North Shore-LIJ CareConnect Insurance Company, Inc.

2015 Individual Off-Exchange Plans Rating Manual

2015 Premium Rates

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off-Exchange Plans Rating Manual

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North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off-Exchange Plans Rating Manual
Premium Rates Effective January 1, 2015
New York City Area (Region 4)

Product Description	Form Number	Premium Per Contract			
		Single	Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)
Base Plans					
Standard Platinum	NSLIJIO/NSLIJP	$513.00	$1,026.00	$872.00	$1,462.00
Standard Gold	NSLIJIO/NSLIJG	$446.00	$892.00	$758.00	$1,271.00
Standard Silver	NSLIJIO/NSLIJS	$394.00	$788.00	$670.00	$1,123.00
Standard Bronze	NSLIJIO/NSLIJB	$313.00	$626.00	$532.00	$892.00
Riders					
Dependent Age 29 - (Platinum)	NSLIJIO/NSLIJR29	$3.00	$6.00	$5.00	$8.00
Dependent Age 29 - (Gold)	NSLIJIO/NSLIJR29	$4.00	$8.00	$6.00	$11.00
Dependent Age 29 - (Silver)	NSLIJIO/NSLIJR29	$3.00	$6.00	$6.00	$8.00
Dependent Age 29 - (Bronze)	NSLIJIO/NSLIJR29	$3.00	$6.00	$5.00	$9.00

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off-Exchange Plans Rating Manual
Premium Rates Effective January 1, 2015
Long Island Area (Region 8)

Product Description	Form Number	Premium Per Contract			
		Single	Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)
Base Plans					
Standard Platinum	NSLIJIO/NSLIJP	$547.00	$1,094.00	$930.00	$1,559.00
Standard Gold	NSLIJIO/NSLIJG	$476.00	$952.00	$809.00	$1,357.00
Standard Silver	NSLIJIO/NSLIJS	$420.00	$840.00	$714.00	$1,197.00
Standard Bronze	NSLIJIO/NSLIJB	$334.00	$668.00	$568.00	$952.00
Riders					
Dependent Age 29 - (Platinum)	NSLIJIO/NSLIJR29	$4.00	$8.00	$6.00	$12.00
Dependent Age 29 - (Gold)	NSLIJIO/NSLIJR29	$3.00	$6.00	$5.00	$9.00
Dependent Age 29 - (Silver)	NSLIJIO/NSLIJR29	$3.00	$6.00	$5.00	$8.00
Dependent Age 29 - (Bronze)	NSLIJIO/NSLIJR29	$2.00	$4.00	$3.00	$6.00

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off Exchange Plans Rating Manual
Composition of Rating Regions

Region 4 (New York City Area)

Queens
Richmond
New York
Bronx
Kings
Westchester

Region 8 (Long Island Area)

Nassau
Suffolk

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual On-Exchange Plans Rating Manual
Benefit Design Description Grid

Form Number	NSLIJIE / NSLIJP	NSLIJIE / NSLIJG	NSLIJIE / NSLIJS	NSLIJIE / NSLIJS200-250	NSLIJIE / NSLIJS150-200	NSLIJIE / NSLIJS100-150	NSLIJIE / NSLIJB	NSLIJIE / NSLIJC	NSLIJIE / NSLIJI
				Silver - CSR Versions					Indian CSR Zero cost sharing variation
TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (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)	Bronze (AV = 0.58 to 0.62)	Catastrophic	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
	The following applies to the Platinum, Gold, Silver and Silver-CSR Plans: For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim. There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc. For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn. # The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.								
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	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	$15	$25	$30	$30	$15	$10	50% cost sharing	0% cost sharing	0% cost sharing
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

Form Number	NSLIJIE / NSLIJP	NSLIJIE / NSLIJG	NSLIJIE / NSLIJS	NSLIJIE / NSLIJS200-250	NSLIJIE / NSLIJS150-200	NSLIJIE / NSLIJS100-150	NSLIJIE / NSLIJB	NSLIJIE / NSLIJC	NSLIJIE / NSLIJI
				Silver - CSR Versions					Indian CSR Zero cost sharing variation
TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (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)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Less than or equal to 300% FPL
INPATIENT HOSPITAL SERVICES									
Observation stay	ER copay per case						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/Behavorial 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 # 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
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						50% cost sharing	0% cost sharing	0% cost sharing
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) 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/Behavorial 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									
Allergy testing	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.								
Bone density testing									
Cervical cytology									
Colonoscopy screening									
Gynecological exams	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Immunizations									
Mammography									
Prenatal maternity care									
Prostate cancer screening									
Routine exams									
Women's preventive health services									

Form Number	NSLIJIE / NSLIJP	NSLIJIE / NSLIJG	NSLIJIE / NSLIJS	NSLIJIE / NSLIJS200-250	NSLIJIE / NSLIJS150-200	NSLIJIE / NSLIJS100-150	NSLIJIE / NSLIJB	NSLIJIE / NSLIJC	NSLIJIE / NSLIJI
				Silver - CSR Versions					Indian CSR Zero cost sharing variation
TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (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)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Less than or equal to 300% FPL
PHYSICIAN/PROFESSIONAL SERVICES									
Inpatient hospital surgery - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)						50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
ADDITIONAL BENEFITS/SERVICES									
ABA treatment for Autism Specturm Disorder	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device						50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. $200/$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.								
PEDIATRIC DENTAL SERVICES									
Dental office visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES									
Eye exam visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames						50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
PRESCRIPTION DRUGS									
Generic or Tier 1	$10	$10	$10	$10	$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 copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply									

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off Exchange Plans Rating Manual
Description of Revised Rating Classes, Factors, and Discounts

Not applicable.

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off Exchange Plans Rating Manual
Examples of Rate Calculations

Not applicable.

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off Exchange Plans Rating Manual
Commission Schedule

Broker	2.0% of premium
General Agents	1.0% of premium

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off Exchange Plans Rating Manual
Underwriting Guidelines

North Shore-LIJ CareConnect Insurance Company, Inc.
2015 Individual Off Exchange Plans Rating Manual
Expected Loss Ratio

Product Description	Form Number	Expected Loss Ratio
Platinum	NSLIJGE/NSLIJP	83%
Gold	NSLIJGE/NSLIJG	83%
Silver	NSLIJGE/NSLIJS	83%
Bronze	NSLIJGE/NSLIJB	82%
Catastrophic	NSLIJGE/NSLIJB	82%