

## COMMUNITY RATED DISCONTINUANCE MAPPING

### HIP/HIPIC Small Group Discontinuance 2013 and Replacement Plans

**START DATE:** Below mentioned small group plans will be moved on January 1, 2013. The group renewal date will change (if not already a 1/1 renewing group) to January 1.

HIP SELECT EPO PLAN OPTIONS					PRESCRIPTION DRUG OPTIONS
<b>All HIP Small Group Select EPO Plan Options will be moved into the EPO Select plan below. If the group currently has this plan, only the drug benefit will change. ***</b>					1. Retail: \$100/15/35/75* 2. Retail: \$50/20/30/50 3. Retail: \$15 Generic only** 4. Retail: No Rx
Office Visit Copay PCP/Specialist	Deductible Individual/Family	Coinsurance	Coinsurance Max Individual/Family	ER Copay	
\$30/\$50	\$2,000/ \$4,000	80%	\$5,500/\$11,000 (incl ded)	\$50	*All Rx benefits not matching one of the above options will be moved to option 1. **All Generic Only Rx benefit options will be moved to option 3.
***There is a small population that have a similar medical benefit that will also be consolidated into one of these programs. These are benefit sets: PESLT3147, PESLT3134, and PESLT3158 and will be moved into the above plan.					
HIP PRIME POS, HIPACCESS I, AND HIPACCESS II PLAN OPTION					PRESCRIPTION DRUG OPTIONS
<b>All HIP Small Groups in Prime POS, HIPaccess I, and HIPaccess II plans will be transitioned into the HIP Prime HMO below.</b>					1. Retail: \$100/15/35/75
Office Visit Copay PCP/Specialist	Hospital Copay	Ambulatory Surgery Copay	ER Copay		
\$30/\$50	\$500	\$75	\$100		
HIP PRIME EPO/PPO* PLAN OPTION					PRESCRIPTION DRUG OPTIONS
<b>All HIP Small Group Prime EPO plans will be transitioned into the EmblemHealth EPO 40 plan below.</b>					1. Retail: \$100/15/35/75
Office Visit Copay Adults/Dependents	Hospital Copay	Ambulatory Surgery Copay	Skilled Nursing	ER Copay	
\$40/\$0	\$1,000	\$750	\$200 / day x 3	\$100	
*HIP Prime PPO will be discontinued. There is currently no small group enrollment in this plan					