.72	\$1,985.75	\$2,023.48	\$2,061.93	\$1,948.72	\$1,985.75	\$2,023.48	\$2,061.93	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$704.27	\$717.65	\$731.29	\$745.18	\$704.27	\$717.65	\$731.29	\$745.18	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,408.54	\$1,435.30	\$1,462.57	\$1,490.36	\$1,408.54	\$1,435.30	\$1,462.57	\$1,490.36	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,197.26	\$1,220.01	\$1,243.19	\$1,266.81	\$1,197.26	\$1,220.01	\$1,243.19	\$1,266.81	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$2,007.17	\$2,045.31	\$2,084.17	\$2,123.77	\$2,007.17	\$2,045.31	\$2,084.17	\$2,123.77	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$595.29	\$606.60	\$618.13	\$629.87	\$595.29	\$606.60	\$618.13	\$629.87	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,190.58	\$1,213.20	\$1,236.25	\$1,259.74	\$1,190.58	\$1,213.20	\$1,236.25	\$1,259.74	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,011.99	\$1,031.22	\$1,050.81	\$1,070.78	\$1,011.99	\$1,031.22	\$1,050.81	\$1,070.78	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,696.58	\$1,728.82	\$1,761.67	\$1,795.14	\$1,696.58	\$1,728.82	\$1,761.67	\$1,795.14	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$613.15	\$624.80	\$636.67	\$648.77	\$613.15	\$624.80	\$636.67	\$648.77	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.30	\$1,249.60	\$1,273.34	\$1,297.53	\$1,226.30	\$1,249.60	\$1,273.34	\$1,297.53	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,042.36	\$1,062.16	\$1,082.34	\$1,102.90	\$1,042.36	\$1,062.16	\$1,082.34	\$1,102.90	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,747.48	\$1,780.68	\$1,814.51	\$1,848.99	\$1,747.48	\$1,780.68	\$1,814.51	\$1,848.99	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$537.91	\$548.13	\$558.54	\$569.15	\$537.91	\$548.13	\$558.54	\$569.15	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,075.82	\$1,096.26	\$1,117.09	\$1,138.31	\$1,075.82	\$1,096.26	\$1,117.09	\$1,138.31	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$914.45	\$931.82	\$949.52	\$967.56	\$914.45	\$931.82	\$949.52	\$967.56	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,533.04	\$1,562.17	\$1,591.85	\$1,622.10	\$1,533.04	\$1,562.17	\$1,591.85	\$1,622.10	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$554.05	\$564.57	\$575.30	\$586.22	\$554.05	\$564.57	\$575.30	\$586.22	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,108.10	\$1,129.15	\$1,150.60	\$1,172.46	\$1,108.10	\$1,129.15	\$1,150.60	\$1,172.46	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$941.89	\$959.79	\$978.03	\$996.61	\$941.89	\$959.79	\$978.03	\$996.61	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,579.04	\$1,609.04	\$1,639.61	\$1,670.76	\$1,579.04	\$1,609.04	\$1,639.61	\$1,670.76	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$528.30	\$538.34	\$548.57	\$558.99	\$528.30	\$538.34	\$548.57	\$558.99	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,056.60	\$1,076.68	\$1,097.14	\$1,117.99	\$1,056.60	\$1,076.68	\$1,097.14	\$1,117.99	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$898.11	\$915.17	\$932.56	\$950.28	\$898.11	\$915.17	\$932.56	\$950.28	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,505.66	\$1,534.27	\$1,563.42	\$1,593.12	\$1,505.66	\$1,534.27	\$1,563.42	\$1,593.12	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$544.15	\$554.49	\$565.03	\$575.76	\$544.15	\$554.49	\$565.03	\$575.76	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,088.30	\$1,108.98	\$1,130.05	\$1,151.52	\$1,088.30	\$1,108.98	\$1,130.05	\$1,151.52	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$925.06	\$942.64	\$960.55	\$978.80	\$925.06	\$942.64	\$960.55	\$978.80	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,550.83	\$1,580.30	\$1,610.33	\$1,640.93	\$1,550.83	\$1,580.30	\$1,610.33	\$1,640.93	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$443.66	\$452.09	\$460.68	\$469.43	\$443.66	\$452.09	\$460.68	\$469.43	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$887.32	\$904.18	\$921.36	\$938.87	\$887.32	\$904.18	\$921.36	\$938.87	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$754.22	\$768.55	\$783.15	\$798.03	\$754.22	\$768.55	\$783.15	\$798.03	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,264.43	\$1,288.45	\$1,312.93	\$1,337.88	\$1,264.43	\$1,288.45	\$1,312.93	\$1,337.88	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$456.97	\$465.65	\$474.50	\$483.51	\$456.97	\$465.65	\$474.50	\$483.51	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$913.94	\$931.30	\$948.99	\$967.02	\$913.94	\$931.30	\$948.99	\$967.02	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$776.85	\$791.61	\$806.65	\$821.98	\$776.85	\$791.61	\$806.65	\$821.98	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,302.36	\$1,327.10	\$1,352.31	\$1,378.00	\$1,302.36	\$1,327.10	\$1,352.31	\$1,378.00	N/A	N/A	N/A	N/A

Health Insurance Plan of Greater New York
Utica/Watertown

Rates Effective 1/1/2015

Metal Level	Standard / Non-Base Plan Standard or Age 29		Product Name	On Exchange	Metal AV Value Tier		2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	\$ Change				% Change							
											2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates	2015Q1 Rates /	2015Q2 Rates /	2015Q3 Rates /	2015Q4 Rates /	2015Q1 Rates /	2015Q2 Rates /	2015Q3 Rates /	2015Q4 Rates /
											2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$683.76	\$696.75	\$709.99	\$723.48	\$683.76	\$696.75	\$709.99	\$723.48	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,367.52	\$1,393.50	\$1,419.98	\$1,446.96	\$1,367.52	\$1,393.50	\$1,419.98	\$1,446.96	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,162.39	\$1,184.48	\$1,206.99	\$1,229.92	\$1,162.39	\$1,184.48	\$1,206.99	\$1,229.92	N/A	N/A	N/A	N/A
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,948.72	\$1,985.75	\$2,023.48	\$2,061.93	\$1,948.72	\$1,985.75	\$2,023.48	\$2,061.93	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$704.27	\$717.65	\$731.29	\$745.18	\$704.27	\$717.65	\$731.29	\$745.18	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,408.54	\$1,435.30	\$1,462.57	\$1,490.36	\$1,408.54	\$1,435.30	\$1,462.57	\$1,490.36	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,197.26	\$1,220.01	\$1,243.19	\$1,266.81	\$1,197.26	\$1,220.01	\$1,243.19	\$1,266.81	N/A	N/A	N/A	N/A
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$2,007.17	\$2,045.31	\$2,084.17	\$2,123.77	\$2,007.17	\$2,045.31	\$2,084.17	\$2,123.77	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$595.29	\$606.60	\$618.13	\$629.87	\$595.29	\$606.60	\$618.13	\$629.87	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,190.58	\$1,213.20	\$1,236.25	\$1,259.74	\$1,190.58	\$1,213.20	\$1,236.25	\$1,259.74	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,011.99	\$1,031.22	\$1,050.81	\$1,070.78	\$1,011.99	\$1,031.22	\$1,050.81	\$1,070.78	N/A	N/A	N/A	N/A
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,696.58	\$1,728.82	\$1,761.67	\$1,795.14	\$1,696.58	\$1,728.82	\$1,761.67	\$1,795.14	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$613.15	\$624.80	\$636.67	\$648.77	\$613.15	\$624.80	\$636.67	\$648.77	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,226.30	\$1,249.60	\$1,273.34	\$1,297.53	\$1,226.30	\$1,249.60	\$1,273.34	\$1,297.53	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,042.36	\$1,062.16	\$1,082.34	\$1,102.90	\$1,042.36	\$1,062.16	\$1,082.34	\$1,102.90	N/A	N/A	N/A	N/A
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,747.48	\$1,780.68	\$1,814.51	\$1,848.99	\$1,747.48	\$1,780.68	\$1,814.51	\$1,848.99	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$537.91	\$548.13	\$558.54	\$569.15	\$537.91	\$548.13	\$558.54	\$569.15	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,075.82	\$1,096.26	\$1,117.09	\$1,138.31	\$1,075.82	\$1,096.26	\$1,117.09	\$1,138.31	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$914.45	\$931.82	\$949.52	\$967.56	\$914.45	\$931.82	\$949.52	\$967.56	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,533.04	\$1,562.17	\$1,591.85	\$1,622.10	\$1,533.04	\$1,562.17	\$1,591.85	\$1,622.10	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$554.05	\$564.57	\$575.30	\$586.22	\$554.05	\$564.57	\$575.30	\$586.22	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,108.10	\$1,129.15	\$1,150.60	\$1,172.46	\$1,108.10	\$1,129.15	\$1,150.60	\$1,172.46	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$941.89	\$959.79	\$978.03	\$996.61	\$941.89	\$959.79	\$978.03	\$996.61	N/A	N/A	N/A	N/A
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,579.04	\$1,609.04	\$1,639.61	\$1,670.76	\$1,579.04	\$1,609.04	\$1,639.61	\$1,670.76	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$528.30	\$538.34	\$548.57	\$558.99	\$528.30	\$538.34	\$548.57	\$558.99	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,056.60	\$1,076.68	\$1,097.14	\$1,117.99	\$1,056.60	\$1,076.68	\$1,097.14	\$1,117.99	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$898.11	\$915.17	\$932.56	\$950.28	\$898.11	\$915.17	\$932.56	\$950.28	N/A	N/A	N/A	N/A
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,505.66	\$1,534.27	\$1,563.42	\$1,593.12	\$1,505.66	\$1,534.27	\$1,563.42	\$1,593.12	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$544.15	\$554.49	\$565.03	\$575.76	\$544.15	\$554.49	\$565.03	\$575.76	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$1,088.30	\$1,108.98	\$1,130.05	\$1,151.52	\$1,088.30	\$1,108.98	\$1,130.05	\$1,151.52	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$925.06	\$942.64	\$960.55	\$978.80	\$925.06	\$942.64	\$960.55	\$978.80	N/A	N/A	N/A	N/A
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,550.83	\$1,580.30	\$1,610.33	\$1,640.93	\$1,550.83	\$1,580.30	\$1,610.33	\$1,640.93	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$443.66	\$452.09	\$460.68	\$469.43	\$443.66	\$452.09	\$460.68	\$469.43	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$887.32	\$904.18	\$921.36	\$938.87	\$887.32	\$904.18	\$921.36	\$938.87	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$754.22	\$768.55	\$783.15	\$798.03	\$754.22	\$768.55	\$783.15	\$798.03	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,264.43	\$1,288.45	\$1,312.93	\$1,337.88	\$1,264.43	\$1,288.45	\$1,312.93	\$1,337.88	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	\$0.00	\$0.00	\$0.00	\$0.00	\$456.97	\$465.65	\$474.50	\$483.51	\$456.97	\$465.65	\$474.50	\$483.51	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	\$0.00	\$0.00	\$0.00	\$0.00	\$913.94	\$931.30	\$948.99	\$967.02	\$913.94	\$931.30	\$948.99	\$967.02	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rr)	\$0.00	\$0.00	\$0.00	\$0.00	\$776.85	\$791.61	\$806.65	\$821.98	\$776.85	\$791.61	\$806.65	\$821.98	N/A	N/A	N/A	N/A
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$1,302.36	\$1,327.10	\$1,352.31	\$1,378.00	\$1,302.36	\$1,327.10	\$1,352.31	\$1,378.00	N/A	N/A	N/A	N/A

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

Small Group On-Exchange Forms and Numbers	
Small Group Contract	155-23-SGONHIXCONTRACT (04/14)
Small Group Base Certificate	155-23-SGONHIXCERT (04/14)
Small Group Bronze Schedule	155-23-SGONHIXBSchedule (04/14)
Small Group Gold Schedule	155-23-SGONHIXGSchedule (04/14)
Small Group Platinum Schedule	155-23-SGOFFHIXPSchedule (04/14)
Small Group Silver Schedule	155-23-SGONHIXSSchedule (04/14)
Small Group Bronze Schedule	155-23-NSSGONHIXBSchedule (04/14)
Small Group Gold Schedule	155-23-NSSGONHIXGSchedule (04/14)
Small Group Silver Schedule	155-23-NSSGONHIXSSchedule (04/14)
Small Group Contraceptive Drugs and Devices, Family Planning Services and Ir	155-23-SGHIXCONTRA (04/14)
Small Group Rider to Extend Coverage For Young Adults Through Age 29	155-23-SGHIXD29 (04/14)

<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
Small Group Off Exchange Products
Expected Loss Ratios**

HIP Small Group on Off Exchange Expected Loss Ratio	83.1%
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Health Insurance Plan of Greater New York
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)
 SHOP Standard Plans
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.

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
DEDUCTIBLE (single)	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000
COST SHARING - MEDICAL SERVICES	
Inpatient Facility/SNF/Hospice	\$500 per admission
Outpatient Facility-Surgery, including freestanding surgicenters	\$100
Surgeon - Inpatient facility outpatient facility, including freestanding surgicenters	\$100 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
Telemedicine	\$10
Telemedicine Dietician	\$5
Specialist	\$35
PT/OT/ST - rehabilitative & habitative therapies	\$25
ER	\$100
Ambulance	\$100
Urgent Care	\$55
DME/Medical supplies	10% cost sharing
Hearing aids	10% cost sharing
Eyewear	10% 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
Hospital services - non-maternity	Inpatient Facility copay per admission #
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #
Mental health/Behavioral health care	Inpatient Facility copay per admission #
Detoxification	Inpatient Facility copay per admission #
Substance abuse disorder services	Inpatient Facility copay per admission #
Skilled nursing facility	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility
Hospice (inpatient)	Inpatient Facility copay per admission # 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
Physician charge - Emergency Room visit	\$0 copay per visit
Facility charge - Freestanding urgent care center	Urgent Care copay per visit
Physician charge - Free standing urgent care center visit	\$0 copay per visit
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
OUTPATIENT HOSPITAL/FACILITY SERVICES	
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case
<u>Pre-admission/pre-operative testing</u>	<u>\$0 copay</u>
Diagnostic and routine laboratory and pathology	Specialist copay per visit
<u>Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI</u>	<u>Specialist copay per visit</u>
<u>Imaging: CAT/PET scans, MRI</u>	<u>Specialist copay</u>
<u>Chemotherapy</u>	<u>PCP copay per visit</u>
<u>Radiation therapy</u>	<u>PCP copay per visit</u>
<u>Hemodialysis/Renal dialysis</u>	<u>PCP copay per visit</u>
<u>Mental health/Behavioral health care</u>	<u>PCP copay per visit</u>
<u>Substance abuse disorder services</u>	<u>PCP copay per visit</u>
<u>Covered therapies (PT, OT, ST) - rehabilitative & habilitative</u>	<u>PT/OT/ST copay per visit</u>
<u>Home care</u>	<u>PCP copay per visit</u>
<u>Hospice</u>	<u>PCP copay per visit</u>
PREVENTIVE & PRIMARY CARE SERVICES	
Bone density testing	;/services as defined in section 2713 of ACA no deductible or co
Cervical cytology	ring indicated below applies to all services in this benefit service
Colonoscopy screening	
Gynecological exams	
Immunizations	PCP/Specialist copay per visit (based on type of physician performing the service)
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
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies
<u>Covered therapies (PT, OT, ST) - rehabilitative & habilitative</u>	<u>PT/OT/ST copay per visit</u>
<u>Additional surgical opinion</u>	<u>Specialist copay per visit</u>
<u>Second medical opinion for cancer</u>	<u>Specialist copay per visit</u>
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)
<u>In-hospital physician visits</u>	<u>\$0 copay per visit</u>
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit
<u>Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI</u>	<u>PCP/Specialist copay per visit</u>
<u>Imaging: CAT/PET scans, MRI</u>	<u>Specialist copay per visit</u>
<u>Allergy testing</u>	<u>PCP/Specialist copay per visit</u>
<u>Allergy shots</u>	<u>PCP/Specialist copay per visit</u>
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)
<u>Mental health/Behavioral health care</u>	<u>PCP copay per visit</u>
<u>Substance abuse disorder services</u>	<u>PCP copay per visit</u>
<u>Chemotherapy</u>	<u>PCP copay per visit</u>
<u>Radiation therapy</u>	<u>PCP copay per visit</u>
<u>Hemodialysis/Renal dialysis</u>	<u>PCP copay per visit</u>
<u>Chiropractic care</u>	<u>Specialist copay per visit</u>

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
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ADDITIONAL BENEFITS/SERVICES

	PCP copay per visit
ABA treatment for Autism Spectrum Disorder	
Assistive Communication Devices for Autism Spectrum Disorder	PCP copay per device
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies
Hearing evaluations/testing	Specialist copay per visit
Hearing aids	Hearing aid coinsurance cost sharing applies
Diabetic drugs and supplies	PCP copay per 30 days supply
Diabetic education and self-management	PCP copay per visit
Home care	PCP copay per visit
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
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PEDIATRIC VISION SERVICES

Eye exam visit	PCP copay per visit
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames
Contact lenses	Eyewear coinsurance cost sharing applies

PRESCRIPTION DRUGS

Generic or Tier 1	\$10
Formulary Brand or Tier 2	\$30
Non-Formulary Brand or Tier 3	\$60

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

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 adm copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delive which is the same as the surgeon copay if this copay has not already been collected as part of another materni There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, as 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 all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to 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 t The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescr The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for sma

For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pe For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, p 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 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- each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of- family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family mer

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

Gold Non Standard Plan Design

Product Type:	HMO 40/60
Ind/Fam Deductible (Med/Hosp/Vision)	\$0 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	\$4,000/\$8,000
Rx Deductible	\$100
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	\$40 copay
Specialist Visit	\$60 copay
Telemedicine Consultation Fee	\$10
Telemedicine Nutritionist Fee	\$5
Inpatient Facility/SNF/Hospice	\$1,500 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters or Ambulatory Surgery	\$150 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	Covered in Full
Emergency Room - Facility charge (INN/ONN)	\$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	\$0 copay per visit
Urgent Care (INN)	\$60 copay
Observation Stay	\$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	\$100 copay
Non-Emergent Ambulance- Hosp to Facility transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	\$60 copay
Chemotherapy	\$40 copay
DME/Medical Supplies	10% Coinsurance
Hearing Aids	10% Coinsurance
Eyewear	10% Coinsurance
Exercise Facility Reimbursement	<p>Subscriber reimbursed at the lesser of \$200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of \$100 or actual cost of membership per six-month period and 50 visits.</p> <p style="text-align: center;">* Incentive not applied to OOP or Deductible</p>

Off Exchange Plan: Underwritten: HIP	HNY Gold
Product Type:	HMO
Ind/Fam Deductible (Med/Hosp/Vision)	\$600/\$1,200 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	\$4,000/\$8,000
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	\$25 copay per visit
Specialist Visit	\$40 copay per visit
Telemedicine Consultation Fee	\$10
Telemedicine Nutritionist Fee	\$5
Inpatient Facility/SNF/Hospice	\$1000 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters	\$100 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100 surgeon copay
Emergency Room - Facility charge (INN/ONN)	\$150 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	\$0 copay per visit
Urgent Care (INN)	\$60 copay
Observation Stay	\$150 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	\$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	\$150 copay
PT/OT/ST (Rehabilitative & Habilitative)	\$30 copay
Chemotherapy	\$25
DME/Medical Supplies	20% Coinsurance
Hearing Aids	20% Coinsurance
Eyewear	20% Coinsurance
Exercise Facility Reimbursement	Subscriber reimbursed at the lesser of \$200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of \$100 or actual cost of membership per six-month period and 50 visits. * Incentive not applied to OOP or Deductible

Benefit Set ID: PHNYG1001

SERVICE	LIMIT/Note	IP Fac	OP Fac	Prof
Outpatient Services				
PCP Office Visits (Injury or Illness)	No Limit	N/A	N/A	PCP Cost Sharing
Specialist Visits	No Limit	N/A	N/A	SPEC Cost Sharing
Outpatient Facility or Ambulatory Surgery	No Limit	N/A	OP Fac cost sharing on surgeries done in AmSurg or OP Facility.	N/A
Outpatient Surgery Physician/Surgical Services	No Limit	N/A	N/A	Surgeon Cost Sharing
Outpatient Diagnostic and Routine Laboratory/Pathology/Routine Imaging (X-rays)/Imaging (CAT/PET/MRI)	No Limit	N/A	SPEC Cost Sharing	N/A
Radiation Therapy	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Home Health Care Services	Coverage is limited to 40 visits per calendar year.	N/A	PCP Cost Sharing	PCP Cost Sharing

Hemodialysis/Renal dialysis	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Out of Network Dialysis	Limit is 10 visits. Coverage for out of network provider on an in-network basis if member is traveling outside the service area.	N/A	PCP Cost Sharing	PCP Cost Sharing
Chemotherapy	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Preadmission Testing	No Limit	N/A	Covered in Full	Covered in Full
Autologous Blood Banking	Only in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury.	N/A	20% Coinsurance	N/A
Outpatient Rehabilitation Services Services (PT, OT, ST)	60 visits per condition per condition per lifetime	N/A	PT/OT/ST Cost Sharing	PT/OT/ST Cost Sharing
Outpatient Habilitation Services (PT, OT, ST)	60 visits per condition per condition per lifetime	N/A	PT/OT/ST Cost Sharing	PT/OT/ST Cost Sharing
Chiropractic Care	No Limit	N/A	N/A	SPEC Cost Sharing
Durable Medical Equipment	**Coverage for standard equipment only. DME defined as Equipment which is 1). Designed and intended for repeated use, 2), primarily and customarily used to serve a medical purpose, 3). Generally not useful to person in the absence of disease or injury, and 4) is appropriate for use in the home. Orthotics are excluded * See Model Language	N/A	N/A	20% coinsurance
Cochlear Implants	1 per ear per time covered	N/A	20% coinsurance	20% coinsurance
Prosthetic Devices - External	One prosthetic device per limb, per lifetime. *Coverage for external repairs or replacement in adults. - Coverage for wigs made from human hair if member is allergic to synthetic wig materials. To determine if this can be configured **Additional coverage for external device replacement for children for devices that have been outgrown - Coverage includes wigs for members suffering from severe hair loss due to injury or disease or treatment of a disease (e.g. chemotherapy)	N/A	N/A	20% coinsurance (for devices)
Prenatal and Postnatal Care	No Limit - Covered in Full	N/A	Covered in Full	Covered in Full
Infertility Treatment	Unlimited / Member must be between ages of 21 and 44 * Covered services include: initial evaluation, evaluation of ovulatory function, postcoital test, hysterosalpingogram, treatment of ovulatory dysfunction, ovulation induction and monitoring with ultrasound, artificial insemination, hysteroscopy, laparoscopy and laparotomy. Includes correctable medical conditions leading to infertility ** Advanced infertility is not covered	N/A	OP Fac cost sharing on surgeries done in AmSurg or OP Facility.	Surgeon Cost Sharing
Infertility Treatment	Provider visits and non surgical services under infertility treatment	N/A	SPEC Cost Sharing	PCP/SPEC Cost Sharing

Termination of Pregnancy	Interruption of Pregnancy Elective abortions limited to one procedure per member per calendar year * Therapeutic termination of pregnancy unlimited. Note follows current rules ****(to discuss configuration of therapeutic vs elective; re: limits and differentiating via specific codes on claims - with Med Mgmt and Claims)	N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Elective Termination of Pregnancy	One per calendar year Limit Interruption of Pregnancy Elective abortions limited to one procedure per member per calendar year * Therapeutic termination of pregnancy unlimited. Note follows current rules ****(to discuss configuration of therapeutic vs elective; re: limits and differentiating via specific codes on claims - with Med Mgmt and Claims)	N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Diabetic supplies and equipment	No Limit	N/A	N/A	PCP Cost Sharing / 30 day supply
Diabetic drugs (including insulin)	No Limit	N/A	N/A	
Diabetic education and self-management	No Limit	N/A	N/A	PCP Cost Sharing
Allergy testing and treatment; Allergy shots	No Limit	N/A	N/A	PCP/SPEC Cost Sharing
ABA treatment for Autism Spectrum Disorder	Actuarial equivalence to 680 hours per year annual ABA limit	N/A	N/A	PCP Cost Sharing
Assistive Communication Devices for Autism Spectrum Disorder		N/A	N/A	PCP Cost Sharing per device
Emergency Services		IP Fac	OP Fac	Prof
Emergency Room Services	No Limit. Copay waived if admitted as IP	N/A	ER Copay	\$0 cost sharing for ER physician
Observation Stay	Copay waived if admitted as IP Note: if ER and Obs. Stay, only one copay.	N/A	ER Copay	N/A
Urgent Care Centers or Facilities	INN Coverage Only	N/A	Urgent Care Cost Sharing	Urgent Care Cost sharing for "freestanding" Urgent Care (e.g., "doc in a box"). \$0 cost sharing for Urgent Care physicians
Emergency Transportation/Ambulance	No Limit Covers Land, Air and Water	Ambulance Copay		
Non Emergent Transportation/Ambulance	No Limit (Hospital to Facility transfer only) Land and Air only; Ambulette is excluded.	Ambulance Copay		

Hospitalization		IP Fac	OP Fac	Prof
Inpatient Hospital Services	No Limit*	IP Copay	N/A	N/A
Inpatient Physician and Surgical Services	No Limit	N/A	N/A	Surgeon cost sharing on surgeon claim. \$0 cost sharing on all other IP professional svcs
Skilled Nursing Facility	Skilled Nursing limited to 200 days per calendar year*	IP Copay	N/A	\$0 cost sharing on all SNF professional services
Delivery and all Inpatient Services for Maternity Care	No Limit (covers mother and newborn combined)*	IP Copay	N/A	Surgeon cost sharing on maternity delivery. Only one copay per pregnancy (e.g., covers delivery and post-natal svcs.)
Inpatient Rehabilitation Services	Inpatient rehabilitation therapy is covered for up to one consecutive 60-day period, per condition, per lifetime for physical, speech and occupational therapies when hospitalization would otherwise be necessary and the member must require skilled care on a daily basis, which is not primarily custodial and can only be provided on an inpatient basis. Admission must begin within six(6) months inpatient hospital stay or outpatient surgical procedure Copay not taken if member readmitted w/in 90 days for same or related condition. Cardiac and Pulmonary Rehab is not covered	IP Copay	N/A	\$0 cost sharing for any professional svcs associated with IP admission
Bariatric Surgery	No Limit*	IP Copay	OP Fac Copay	Surgeon Cost Sharing. \$0 cost sharing on all other IP professional svcs
*Cost Sharing not taken if member readmitted w/in 90 days for same or related condition				
Mental Health and Substance Abuse Disorder Services		IP Fac	OP Fac	Prof
Mental/Behavioral Health Outpatient Services	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Mental/Behavioral Health Inpatient Services	No Limit*	IP Copay	N/A	\$0 cost sharing for any professional svcs associated with IP admission
Substance Abuse Disorder Outpatient Services	No Limit* Includes 20 OP visits for family counseling are covered.	N/A	PCP Cost Sharing	PCP Cost Sharing
Substance Abuse Disorder Inpatient Services	No Limit*	IP Copay	N/A	\$0 cost sharing for any professional svcs associated with IP admission
*Cost Sharing not taken if member readmitted w/in 90 days for same or related condition				

Laboratory and Imaging Services		IP Fac	OP Fac	Prof
Diagnostic Test (X-Ray and Lab Work)	No Limit Note: only 1 copay applies and does not apply of claims for X-ray interpretation.	N/A	SPEC Cost Sharing	PCP/SPEC Cost Sharing
Imaging (CT/PET Scans, MRI)	No Limit Note: This does not apply to claims for interpretation of imaging	N/A	SPEC Cost Sharing	SPEC Cost Sharing
Preventive and Wellness Services		IP Fac	OP Fac	Prof
Preventive Care/Screening/Immunization	Mammography (limits based on age), cervical cytology, gynecological exams, bone density, prostate cancer screening, etc. \$0 cost sharing for ACA preventive svcs and other \$0 cost sharing NYS mandates.	N/A	Covered in Full	Covered in Full
Prenatal and Postnatal Care	No Limit - Covered in Full	N/A	Covered in Full	Covered in Full
Pediatric Vision		IP Fac	OP Fac	Prof
Vision examinations performed by a physician, or optometrist for the purpose of determining the need for corrective lenses, and if needed, to provide a prescription.	One exam per 12 month period. Up to age 19 end of month.	N/A	N/A	PCP Cost Sharing
Prescription Lenses	Must provide coverage for eye exam, lenses and frames (once in any 12 month period) and contact lenses (only when deemed medically necessary)	N/A	N/A	20% coinsurance applies to combined cost of lenses and frames
Frames	At a minimum, standard frames adequate to hold lenses will be covered once in any twelve month period, unless required more frequently with appropriate documentation.	N/A	N/A	20% coinsurance applies to combined cost of lenses and frames
Contact Lenses	in lieu of frames	N/A	N/A	20% coinsurance
Other Services		IP Fac	OP Fac	Prof
Hospice Services (includes End of Life Care)	210 days/year; also includes 5 Bereavement Counseling sessions for members family either before or after the death of the member. For End of Life Care - Non-Par providers are covered. ** Refer to model language for rules	IP Cost Sharing	PCP Cost Sharing	PCP Cost Sharing
Family Planning - Contraceptive drugs and devices, tubal ligations	No Limit * Women's Wellness mandate	N/A	N/A	Covered in Full
Vasectomies-Office		N/A	N/A	SPEC Cost Sharing
Vasectomies-Outpatient/ Amb Surgery		N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Hearing Evaluations/testing	No Limit	N/A	N/A	SPEC Cost Sharing

Hearing Aids	Limited to a single purchase for one or both ears (including repair/replacement) every three years.	N/A	N/A	20% coinsurance
Outpatient Cardiac and Pulmonary Therapy	No limits in Model Language.	N/A	PCP Cost Sharing	SPEC Cost Sharing
Second Opinion (surgical)	Second surgical opinion on the need for surgery.	N/A	N/A	SPEC Cost Sharing
Second Opinion (Specialist - cancer)	Second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer. <u>Copay applies to Par and Non Par</u>	N/A	N/A	SPEC Cost Sharing
Transplants	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition * Solely for transplants for surgeries determined to be non-experimental and non-investigational.	IP Cost Sharing	N/A	Surgeon Cost Sharing. \$0 cost sharing on all other IP professional svcs
Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and <u>surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery</u> <u>*Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.</u>	IP Cost Sharing	N/A	Surgeon Cost Sharing. \$0 cost sharing on all other IP professional svcs.
Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and <u>surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery</u> <u>*Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.</u>	N/A	OP Fac Cost Sharing	Surgeon Cost Sharing

Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and <u>surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery</u> *Oral Surgery Coverage must be provided for <u>Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.</u>	N/A	N/A	SPEC Cost Sharing.
Infusion Therapy		N/A	N/A	PCP Cost Sharing
Infusion Therapy	If administered in home by Home Care, than count towards Home Care visit limit	N/A	PCP Cost Sharing on Home Care	PCP Cost Sharing on Home Care
Anesthesia (all settings)	No limit	Covered in Full	Covered in Full	Covered in Full
Prescription Drugs		IP Fac	OP Fac	Prof
Enteral Formulas	No Limit Note: Follows current practice for MM and Pharmacy	N/A	N/A	N/A
Retail: Tier 1/Generic: \$10 Tier 2/Formulary Brand \$35 Tier 3/Non-Formulary \$70 *Mail Order up to 90 day supply: 2.5x the 30 day supply cost sharing *Mail Order up to 90 day supply: Tier 1: \$25, Tier 2: \$88; Tier 3: \$175	30 day supply *Mail Order up to a 90 day supply optional benefit	N/A	N/A	N/A
Specialty Drugs	30 day supply *Mail Order up to a 90 day supply optional benefit	N/A	N/A	N/A
Off Label Cancer Drugs	30 day supply	N/A	N/A	N/A

(1) Pediatric Dental removed since standalone

Silver Non Standard Plan Design

Product Type:	HMO Share
Ind/Fam Deductible (Med/Hosp/Vision)	\$2,000/\$4000 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	\$6,000/\$12,000
Coinsurance	30%
Rx included in Deductible:	No
Rx Deductible	\$100
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	\$35 copay per visit
Specialist Visit	\$55 copay per visit
Telemedicine Consultation Fee	\$10
Telemedicine Nutritionist Fee	\$5
Inpatient Facility/SNF/Hospice	Deductible & Coinsurance
Outpatient Facility - Surgery, including free-standing surgicenters	Deductible & Coinsurance
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters (FS)	Deductible & Coinsurance
Emergency Room - Facility charge (INN/ONN)	\$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	\$0 copay per visit
Urgent Care (INN)	\$60 copay
Observation Stay	\$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	\$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	\$55 copay
Chemotherapy	\$35 copay per visit
DME/Medical Supplies	30% Coinsurance
Hearing Aids	30% Coinsurance
Eyewear	30% Coinsurance
Exercise Facility Reimbursement	<p style="text-align: center;">Subscriber reimbursed at the lesser of \$200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of \$100 or actual cost of membership per six-month period and 50 visits.</p> <p style="text-align: center;">* Incentive not applied to OOP or Deductible</p>

Bronze Non Standard Plan Design	
Product Type:	HMO HD 6300
Ind/Fam Deductible (Med/Hosp/Vision/Rx)	\$6,300/\$12,600 (per cal/yr.)
Ind/Fam Maximum OOP (incl Ded):	\$6,300/\$12,600
Rx included in Deductible:	Yes
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	0% cost sharing per visit
Specialist Visit	0% cost sharing per visit
Telemedicine Consultation Fee	\$10
Telemedicine Nutritionist Fee	\$5
Inpatient Facility/SNF/Hospice	0% cost sharing per admission
Outpatient Facility - Surgery, including free-standing surgicenters	0% cost sharing per visit
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	0% cost sharing per visit
Emergency Room - Facility charge (INN/ONN)	0% cost sharing (waived if admitted as an inpatient)
Emergency room visit - Physician charge	0% cost sharing per visit
Urgent Care (INN)	0% cost sharing per visit
Observation Stay	0% cost sharing (waived if admitted as inpatient)
Anesthesia	0% cost sharing
Emergent Ambulance	0% cost sharing per visit
Non-Emergent Ambulance Hosp to Facility Transfer	0% cost sharing
PT/OT/ST (Rehabilitative & Habilitative)	0% cost sharing per visit
Chemotherapy	0% Coinsurance
DME/Medical Supplies	0% Coinsurance
Hearing Aids	0% Coinsurance
Eyewear	0% Coinsurance
Exercise Facility Reimbursement	<p>Subscriber reimbursed at the lesser of \$200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of \$100 or actual cost of membership per six-month period and 50 visits.</p> <p style="text-align: center;">* Incentive not applied to OOP or Deductible</p>

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

Please refer to Underwriting Guidelines document attached in this filing.

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

HIP Small Group on Off Exchange Commission	0% - 3% of premium
HIP Small Group on Off Exchange General Agent	\$0- \$10 PCPM

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

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