

# UnitedHealthcare Insurance Company of New York

New York Small Group

Off-Exchange

Form # UHICNY\_SG\_COC\_2014

Rate Manual

Rates Effective January 1, 2015

UnitedHealthcare Insurance Company of New York  
New York Small Group  
Off-Exchange  
Form # UHICNY\_SG\_COC\_2014

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Area Factors - Service Area for Upstate Plans

Area Factor is "n/a" for counties outside the service area.

County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor
Albany	1	1.149	Delaware	3	1.229	Broome	6	1.018
Columbia	1	1.149	Dutchess	3	n/a	Cayuga	6	1.018
Fulton	1	1.149	Orange	3	n/a	Chemung	6	1.018
Greene	1	1.149	Putnam	3	n/a	Cortland	6	1.018
Montgomery	1	1.149	Sullivan	3	n/a	Onondaga	6	1.018
Rensselaer	1	1.149	Ulster	3	n/a	Schuyler	6	1.018
Saratoga	1	1.149	Bronx	4	n/a	Steuben	6	1.018
Schenectady	1	1.149	Kings	4	n/a	Tioga	6	1.018
Schoharie	1	1.149	New York	4	n/a	Tompkins	6	1.018
Warren	1	1.149	Queens	4	n/a	Chenango	7	0.975
Washington	1	1.149	Richmond	4	n/a	Clinton	7	0.975
Allegany	2	0.942	Rockland	4	n/a	Essex	7	0.975
Cattaraugus	2	0.942	Westchester	4	n/a	Franklin	7	0.975
Chautauqua	2	0.942	Livingston	5	1.053	Hamilton	7	0.975
Erie	2	0.942	Monroe	5	1.053	Herkimer	7	0.975
Genesee	2	0.942	Ontario	5	1.053	Jefferson	7	0.975
Niagara	2	0.942	Seneca	5	1.053	Lewis	7	0.975
Orleans	2	0.942	Wayne	5	1.053	Madison	7	0.975
Wyoming	2	0.942	Yates	5	1.053	Oneida	7	0.975
						Oswego	7	0.975
						Otsego	7	0.975
						St. Lawrence	7	0.975
						Nassau	8	n/a
						Suffolk	8	n/a

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Area Factors - Service Area for NSLIJ Advantage Plans

Area Factor is "n/a" for counties outside the service area.

County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor	County	DFS Rating Region	Area Factor
Albany	1	n/a	Delaware	3	n/a	Broome	6	n/a
Columbia	1	n/a	Dutchess	3	n/a	Cayuga	6	n/a
Fulton	1	n/a	Orange	3	n/a	Chemung	6	n/a
Greene	1	n/a	Putnam	3	n/a	Cortland	6	n/a
Montgomery	1	n/a	Sullivan	3	n/a	Onondaga	6	n/a
Rensselaer	1	n/a	Ulster	3	n/a	Schuyler	6	n/a
Saratoga	1	n/a	Bronx	4	n/a	Steuben	6	n/a
Schenectady	1	n/a	Kings	4	n/a	Tioga	6	n/a
Schoharie	1	n/a	New York	4	n/a	Tompkins	6	n/a
Warren	1	n/a	Queens	4	1.188	Chenango	7	n/a
Washington	1	n/a	Richmond	4	n/a	Clinton	7	n/a
Allegany	2	n/a	Rockland	4	n/a	Essex	7	n/a
Cattaraugus	2	n/a	Westchester	4	n/a	Franklin	7	n/a
Chautauqua	2	n/a	Livingston	5	n/a	Hamilton	7	n/a
Erie	2	n/a	Monroe	5	n/a	Herkimer	7	n/a
Genesee	2	n/a	Ontario	5	n/a	Jefferson	7	n/a
Niagara	2	n/a	Seneca	5	n/a	Lewis	7	n/a
Orleans	2	n/a	Wayne	5	n/a	Madison	7	n/a
Wyoming	2	n/a	Yates	5	n/a	Oneida	7	n/a
						Oswego	7	n/a
						Otsego	7	n/a
						St. Lawrence	7	n/a
						Nassau	8	1.188
						Suffolk	8	1.188

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Form # UHICNY\_SG\_COC\_2014  
Base Medical and Prescription Drug Rates - Upstate Plans

DFS Rating Region	Effective Quarter	Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
1	2015 Q1	Silver	UnitedHealthcare Choice Plus VR-X	\$ 607.78	\$ 1,033.23	\$ 1,215.57	\$ 1,732.18
1	2015 Q1	Gold	UnitedHealthcare Choice VR-W	\$ 702.33	\$ 1,193.96	\$ 1,404.66	\$ 2,001.64
2	2015 Q1	Silver	UnitedHealthcare Choice Plus VR-X	\$ 498.35	\$ 847.21	\$ 996.71	\$ 1,420.31
2	2015 Q1	Gold	UnitedHealthcare Choice VR-W	\$ 575.88	\$ 978.99	\$ 1,151.75	\$ 1,641.25
3	2015 Q1	Silver	UnitedHealthcare Choice Plus VR-X	\$ 650.38	\$ 1,105.64	\$ 1,300.76	\$ 1,853.58
3	2015 Q1	Gold	UnitedHealthcare Choice VR-W	\$ 751.55	\$ 1,277.63	\$ 1,503.09	\$ 2,141.90
5	2015 Q1	Silver	UnitedHealthcare Choice Plus VR-X	\$ 557.14	\$ 947.14	\$ 1,114.29	\$ 1,587.86
5	2015 Q1	Gold	UnitedHealthcare Choice VR-W	\$ 643.81	\$ 1,094.47	\$ 1,287.62	\$ 1,834.86
6	2015 Q1	Silver	UnitedHealthcare Choice Plus VR-X	\$ 538.83	\$ 916.01	\$ 1,077.66	\$ 1,535.66
6	2015 Q1	Gold	UnitedHealthcare Choice VR-W	\$ 622.65	\$ 1,058.51	\$ 1,245.30	\$ 1,774.55
7	2015 Q1	Silver	UnitedHealthcare Choice Plus VR-X	\$ 516.08	\$ 877.32	\$ 1,032.15	\$ 1,470.82
7	2015 Q1	Gold	UnitedHealthcare Choice VR-W	\$ 596.36	\$ 1,013.82	\$ 1,192.72	\$ 1,699.63
1	2015 Q2	Silver	UnitedHealthcare Choice Plus VR-X	\$ 623.78	\$ 1,060.42	\$ 1,247.55	\$ 1,777.76
1	2015 Q2	Gold	UnitedHealthcare Choice VR-W	\$ 720.81	\$ 1,225.37	\$ 1,441.61	\$ 2,054.30
2	2015 Q2	Silver	UnitedHealthcare Choice Plus VR-X	\$ 511.47	\$ 869.50	\$ 1,022.94	\$ 1,457.69
2	2015 Q2	Gold	UnitedHealthcare Choice VR-W	\$ 591.03	\$ 1,004.75	\$ 1,182.06	\$ 1,684.44
3	2015 Q2	Silver	UnitedHealthcare Choice Plus VR-X	\$ 667.50	\$ 1,134.75	\$ 1,334.99	\$ 1,902.36
3	2015 Q2	Gold	UnitedHealthcare Choice VR-W	\$ 771.32	\$ 1,311.25	\$ 1,542.65	\$ 2,198.27
5	2015 Q2	Silver	UnitedHealthcare Choice Plus VR-X	\$ 571.80	\$ 972.06	\$ 1,143.60	\$ 1,629.64
5	2015 Q2	Gold	UnitedHealthcare Choice VR-W	\$ 660.75	\$ 1,123.28	\$ 1,321.51	\$ 1,883.14
6	2015 Q2	Silver	UnitedHealthcare Choice Plus VR-X	\$ 553.01	\$ 940.11	\$ 1,106.02	\$ 1,576.08
6	2015 Q2	Gold	UnitedHealthcare Choice VR-W	\$ 639.04	\$ 1,086.36	\$ 1,278.07	\$ 1,821.26
7	2015 Q2	Silver	UnitedHealthcare Choice Plus VR-X	\$ 529.66	\$ 900.42	\$ 1,059.32	\$ 1,509.53
7	2015 Q2	Gold	UnitedHealthcare Choice VR-W	\$ 612.06	\$ 1,040.50	\$ 1,224.12	\$ 1,744.37
1	2015 Q3	Silver	UnitedHealthcare Choice Plus VR-X	\$ 640.19	\$ 1,088.32	\$ 1,280.38	\$ 1,824.54
1	2015 Q3	Gold	UnitedHealthcare Choice VR-W	\$ 739.78	\$ 1,257.62	\$ 1,479.55	\$ 2,108.36
2	2015 Q3	Silver	UnitedHealthcare Choice Plus VR-X	\$ 524.93	\$ 892.38	\$ 1,049.86	\$ 1,496.05
2	2015 Q3	Gold	UnitedHealthcare Choice VR-W	\$ 606.59	\$ 1,031.20	\$ 1,213.18	\$ 1,728.78
3	2015 Q3	Silver	UnitedHealthcare Choice Plus VR-X	\$ 685.06	\$ 1,164.60	\$ 1,370.12	\$ 1,952.42
3	2015 Q3	Gold	UnitedHealthcare Choice VR-W	\$ 791.62	\$ 1,345.75	\$ 1,583.24	\$ 2,256.12
5	2015 Q3	Silver	UnitedHealthcare Choice Plus VR-X	\$ 586.85	\$ 997.65	\$ 1,173.70	\$ 1,672.53
5	2015 Q3	Gold	UnitedHealthcare Choice VR-W	\$ 678.14	\$ 1,152.84	\$ 1,356.28	\$ 1,932.70
6	2015 Q3	Silver	UnitedHealthcare Choice Plus VR-X	\$ 567.56	\$ 964.85	\$ 1,135.12	\$ 1,617.55
6	2015 Q3	Gold	UnitedHealthcare Choice VR-W	\$ 655.85	\$ 1,114.94	\$ 1,311.70	\$ 1,869.17
7	2015 Q3	Silver	UnitedHealthcare Choice Plus VR-X	\$ 543.60	\$ 924.13	\$ 1,087.20	\$ 1,549.26
7	2015 Q3	Gold	UnitedHealthcare Choice VR-W	\$ 628.17	\$ 1,067.88	\$ 1,256.33	\$ 1,790.27
1	2015 Q4	Silver	UnitedHealthcare Choice Plus VR-X	\$ 657.04	\$ 1,116.97	\$ 1,314.07	\$ 1,872.55
1	2015 Q4	Gold	UnitedHealthcare Choice VR-W	\$ 759.24	\$ 1,290.71	\$ 1,518.48	\$ 2,163.83
2	2015 Q4	Silver	UnitedHealthcare Choice Plus VR-X	\$ 538.74	\$ 915.86	\$ 1,077.49	\$ 1,535.42
2	2015 Q4	Gold	UnitedHealthcare Choice VR-W	\$ 622.55	\$ 1,058.34	\$ 1,245.11	\$ 1,774.28
3	2015 Q4	Silver	UnitedHealthcare Choice Plus VR-X	\$ 703.09	\$ 1,195.25	\$ 1,406.17	\$ 2,003.80
3	2015 Q4	Gold	UnitedHealthcare Choice VR-W	\$ 812.45	\$ 1,381.18	\$ 1,624.91	\$ 2,315.49
5	2015 Q4	Silver	UnitedHealthcare Choice Plus VR-X	\$ 602.30	\$ 1,023.90	\$ 1,204.59	\$ 1,716.54
5	2015 Q4	Gold	UnitedHealthcare Choice VR-W	\$ 695.98	\$ 1,183.17	\$ 1,391.97	\$ 1,983.56
6	2015 Q4	Silver	UnitedHealthcare Choice Plus VR-X	\$ 582.50	\$ 990.24	\$ 1,165.00	\$ 1,660.12
6	2015 Q4	Gold	UnitedHealthcare Choice VR-W	\$ 673.11	\$ 1,144.28	\$ 1,346.22	\$ 1,918.36
7	2015 Q4	Silver	UnitedHealthcare Choice Plus VR-X	\$ 557.91	\$ 948.45	\$ 1,115.82	\$ 1,590.04
7	2015 Q4	Gold	UnitedHealthcare Choice VR-W	\$ 644.70	\$ 1,095.99	\$ 1,289.40	\$ 1,837.39

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 Base Medical and Prescription Drug Rates - NSLIJ Advantage Plans

DFS Rating Region	Effective Quarter	Metal	Plan	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
4	2015 Q1	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 509.51	\$ 866.17	\$ 1,019.03	\$ 1,452.11
4	2015 Q1	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 605.26	\$ 1,028.95	\$ 1,210.52	\$ 1,724.99
4	2015 Q1	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 759.65	\$ 1,291.40	\$ 1,519.30	\$ 2,165.00
8	2015 Q1	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 509.51	\$ 866.17	\$ 1,019.03	\$ 1,452.11
8	2015 Q1	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 605.26	\$ 1,028.95	\$ 1,210.52	\$ 1,724.99
8	2015 Q1	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 759.65	\$ 1,291.40	\$ 1,519.30	\$ 2,165.00
4	2015 Q2	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 522.92	\$ 888.97	\$ 1,045.85	\$ 1,490.33
4	2015 Q2	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 621.19	\$ 1,056.03	\$ 1,242.39	\$ 1,770.40
4	2015 Q2	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 779.64	\$ 1,325.39	\$ 1,559.28	\$ 2,221.97
8	2015 Q2	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 522.92	\$ 888.97	\$ 1,045.85	\$ 1,490.33
8	2015 Q2	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 621.19	\$ 1,056.03	\$ 1,242.39	\$ 1,770.40
8	2015 Q2	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 779.64	\$ 1,325.39	\$ 1,559.28	\$ 2,221.97
4	2015 Q3	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 536.68	\$ 912.36	\$ 1,073.37	\$ 1,529.54
4	2015 Q3	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 637.54	\$ 1,083.83	\$ 1,275.09	\$ 1,817.00
4	2015 Q3	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 800.16	\$ 1,360.27	\$ 1,600.32	\$ 2,280.46
8	2015 Q3	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 536.68	\$ 912.36	\$ 1,073.37	\$ 1,529.54
8	2015 Q3	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 637.54	\$ 1,083.83	\$ 1,275.09	\$ 1,817.00
8	2015 Q3	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 800.16	\$ 1,360.27	\$ 1,600.32	\$ 2,280.46
4	2015 Q4	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 550.81	\$ 936.38	\$ 1,101.62	\$ 1,569.81
4	2015 Q4	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 654.32	\$ 1,112.35	\$ 1,308.65	\$ 1,864.82
4	2015 Q4	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 821.21	\$ 1,396.06	\$ 1,642.43	\$ 2,340.46
8	2015 Q4	Silver	UnitedHealthcare North Shore-LIJ Advantage VR-4	\$ 550.81	\$ 936.38	\$ 1,101.62	\$ 1,569.81
8	2015 Q4	Gold	UnitedHealthcare North Shore-LIJ Advantage VR-2	\$ 654.32	\$ 1,112.35	\$ 1,308.65	\$ 1,864.82
8	2015 Q4	Platinum	UnitedHealthcare North Shore-LIJ Advantage VR-Z	\$ 821.21	\$ 1,396.06	\$ 1,642.43	\$ 2,340.46

UnitedHealthcare Insurance Company of New York  
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 Form # UHICNY\_SG\_COC\_2014  
 Ancillary Coverage Rider Rates

Domestic Partner Zero cost for all quarters, tiers, and areas.

Dependent Age Cut-off 29 2.00% load to Med+Rx base rate, for all quarters, tiers, and areas.

Women's Contraceptive

DFS Rating Region	Effective Quarter	Single Rate	Parent / Child(ren) Rate	Couple Rate	Family Rate
1	2015 Q1	\$ (2.54)	\$ (4.32)	\$ (5.08)	\$ (7.23)
2	2015 Q1	\$ (2.09)	\$ (3.54)	\$ (4.17)	\$ (5.94)
3	2015 Q1	\$ (2.71)	\$ (4.62)	\$ (5.43)	\$ (7.73)
4	2015 Q1	\$ (2.63)	\$ (4.47)	\$ (5.25)	\$ (7.49)
5	2015 Q1	\$ (2.33)	\$ (3.96)	\$ (4.66)	\$ (6.64)
6	2015 Q1	\$ (2.25)	\$ (3.83)	\$ (4.50)	\$ (6.41)
7	2015 Q1	\$ (2.16)	\$ (3.66)	\$ (4.31)	\$ (6.14)
8	2015 Q1	\$ (2.63)	\$ (4.47)	\$ (5.25)	\$ (7.49)
1	2015 Q2	\$ (2.61)	\$ (4.43)	\$ (5.22)	\$ (7.43)
2	2015 Q2	\$ (2.14)	\$ (3.64)	\$ (4.28)	\$ (6.09)
3	2015 Q2	\$ (2.78)	\$ (4.73)	\$ (5.57)	\$ (7.93)
4	2015 Q2	\$ (2.70)	\$ (4.58)	\$ (5.39)	\$ (7.69)
5	2015 Q2	\$ (2.39)	\$ (4.07)	\$ (4.78)	\$ (6.81)
6	2015 Q2	\$ (2.31)	\$ (3.93)	\$ (4.62)	\$ (6.59)
7	2015 Q2	\$ (2.22)	\$ (3.77)	\$ (4.43)	\$ (6.32)
8	2015 Q2	\$ (2.70)	\$ (4.58)	\$ (5.39)	\$ (7.69)
1	2015 Q3	\$ (2.68)	\$ (4.55)	\$ (5.36)	\$ (7.63)
2	2015 Q3	\$ (2.19)	\$ (3.73)	\$ (4.38)	\$ (6.24)
3	2015 Q3	\$ (2.85)	\$ (4.85)	\$ (5.71)	\$ (8.13)
4	2015 Q3	\$ (2.77)	\$ (4.70)	\$ (5.53)	\$ (7.88)
5	2015 Q3	\$ (2.45)	\$ (4.17)	\$ (4.90)	\$ (6.99)
6	2015 Q3	\$ (2.37)	\$ (4.03)	\$ (4.75)	\$ (6.76)
7	2015 Q3	\$ (2.28)	\$ (3.87)	\$ (4.55)	\$ (6.49)
8	2015 Q3	\$ (2.77)	\$ (4.70)	\$ (5.53)	\$ (7.88)
1	2015 Q4	\$ (2.75)	\$ (4.68)	\$ (5.50)	\$ (7.84)
2	2015 Q4	\$ (2.25)	\$ (3.83)	\$ (4.50)	\$ (6.41)
3	2015 Q4	\$ (2.93)	\$ (4.98)	\$ (5.86)	\$ (8.36)
4	2015 Q4	\$ (2.84)	\$ (4.82)	\$ (5.67)	\$ (8.08)
5	2015 Q4	\$ (2.51)	\$ (4.28)	\$ (5.03)	\$ (7.16)
6	2015 Q4	\$ (2.43)	\$ (4.14)	\$ (4.87)	\$ (6.94)
7	2015 Q4	\$ (2.34)	\$ (3.98)	\$ (4.68)	\$ (6.67)
8	2015 Q4	\$ (2.84)	\$ (4.82)	\$ (5.67)	\$ (8.08)

UnitedHealthcare Insurance Company of New York  
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Form # UHICNY\_SG\_COC\_2014  
Medical and Rx Drug Benefits

INN = In-Network, OON = Out-of-network, Ded = Deductible, Coin = Coinsurance, MOOP = Maximum Out-of-pocket inc. Deductible,  
STD = Subject to Deductible, IP = Inpatient, OP = Outpatient, D&C = Subject to Ded and Coin.  
The key to the Prescription Drug plans is on a following page.

Plan Name	UnitedHealthcare Choice Plus VR-X	UnitedHealthcare Choice VR-W	UnitedHealthcare North Shore-LIJ Advantage VR-4 TIER 1	UnitedHealthcare North Shore-LIJ Advantage VR-4 TIER 2	UnitedHealthcare North Shore-LIJ Advantage VR-2 TIER 1	UnitedHealthcare North Shore-LIJ Advantage VR-2 TIER 2	UnitedHealthcare North Shore-LIJ Advantage VR-Z TIER 1	UnitedHealthcare North Shore-LIJ Advantage VR-Z TIER 2
<b>Metal</b>	Silver	Gold	Silver	Silver	Gold	Gold	Platinum	Platinum
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>INN Ded</b>	\$2,000	\$850	\$2,000	\$2,000	\$1,300	\$1,300	\$0	\$250
<b>INN Coin</b>	10%	10%	20%	50%	5%	20%	5%	20%
<b>INN MOOP</b>	\$5,500	\$4,000	\$6,000	\$6,000	\$3,000	\$3,000	\$1,000	\$2,000
<b>OON Ded</b>	\$4,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>OON Coin</b>	50%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>OON MOOP</b>	\$10,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Family Ded</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>Family MOOP</b>	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single	2x Single
<b>PCP Copay</b>	\$30	\$15	\$20	\$40	\$10	\$30	\$20	\$40
<b>PCP STD?</b>	Y	N	Y	Y	Y	Y	N	N
<b>Spec Copay</b>	\$60	\$25	\$40	\$80	\$20	\$40	\$40	\$80
<b>Spec STD?</b>	Y	N	Y	Y	Y	Y	N	N
<b>ER Copay</b>	D&C	\$200	\$300	\$300	\$200	\$200	\$150	\$150
<b>ER STD?</b>	n/a	N	Y	Y	Y	Y	N	N
<b>INN OP Surg Copay - ASC</b>	\$200	\$200	D&C	D&C	D&C	D&C	\$100	\$300
<b>INN OP Surg - ASC STD?</b>	Y	Y	n/a	n/a	n/a	n/a	N	N
<b>INN OP Surg Copay - Hospital</b>	\$200	\$200	D&C	D&C	D&C	D&C	\$100	\$300
<b>INN OP Surg - Hospital STD?</b>	Y	Y	n/a	n/a	n/a	n/a	N	N
<b>INN IP Copay</b>	D&C	D&C	D&C	D&C	D&C	D&C	\$100	\$500
<b>INN IP STD?</b>	n/a	n/a	n/a	n/a	n/a	n/a	N	N
<b>INN IP Copay Max</b>	n/a	n/a	n/a	n/a	n/a	n/a	\$500	\$2,500
<b>IP Copay per Admit / Day</b>	n/a	n/a	n/a	n/a	n/a	n/a	Day	Day
<b>PCP Gated?</b>	N	N	N	N	N	N	N	N
<b>Network</b>	UHC	UHC	NSLIJ	NSLIJ	NSLIJ	NSLIJ	NSLIJ	NSLIJ
<b>Prescription Drugs</b>	Q	Z	M	M	M	M	W	W

UnitedHealthcare Insurance Company of New York  
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 Form # UHICNY\_SG\_COC\_2014  
 Prescription Drug Benefit Key

Format is [Generic]/[Brand Formulary]/[Brand Non-Formulary].

Letter Code	Prescription Drug Plan
A	\$10/\$20/\$40
B	\$10/\$20/\$50
C	\$10/\$25/\$50
D	\$10/\$30/\$60
E	\$10/\$35/\$70
F	\$10/\$35/\$75
G	\$10/\$65/50% to \$800
H	\$15/50%/50%
I	\$7/\$20/\$40
J	Ded Med/RX then \$10/\$20/\$50
K	Ded Med/RX then \$10/\$25/\$50
L	Ded Med/RX then \$10/\$30/\$60
M	Ded Med/Rx then \$10/\$35/\$60
N	Ded Med/Rx then \$10/\$35/\$70
O	Ded Med/RX then \$10/\$35/\$75
P	Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
Q	Ded Med/Rx then \$15/\$35/\$75
R	Ded Med/RX then \$15/50%/50%
S	Ded Med/Rx then \$20/\$40/\$80
T	Ded Med/Rx then 0%/0%/0%
U	Non-T1 Ded \$100 then \$10/\$25/\$50
V	Non-T1 Ded \$100 then \$10/\$30/\$60
W	Non-T1 Ded \$100 then \$10/\$35/\$60
X	Non-T1 Ded \$100 then \$10/50%/50%
Y	Non-T1 Ded \$100 then \$15/\$30/\$60
Z	Non-T1 Ded \$100 then \$15/\$35/\$75
AA	Non-T1 Ded \$100 then \$15/50%/50%
AB	Non-T1 Ded \$100 then \$7/\$20/\$40
AC	Non-T1 Ded \$150 then \$10/\$25/\$50
AD	Non-T1 Ded \$150 then \$15/50%/50%
AE	Non-T1 Ded \$250 then \$10/\$25/\$50
AF	Non-T1 Ded \$250 then \$10/\$30/\$60
AG	Non-T1 Ded \$250 then \$15/50%/50%
AH	Non-T1 Ded \$250 then \$5/20%, max \$150/35%, max \$400
AI	Non-T1 Ded \$250 then \$7/\$20/\$40
AJ	Non-T1 Ded \$50 then \$10/\$25/\$50
AK	Non-T1 Ded \$50 then \$15/\$35/\$75
AL	Non-T1 Ded \$50 then \$15/50%/50%
AM	Non-T1 Ded \$50 then \$7/\$20/\$40
AN	Non-T1 Ded \$500 then \$10/\$25/\$50
AO	Non-T1 Ded \$500 then \$10/\$30/\$60
AP	Non-T1 Ded \$500 then \$15/50%/50%
AQ	Non-T1 Ded Med/Rx then \$10/30%, max \$150/45%, max \$400
AR	Non-T1 Ded Med/Rx then \$10/50%, max \$150/50%, max \$400
AS	Non-T1 Ded Med/Rx then \$15/\$35/\$75

UnitedHealthcare Insurance Company of New York  
New York Small Group  
Off-Exchange  
Form # UHICNY\_SG\_COC\_2014  
Pediatric Dental and Vision Benefits

Benefit Category	NY Commercial SG - UHIC
EHB - Prev & Diagnostic -Ped Dental (for children)	* 100% after Med Ded for traditional plans * HMO Plans are subject to Copay
Ped Dental Ded (Applies to - Basic Dental Svcs, Major Dental Svcs, Orthodontia, or any combination)	Basic, Major, Preventive & Diagnostic, Orthodontia
INN Ped Dental Single Ded	* \$100 if copay * Ded if D&C * No ded for HMO
INN Ped Dental Family Ded	* \$200 if copay * Ded if D&C * No ded for HMO
EHB - Basic Dental Svcs (e.g. Fillings/extractions) for Children	80% after Med or Den Ded
EHB - Major Dental Svcs (e.g. Crowns) for Children	50% after Med or Den Ded
EHB - Orthodontia (e.g. braces) for Children	50% after Med or Den Ded
Ped Vision Ded (\$/N/A/Inc in Med)	* N/A if copay/non-HSA plan * Ded if HSA
Ped Vision Ded (Applies to - Routine Vision Exam, Vision Materials, or both)	* No services fall under ded for non-HSA plans * Vision materials for HSA
EHB - Routine Vision Exam for Children	* Lesser of PCP copay or \$30 for non-HSA. Does not apply to ded but does apply to OOPM * 100% for HSA (treated like prev svc) and applies to OOPM
EHB - Prev Lens copay for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 1 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 2 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 3 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 4 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Frames Tier 5 for Children	* 50% for copay * 50% after Ded for HSA
EHB - Prev Contacts for Children	* 50% for copay * 50% after Ded for HSA

UnitedHealthcare Insurance Company of New York  
 New York Small Group  
 Off-Exchange  
 Form # UHICNY\_SG\_COC\_2014  
 Additional Notes

Estimated Commissions as a percent of premium: 3.0%

Expected Loss Ratio based upon Requested Rates (Claims / Premium): 82.0%

To determine the premium rate for a plan design, first look up the rate for that plan design, demographic tier, area, and effective quarter. Then add the rate for any riders, for the demographic tier, area, and effective quarter. The total is the final rate.

**Sample Calculation**

2015 Q1                      UnitedHealthcare Choice Plus VR-X                      Area 1  
 Domestic Partner, Dependent Age Cut-off 29, and Women's Contraceptive riders

Tier:	Medical + Rx Rate	Domestic Partner Rider	Dependent Age Cut-off 29	Women's Contraceptive Rider	Total Rate
Single rate	\$ 607.78	\$ -	\$ 12.16	\$ (2.54)	\$ 617.40
Parent / Child(ren) rate	\$ 1,033.23	\$ -	\$ 20.66	\$ (4.32)	\$ 1,049.57
Couple rate	\$ 1,215.57	\$ -	\$ 24.31	\$ (5.08)	\$ 1,234.80
Family rate	\$ 1,732.18	\$ -	\$ 34.64	\$ (7.23)	\$ 1,759.59

## UnitedHealthcare Insurance Company of New York Small Group (1-50) Underwriting Requirements (Off-Exchange) <sup>i</sup>

The following underwriting requirements apply to all applications or renewals of coverage on our UnitedHealthcare insurance products.

- A. Group Size Requirements:** To be eligible for small group coverage, a group must be located in a county where we offer Oxford products (see Section I.C for more information about the Service Area) and has at least one (1) but not more than fifty (50) eligible employees. (See Section I.B for the definition of eligible employees.) The following are not counted toward group size:
- any person who performs services for the company that are reported on an IRS 1099 form (such a person is not an employee and is not eligible for coverage); or
  - any former employee who is covered through retiree benefits, the Consolidated Omnibus Budget Reconciliation Act (COBRA) or state continuation.
  - an individual business owner and his or her spouse (typically known as “sole proprietors”), when there are no other eligible employees. To qualify as a “group”, at least one other person must be employed and eligible for coverage. The employee does not have to accept the coverage offered, so long as the employee is eligible. (See special exception below for corporations.)
  - A business owner and his or her spouse are not considered a group of one (1) and will need to purchase individual coverage. For purposes of determining the existence of a group, spouses are not considered employees even if they are on the payroll.
  - Partnerships - There must be one employee eligible for coverage for a partnership to be considered a group health plan. (A plan with multiple owners and spouses without employees is not considered a group.)
  - Special rule for Corporations (LLCs, S and C Corporations) - An eligible employee is not required if the corporation has at least two owners who are not married.

If the employer does not offer group health coverage to all eligible employees, group size will be calculated based on the number of eligible employees in the Service Area or Expanded Service Area (if applicable). (See Section I.B-C and II.D.)

Groups that no longer meet the small group size requirements will be offered coverage in accordance with their appropriate market segment. If we learn this during an audit, the offering of the appropriate product may occur after we send information about small group replacement options. (See Section I.E-F for information about audits and documentation requirements.)

- B. Eligibility:** Only those eligible employees and eligible former employees who meet the below requirements can be enrolled in our small group products. The enrolled employees and former employees must live, work or reside in the Service Area or if applicable the Expanded Service Area (See Section I.C for more information).

- Eligible employees who may enroll: Active permanent employees of the employer and of all subsidiaries or affiliates of a corporate employer who work 20 or more hours per week and are eligible for health benefits under the employer’s group health plan. Business owners who work 20 hours per week and work for a business considered a group under Section I.A are eligible to enroll. (See Section I.A, Bullet 3 for more information.) Eligible employees do not include:
  - any person who performs services for the company that are reported on an IRS 1099 form (such a person is not an employee and is not eligible for coverage);
  - any former employee who is covered through retiree benefits, COBRA or state continuation;
  - any employee who does not live, work or reside in the United States;
  - co-employees of a Professional Employer Organization (PEO), Employee Leasing Company (ELC) or other such entity that is a co-employer with a client of client-site employees; or
  - an individual proprietor and his or her spouse (“sole proprietors”) when at least one other person is not employed. (See Section I. A, Bullet 3, above.)
- Eligible Former Employees who may enroll: Former employees eligible for COBRA or state continuation can be enrolled in our small group products for the period allowed by law. If the employer offers retiree benefits, all eligible retired former employees, can be enrolled in our small group products.
- Valid Employer Class(es): An employer may elect to offer coverage to a class of employees based on conditions pertaining to employment: geographic situs of employment, earnings, method of

compensation, hours and occupational duties. Coverage may be limited to specific class(es) of employees if they are the only employees offered coverage on the New York product. Employees who work less than 20 hours per week are not eligible employees and may not enroll in any Oxford products.

Example: Employer may elect to offer coverage only to employees who work at least 30 hours per week.

#### **C. Service Area:**

- Our UnitedHealthcare Service Area consists of the counties where we are licensed and authorized to sell products and have approved products and rates. For most products, our Service Area consists of Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Niagara, Orleans, Erie, Genesee, Wyoming, Chautauqua, Cattaraugus, Allegany, Delaware, Monroe, Wayne, Livingston, Ontario, Yates, Seneca, Broome, Onondaga, Tioga, Cortland, Cayuga, Tompkins, Schuyler, Chemung, Steuben, Jefferson, Oswego, Lewis, Madison, Oneida, Otsego, Chenango, Herkimer, Clinton, Essex, Franklin, Hamilton and St. Lawrence counties. For our UnitedHealthcare North Shore-LIJ Advantage product, our Service Area consists of Nassau, Suffolk and Queens counties. Employers must have an office location in one of these counties to be eligible to purchase our products.
- Out-of-area enrollment options may be available for eligible employees (defined in Eligibility section) who live, work or reside in locations outside of the UnitedHealthcare Service Area. Enrollment on our NY products is allowed only to the extent allowed in the eligible employees' state.

#### **D. Multiple Plan Design Rules:**

- Multiple plan design options can be offered as point of enrollment (POE) (e.g., High Plan vs. Low Plan) or by class distinction (e.g., Salaried vs. Hourly).
- If a renewing group makes a plan change, the multiple plan design rules (below) will apply.
- Groups may select two plan design options as long as there is enrollment in both plans.
- More than two plan design options will not be allowed.

#### **E. Open Enrollment Period (New Business):**

- From November 15 through December 15, the minimum participation requirements in Sections II.B and II.C will not apply to **new** groups applying for coverage. For example a group with a 1/1/14 **new business** date would be eligible to enroll from November 15 – December 15, 2013.

#### **F. Minimum Participation – Calculation:**

- A minimum of 60 percent of all eligible employees after valid waivers must be enrolled.
- Valid waivers: Spousal.
- To determine total enrollment for the purpose of calculating participation, we will count eligible employees enrolled in our products. Former employees enrolled through COBRA or state continuation are not counted.

#### **G. Minimum Participation – Other Employer Sponsored Coverage:**

- Other employer sponsored health insurance coverage may not be offered alongside our UnitedHealthcare products. Because our participation requirement is 60%, this would prevent both carriers from meeting New York state minimum participation requirements.
- Other employer sponsored HMO coverage may be offered alongside UnitedHealthcare products, but is not considered a valid waiver and may impact a group's ability to meet minimum participation requirements for UnitedHealthcare products.

**E. Documentation Requirements:** We require documents from new groups as part of a group's initial enrollment and for groups making changes on renewal. If documents are not provided within the required timeframe, the group will be denied enrollment. Most documentation can be submitted using IDEA, our online enrollment tool. We also may audit a new or renewing group before or after enrollment/renewal. If post enrollment/renewal, an audit shows the group did not meet the requirements at the time of enrollment and was not eligible for coverage, the group will be terminated.

Required documents:

- Group Application (new business) or Certification Form (renewing business)
- Eligible waivers (required for all new business, renewing groups on audit and groups renewing into a new market segment)
- The Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return Form (NYS-45) or alternative tax documentation.

Additional documentation may be required upon audit.

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<sup>i</sup> These guidelines may be updated from time to time and are subject to regulatory approval.