



EmblemHealth 2019 2nd Quarter Small Group Rates

| Albany and Upstate | | | | | | | |
|--------------------|-----------------|--------------|----------------|-----------|-------------|-------------|------------|
| Non-Gated | Non-Gated | Non-Gated | Non-Gated | Gated | Gated | Non-Gated | Gated |
| Platinum Premier | Platinum Choice | Gold Premier | Gold Premier 1 | Gold Plus | Gold Plus 1 | Gold Choice | Gold Value |

| Standard Rates | | | | | | | |
|----------------|--|--|--|--|--|--|--|
|----------------|--|--|--|--|--|--|--|

| | | | | | | | | |
|-------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Individual | \$1,252.98 | \$1,103.32 | \$1,100.94 | \$970.82 | \$1,030.87 | \$962.45 | \$937.14 | \$866.84 |
| Individual/Spouse | \$2,505.96 | \$2,206.65 | \$2,201.87 | \$1,941.63 | \$2,061.75 | \$1,924.90 | \$1,874.27 | \$1,733.67 |
| Individual/Child | \$2,130.07 | \$1,875.65 | \$1,871.60 | \$1,650.39 | \$1,752.48 | \$1,636.17 | \$1,593.13 | \$1,473.62 |
| Family | \$3,570.99 | \$3,144.48 | \$3,137.67 | \$2,766.82 | \$2,937.99 | \$2,742.98 | \$2,670.84 | \$2,470.48 |

| Age 29 Rates | | | | | | | |
|--------------|--|--|--|--|--|--|--|
|--------------|--|--|--|--|--|--|--|

| | | | | | | | | |
|-------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Individual | \$1,290.57 | \$1,136.42 | \$1,133.97 | \$999.94 | \$1,061.80 | \$991.32 | \$965.25 | \$892.85 |
| Individual/Spouse | \$2,581.15 | \$2,272.87 | \$2,267.93 | \$1,999.87 | \$2,123.62 | \$1,982.64 | \$1,930.49 | \$1,785.67 |
| Individual/Child | \$2,193.98 | \$1,931.94 | \$1,927.74 | \$1,699.89 | \$1,805.07 | \$1,685.24 | \$1,640.91 | \$1,517.82 |
| Family | \$3,678.14 | \$3,238.84 | \$3,231.80 | \$2,849.82 | \$3,026.16 | \$2,825.26 | \$2,750.95 | \$2,544.58 |

| Plan Benefits | | | | | | | |
|---------------|--|--|--|--|--|--|--|
|---------------|--|--|--|--|--|--|--|

| Network | Prime | Select Care | Prime | Prime | Prime | Prime | Select Care | Select Care |
|-------------------------------------------|-----------------|-------------------|-----------------|-------------------|-----------------|------------------------------------|-------------------|-----------------|
| Referral Required | No | No | No | No | Yes | Yes | No | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$450/\$900 | \$2,000/\$4,000 | \$550/\$1,100 | \$1,000/\$2,000 | \$750/\$1,500 | \$3,000/\$6,000 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | Integrated | \$0/\$0 | \$100/\$200 | \$0/\$0 | \$100/\$200 | Integrated | Integrated |
| Out of Pocket Maximum | \$2,000/\$4,000 | \$2,200/\$4,400 | \$4,000/\$8,000 | \$6,800/\$13,600 | \$4,500/\$9,000 | \$4,000/\$8,000 | \$5,000/\$10,000 | \$3,000/\$6,000 |
| Primary Care Physician (PCP) office visit | \$15+ | \$15* | \$30* | \$30* | \$40* | \$30* | \$30* | \$45* |
| Specialist office visit | \$35 | \$35* | \$50* | \$60* | \$60* | \$60* | \$50* | \$65* |
| Urgent Care | \$75 | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* |
| Emergency Room | \$200 | \$200^ | \$300^ | \$500^ | \$300^ | \$300^ | \$300^ | \$0^ |
| Inpatient | \$500 | \$500^ | \$1,000^ | 30%^ | \$1,500^ | \$500 per day^, \$2,000 maximum | \$2,000^ | \$0^ |
| Dental (Routine) | \$15 | \$15* | \$30* | \$30* | \$40* | \$30* | \$30* | \$45* |
| Vision (Eye Exam) | \$0 | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* |
| Surgery Services: PCP/Specialist | \$15/\$35 | \$15^/\$35^ | \$30^/\$50^ | \$30^/\$60^ | \$40^/\$60^ | \$30^/\$60^ | \$30^/\$50^ | \$0^/\$0^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* |
| Prescription Drugs | \$15/\$30/\$70 | \$15^/\$30^/\$70^ | \$10/\$30/\$70 | \$15^/\$45^/\$70^ | \$15/\$30/\$70 | \$15^/\$35^/\$75^ | \$20^/\$45^/\$75^ | \$25^/\$0^/\$0^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties.

All plans listed above are underwritten by Health Insurance Plan of Greater New York (HIP).

(Continued)



EmblemHealth 2019 2nd Quarter Small Group Rates (Continued)

| Albany and Upstate | | | | | | | | |
|-------------------------------------------|------------------|-------------------|------------------|-------------------|-------------------|------------------|-------------------|------------------|
| | Non-Gated | Gated | Gated | Non-Gated | Non-Gated | Gated | Gated | Gated |
| | Silver Premier | Silver Premier 1 | Silver Plus | Silver Plus 1 | Silver Choice | Silver Value | Bronze Plus HSA | Bronze Value |
| Standard Rates | | | | | | | | |
| Individual | \$857.59 | \$830.24 | \$807.30 | \$844.34 | \$761.91 | \$704.86 | \$694.99 | \$623.28 |
| Individual/Spouse | \$1,715.17 | \$1,660.48 | \$1,614.60 | \$1,688.67 | \$1,523.82 | \$1,409.72 | \$1,389.97 | \$1,246.56 |
| Individual/Child | \$1,457.90 | \$1,411.40 | \$1,372.41 | \$1,435.37 | \$1,295.25 | \$1,198.27 | \$1,181.48 | \$1,059.58 |
| Family | \$2,444.11 | \$2,366.19 | \$2,300.80 | \$2,406.35 | \$2,171.44 | \$2,008.85 | \$1,980.72 | \$1,776.35 |
| Age 29 Rates | | | | | | | | |
| Individual | \$883.32 | \$855.15 | \$831.52 | \$869.67 | \$784.77 | \$726.01 | \$715.84 | \$641.98 |
| Individual/Spouse | \$1,766.64 | \$1,710.30 | \$1,663.03 | \$1,739.32 | \$1,569.54 | \$1,452.03 | \$1,431.67 | \$1,283.98 |
| Individual/Child | \$1,501.64 | \$1,453.76 | \$1,413.58 | \$1,478.43 | \$1,334.11 | \$1,234.23 | \$1,216.92 | \$1,091.38 |
| Family | \$2,517.46 | \$2,437.17 | \$2,369.82 | \$2,478.54 | \$2,236.58 | \$2,069.14 | \$2,040.13 | \$1,829.67 |
| Plan Benefits | | | | | | | | |
| Network | Prime | Prime | Prime | Prime | Select Care | Select Care | Prime | Select Care |
| Referral Required | No | Yes | Yes | No | No | Yes | Yes | Yes |
| Deductible: Individual/Family | \$3,300/\$6,600 | \$2,700/\$5,400 | \$2,550/\$5,100 | \$3,000/\$6,000 | \$2,800/\$5,600 | \$6,300/\$12,600 | \$5,500/\$11,000 | \$7,690/\$15,380 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$0/\$0 | \$200/\$400 | Integrated | Integrated | Integrated | Integrated |
| Out of Pocket Maximum | \$7,000/\$14,000 | \$7,300/\$14,600 | \$7,300/\$14,600 | \$7,000/\$14,000 | \$7,100/\$14,200 | \$6,300/\$12,600 | \$6,550/\$13,100 | \$7,690/\$15,380 |
| Primary Care Physician (PCP) office visit | \$30*+ | \$40* | \$40*+ | \$35* | \$30*+ | \$35*+ | 50%^ | 0%^+ |
| Specialist office visit | \$55* | \$70* | \$60^ | \$55* | \$50^ | \$70* | 50%^ | 0%^ |
| Urgent Care | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | 50%^ | \$75* |
| Emergency Room | \$500^ | 30%^ | \$500^ | \$700^ | \$500^ | \$0^ | 50%^ | 0%^ |
| Inpatient | \$2,000^ | 30%^ | \$2,000^ | 50%^ | \$2,000^ | \$0^ | 50%^ | 0%^ |
| Dental (Routine) | \$30* | \$40* | \$40* | \$35* | \$30* | \$35* | 50%^ | \$30* |
| Vision (Eye Exam) | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | 50%^ | \$0* |
| Surgery Services: PCP/Specialist | \$30^/\$55^ | \$40^/\$70^ | \$40^/\$60^ | \$35^/\$55^ | \$30^/\$50^ | \$0^/\$0^ | 50%^/50%^ | 0%^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | N/A | \$0* |
| Prescription Drugs | \$15/\$35/\$75 | \$20*/\$45^/\$75^ | \$20/\$40/\$75 | \$15*/\$65^/\$85^ | \$15*/\$35^/\$75^ | \$10*/\$0^/\$0^ | \$10^/\$35^/\$75^ | \$30*/0%/0%^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties.



EmblemHealth 2019 2nd Quarter Small Group Rates

| Long Island | | | | | | | | |
|-------------------------------------------|-------------------------------|------------------------------|---------------------------|-----------------------------|--------------------|------------------------------------|--------------------------|---------------------|
| | Non-Gated Platinum Premier | Non-Gated Platinum Choice | Non-Gated Gold Premier | Non-Gated Gold Premier 1 | Gated Gold Plus | Gated Gold Plus 1 | Non-Gated Gold Choice | Gated Gold Value |
| Standard Rates | | | | | | | | |
| Individual | \$1,189.51 | \$1,047.44 | \$1,045.16 | \$921.64 | \$978.66 | \$913.69 | \$889.66 | \$822.93 |
| Individual/Spouse | \$2,379.03 | \$2,094.88 | \$2,090.33 | \$1,843.28 | \$1,957.32 | \$1,827.37 | \$1,779.33 | \$1,645.85 |
| Individual/Child | \$2,022.17 | \$1,780.64 | \$1,776.78 | \$1,566.79 | \$1,663.72 | \$1,553.27 | \$1,512.43 | \$1,398.97 |
| Family | \$3,390.11 | \$2,985.20 | \$2,978.72 | \$2,626.67 | \$2,789.18 | \$2,604.00 | \$2,535.55 | \$2,345.34 |
| Age 29 Rates | | | | | | | | |
| Individual | \$1,225.20 | \$1,078.86 | \$1,076.51 | \$949.29 | \$1,008.02 | \$941.10 | \$916.35 | \$847.62 |
| Individual/Spouse | \$2,450.41 | \$2,157.71 | \$2,153.02 | \$1,898.57 | \$2,016.03 | \$1,882.19 | \$1,832.72 | \$1,695.24 |
| Individual/Child | \$2,082.85 | \$1,834.05 | \$1,830.06 | \$1,613.78 | \$1,713.63 | \$1,599.86 | \$1,557.81 | \$1,440.95 |
| Family | \$3,491.83 | \$3,074.74 | \$3,068.05 | \$2,705.46 | \$2,872.84 | \$2,682.11 | \$2,611.62 | \$2,415.72 |
| Plan Benefits | | | | | | | | |
| Network | Prime | Select Care | Prime | Prime | Prime | Prime | Select Care | Select Care |
| Referral Required | No | No | No | No | Yes | Yes | No | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$450/\$900 | \$2,000/\$4,000 | \$550/\$1,100 | \$1,000/\$2,000 | \$750/\$1,500 | \$3,000/\$6,000 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | Integrated | \$0/\$0 | \$100/\$200 | \$0/\$0 | \$100/\$200 | Integrated | Integrated |
| Out of Pocket Maximum | \$2,000/\$4,000 | \$2,200/\$4,400 | \$4,000/\$8,000 | \$6,800/\$13,600 | \$4,500/\$9,000 | \$4,000/\$8,000 | \$5,000/\$10,000 | \$3,000/\$6,000 |
| Primary Care Physician (PCP) office visit | \$15+ | \$15* | \$30*+ | \$30* | \$40*+ | \$30* | \$30*+ | \$45*+ |
| Specialist office visit | \$35 | \$35* | \$50* | \$60* | \$60* | \$60* | \$50* | \$65* |
| Urgent Care | \$75 | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* |
| Emergency Room | \$200 | \$200^ | \$300^ | \$500^ | \$300^ | \$300^ | \$300^ | \$0^ |
| Inpatient | \$500 | \$500^ | \$1,000^ | 30%^ | \$1,500^ | \$500 per day^, \$2,000 maximum | \$2,000^ | \$0^ |
| Dental (Routine) | \$15 | \$15* | \$30* | \$30* | \$40* | \$30* | \$30* | \$45* |
| Vision (Eye Exam) | \$0 | \$0* | \$0* | \$0* | 0* | \$0* | \$0* | \$0* |
| Surgery Services: PCP/Specialist | \$15/\$35 | \$15^/\$35^ | \$30^/\$50^ | \$30^/\$60^ | \$40^/\$60^ | \$30^/\$60^ | \$30^/\$50^ | \$0^/\$0^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* |
| Prescription Drugs | \$15/\$30/\$70 | \$15^/\$30^/\$70^ | \$10/\$30/\$70 | \$15^/\$45^/\$70^ | \$15/\$30/\$70 | \$15^/\$35^/\$75^ | \$20^/\$45^/\$75^ | \$25^/\$0^/\$0^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Nassau and Suffolk counties.

All plans listed above are underwritten by Health Insurance Plan of Greater New York (HIP).

(Continued)

Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP), HIP Insurance Company of New York (HIPIC), and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



EmblemHealth 2019 2nd Quarter Small Group Rates (Continued)

| Long Island | | | | | | | | |
|-------------------------------------------|------------------|-------------------|------------------|-------------------|-------------------|------------------|-------------------|------------------|
| | Non-Gated | Gated | Gated | Non-Gated | Non-Gated | Gated | Gated | Gated |
| | Silver Premier | Silver Premier 1 | Silver Plus | Silver Plus 1 | Silver Choice | Silver Value | Bronze Plus HSA | Bronze Value |
| Standard Rates | | | | | | | | |
| Individual | \$814.13 | \$788.17 | \$766.40 | \$801.56 | \$723.30 | \$669.15 | \$659.78 | \$591.70 |
| Individual/Spouse | \$1,628.27 | \$1,576.35 | \$1,532.79 | \$1,603.11 | \$1,446.60 | \$1,338.30 | \$1,319.55 | \$1,183.40 |
| Individual/Child | \$1,384.03 | \$1,339.89 | \$1,302.88 | \$1,362.65 | \$1,229.61 | \$1,137.56 | \$1,121.62 | \$1,005.89 |
| Family | \$2,320.28 | \$2,246.30 | \$2,184.23 | \$2,284.43 | \$2,061.41 | \$1,907.08 | \$1,880.36 | \$1,686.36 |
| Age 29 Rates | | | | | | | | |
| Individual | \$838.55 | \$811.82 | \$789.39 | \$825.61 | \$745.00 | \$689.22 | \$679.57 | \$609.45 |
| Individual/Spouse | \$1,677.10 | \$1,623.66 | \$1,578.78 | \$1,651.22 | \$1,490.02 | \$1,378.45 | \$1,359.13 | \$1,218.90 |
| Individual/Child | \$1,425.54 | \$1,380.11 | \$1,341.96 | \$1,403.53 | \$1,266.51 | \$1,171.68 | \$1,155.26 | \$1,036.07 |
| Family | \$2,389.87 | \$2,313.71 | \$2,249.75 | \$2,352.99 | \$2,123.27 | \$1,964.29 | \$1,936.76 | \$1,736.94 |
| Plan Benefits | | | | | | | | |
| Network | Prime | Prime | Prime | Prime | Select Care | Select Care | Prime | Select Care |
| Referral Required | No | Yes | Yes | No | No | Yes | Yes | Yes |
| Deductible: Individual/Family | \$3,300/\$6,600 | \$2,700/\$5,400 | \$2,550/\$5,100 | \$3,000/\$6,000 | \$2,800/\$5,600 | \$6,300/\$12,600 | \$5,500/\$11,000 | \$7,690/\$15,380 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$0/\$0 | \$200/\$400 | Integrated | Integrated | Integrated | Integrated |
| Out of Pocket Maximum | \$7,000/\$14,000 | \$7,300/\$14,600 | \$7,300/\$14,600 | \$7,000/\$14,000 | \$7,100/\$14,200 | \$6,300/\$12,600 | \$6,550/\$13,100 | \$7,690/\$15,380 |
| Primary Care Physician (PCP) office visit | \$30*+ | \$40* | \$40*+ | \$35* | \$30*+ | \$35*+ | 50%^ | 0%^+ |
| Specialist office visit | \$55* | \$70* | \$60^ | \$55* | \$50^ | \$70* | 50%^ | 0%^ |
| Urgent Care | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | 50%^ | \$75* |
| Emergency Room | \$500^ | 30%^ | \$500^ | \$700^ | \$500^ | \$0^ | 50%^ | 0%^ |
| Inpatient | \$2,000^ | 30%^ | \$2,000^ | 50%^ | \$2,000^ | \$0^ | 50%^ | 0%^ |
| Dental (Routine) | \$30* | \$40* | \$40* | \$35* | \$30* | \$35* | 50%^ | \$30* |
| Vision (Eye Exam) | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | 50%^ | \$0* |
| Surgery Services: PCP/Specialist | \$30^/\$55^ | \$40^/\$70^ | \$40^/\$60^ | \$35^/\$55^ | \$30^/\$50^ | \$0^/\$0^ | 50%^/50%^ | 0%^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | N/A | \$0* |
| Prescription Drugs | \$15/\$35/\$75 | \$20*/\$45^/\$75^ | \$20/\$40/\$75 | \$15*/\$65^/\$85^ | \$15*/\$35^/\$75^ | \$10*/\$0^/\$0^ | \$10^/\$35^/\$75^ | \$30*/0%/0%^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Nassau and Suffolk counties.



EmblemHealth 2019 2nd Quarter Small Group Rates

| Mid-Hudson | | | | | | | | |
|-------------------------------------------|------------------|-------------------|-----------------|-------------------|-----------------|------------------------------------|-------------------|-----------------|
| | Non-Gated | Non-Gated | Non-Gated | Non-Gated | Gated | Gated | Non-Gated | Gated |
| | Platinum Premier | Platinum Choice | Gold Premier | Gold Premier 1 | Gold Plus | Gold Plus 1 | Gold Choice | Gold Value |
| Standard Rates | | | | | | | | |
| Individual | \$1,253.52 | \$1,103.80 | \$1,101.41 | \$971.22 | \$1,031.32 | \$962.86 | \$937.53 | \$867.20 |
| Individual/Spouse | \$2,507.04 | \$2,207.61 | \$2,202.81 | \$1,942.45 | \$2,062.64 | \$1,925.72 | \$1,875.07 | \$1,734.41 |
| Individual/Child | \$2,130.98 | \$1,876.46 | \$1,872.39 | \$1,651.08 | \$1,753.25 | \$1,636.87 | \$1,593.81 | \$1,474.25 |
| Family | \$3,572.53 | \$3,145.84 | \$3,139.01 | \$2,767.98 | \$2,939.27 | \$2,744.15 | \$2,671.97 | \$2,471.53 |
| Age 29 Rates | | | | | | | | |
| Individual | \$1,291.13 | \$1,136.91 | \$1,134.45 | \$1,000.36 | \$1,062.26 | \$991.75 | \$965.66 | \$893.22 |
| Individual/Spouse | \$2,582.25 | \$2,273.82 | \$2,268.89 | \$2,000.73 | \$2,124.52 | \$1,983.49 | \$1,931.33 | \$1,786.45 |
| Individual/Child | \$2,194.92 | \$1,932.75 | \$1,928.55 | \$1,700.63 | \$1,805.84 | \$1,685.97 | \$1,641.63 | \$1,518.48 |
| Family | \$3,679.71 | \$3,240.20 | \$3,233.17 | \$2,851.04 | \$3,027.44 | \$2,826.48 | \$2,752.14 | \$2,545.69 |
| Plan Benefits | | | | | | | | |
| Network | Prime | Select Care | Prime | Prime | Prime | Prime | Select Care | Select Care |
| Referral Required | No | No | No | No | Yes | Yes | No | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$450/\$900 | \$2,000/\$4,000 | \$550/\$1,100 | \$1,000/\$2,000 | \$750/\$1,500 | \$3,000/\$6,000 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | Integrated | \$0/\$0 | \$100/\$200 | \$0/\$0 | \$100/\$200 | Integrated | Integrated |
| Out of Pocket Maximum | \$2,000/\$4,000 | \$2,200/\$4,400 | \$4,000/\$8,000 | \$6,800/\$13,600 | \$4,500/\$9,000 | \$4,000/\$8,000 | \$5,000/\$10,000 | \$3,000/\$6,000 |
| Primary Care Physician (PCP) office visit | \$15+ | \$15*+ | \$30*+ | \$30* | \$40*+ | \$30* | \$30*+ | \$45*+ |
| Specialist office visit | \$35 | \$35* | \$50* | \$60* | \$60* | \$60* | \$50* | \$65* |
| Urgent Care | \$75 | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* |
| Emergency Room | \$200 | \$200^ | \$300^ | \$500^ | \$300^ | \$300^ | \$300^ | \$0^ |
| Inpatient | \$500 | \$500^ | \$1,000^ | 30%^ | \$1,500^ | \$500 per day^, \$2,000 maximum | \$2,000^ | \$0^ |
| Dental (Routine) | \$15 | \$15* | \$30* | \$30* | \$40* | \$30* | \$30* | \$45* |
| Vision (Eye Exam) | \$0 | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* |
| Surgery Services: PCP/Specialist | \$15/\$35 | \$15^/\$35^ | \$30^/\$50^ | \$30^/\$60^ | \$40^/\$60^ | \$30^/\$60^ | \$30^/\$50^ | \$0^/\$0^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* |
| Prescription Drugs | \$15/\$30/\$70 | \$15^/\$30^/\$70^ | \$10/\$30/\$70 | \$15^/\$45^/\$70^ | \$15/\$30/\$70 | \$15^/\$35^/\$75^ | \$20^/\$45^/\$75^ | \$25^/\$0^/\$0^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties.

All plans listed above are underwritten by Health Insurance Plan of Greater New York (HIP).

(Continued)



EmblemHealth 2019 2nd Quarter Small Group Rates (Continued)

| Mid-Hudson | | | | | | | | |
|-------------------------------------------|------------------|-------------------|------------------|-------------------|-------------------|------------------|-------------------|------------------|
| | Non-Gated | Gated | Gated | Non-Gated | Non-Gated | Gated | Gated | Gated |
| | Silver Premier | Silver Premier 1 | Silver Plus | Silver Plus 1 | Silver Choice | Silver Value | Bronze Plus HSA | Bronze Value |
| Standard Rates | | | | | | | | |
| Individual | \$857.95 | \$830.60 | \$807.64 | \$844.69 | \$762.23 | \$705.17 | \$695.27 | \$623.55 |
| Individual/Spouse | \$1,715.91 | \$1,661.19 | \$1,615.27 | \$1,689.39 | \$1,524.45 | \$1,410.33 | \$1,390.55 | \$1,247.09 |
| Individual/Child | \$1,458.52 | \$1,412.02 | \$1,372.98 | \$1,435.98 | \$1,295.79 | \$1,198.79 | \$1,181.97 | \$1,060.02 |
| Family | \$2,445.16 | \$2,367.20 | \$2,301.76 | \$2,407.37 | \$2,172.35 | \$2,009.73 | \$1,981.52 | \$1,777.11 |
| Age 29 Rates | | | | | | | | |
| Individual | \$883.69 | \$855.52 | \$831.87 | \$870.03 | \$785.10 | \$726.33 | \$716.13 | \$642.26 |
| Individual/Spouse | \$1,767.39 | \$1,711.03 | \$1,663.74 | \$1,740.08 | \$1,570.19 | \$1,452.62 | \$1,432.26 | \$1,284.51 |
| Individual/Child | \$1,502.29 | \$1,454.38 | \$1,414.18 | \$1,479.07 | \$1,334.66 | \$1,234.73 | \$1,217.42 | \$1,091.83 |
| Family | \$2,518.53 | \$2,438.22 | \$2,370.84 | \$2,479.61 | \$2,237.52 | \$2,069.99 | \$2,040.98 | \$1,830.42 |
| Plan Benefits | | | | | | | | |
| Network | Prime | Prime | Prime | Prime | Select Care | Select Care | Prime | Select Care |
| Referral Required | No | Yes | Yes | No | No | Yes | Yes | Yes |
| Deductible: Individual/Family | \$3,300/\$6,600 | \$2,700/\$5,400 | \$2,550/\$5,100 | \$3,000/\$6,000 | \$2,800/\$5,600 | \$6,300/\$12,600 | \$5,500/\$11,000 | \$7,690/\$15,380 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$0/\$0 | \$200/\$400 | Integrated | Integrated | Integrated | Integrated |
| Out of Pocket Maximum | \$7,000/\$14,000 | \$7,300/\$14,600 | \$7,300/\$14,600 | \$7,000/\$14,000 | \$7,100/\$14,200 | \$6,300/\$12,600 | \$6,550/\$13,100 | \$7,690/\$15,380 |
| Primary Care Physician (PCP) office visit | \$30*+ | \$40* | \$40^+ | \$35* | \$30*+ | \$35*+ | 50%^ | 0%^+ |
| Specialist office visit | \$55* | \$70* | \$60^ | \$55* | \$50^ | \$70* | 50%^ | 0%^ |
| Urgent Care | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | 50%^ | \$75* |
| Emergency Room | \$500^ | 30%^ | \$500^ | \$700^ | \$500^ | \$0^ | 50%^ | 0%^ |
| Inpatient | \$2,000^ | 30%^ | \$2,000^ | 50%^ | \$2,000^ | \$0^ | 50%^ | 0%^ |
| Dental (Routine) | \$30* | \$40* | \$40* | \$35* | \$30* | \$35* | 50%^ | \$30* |
| Vision (Eye Exam) | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | 50%^ | \$0* |
| Surgery Services: PCP/Specialist | \$30^/\$55^ | \$40^/\$70^ | \$40^/\$60^ | \$35^/\$55^ | \$30^/\$50^ | \$0^/\$0^ | 50%^/50%^ | 0%^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | N/A | \$0* |
| Prescription Drugs | \$15/\$35/\$75 | \$20*/\$45^/\$75^ | \$20/\$40/\$75 | \$15*/\$65^/\$85^ | \$15*/\$35^/\$75^ | \$10*/\$0^/\$0^ | \$10^/\$35^/\$75^ | \$30*/0%^/0%^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster counties.



EmblemHealth 2019 2nd Quarter Small Group Rates

| New York City, Rockland and Westchester | | | | | | | | |
|-------------------------------------------|------------------|-------------------|-----------------|-------------------|-----------------|------------------------------------|-------------------|-----------------|
| | Non-Gated | Non-Gated | Non-Gated | Non-Gated | Gated | Gated | Non-Gated | Gated |
| | Platinum Premier | Platinum Choice | Gold Premier | Gold Premier 1 | Gold Plus | Gold Plus 1 | Gold Choice | Gold Value |
| Standard Rates | | | | | | | | |
| Individual | \$1,045.67 | \$920.77 | \$918.78 | \$810.19 | \$860.32 | \$803.20 | \$782.09 | \$723.41 |
| Individual/Spouse | \$2,091.35 | \$1,841.55 | \$1,837.55 | \$1,620.37 | \$1,720.64 | \$1,606.40 | \$1,564.17 | \$1,446.83 |
| Individual/Child | \$1,777.65 | \$1,565.31 | \$1,561.92 | \$1,377.32 | \$1,462.55 | \$1,365.44 | \$1,329.55 | \$1,229.80 |
| Family | \$2,980.16 | \$2,624.21 | \$2,618.51 | \$2,309.04 | \$2,451.91 | \$2,289.11 | \$2,228.94 | \$2,061.74 |
| Age 29 Rates | | | | | | | | |
| Individual | \$1,077.04 | \$948.39 | \$946.34 | \$834.50 | \$886.13 | \$827.30 | \$805.55 | \$745.11 |
| Individual/Spouse | \$2,154.08 | \$1,896.79 | \$1,892.67 | \$1,668.99 | \$1,772.25 | \$1,654.60 | \$1,611.09 | \$1,490.24 |
| Individual/Child | \$1,830.96 | \$1,612.27 | \$1,608.77 | \$1,418.64 | \$1,506.42 | \$1,406.42 | \$1,369.43 | \$1,266.71 |
| Family | \$3,069.56 | \$2,702.93 | \$2,697.05 | \$2,378.30 | \$2,525.46 | \$2,357.81 | \$2,295.81 | \$2,123.59 |
| Plan Benefits | | | | | | | | |
| Network | Prime | Select Care | Prime | Prime | Prime | Prime | Select Care | Select Care |
| Referral Required | No | No | No | No | Yes | Yes | No | Yes |
| Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$450/\$900 | \$2,000/\$4,000 | \$550/\$1,100 | \$1,000/\$2,000 | \$750/\$1,500 | \$3,000/\$6,000 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | Integrated | \$0/\$0 | \$100/\$200 | \$0/\$0 | \$100/\$200 | Integrated | Integrated |
| Out of Pocket Maximum | \$2,000/\$4,000 | \$2,200/\$4,400 | \$4,000/\$8,000 | \$6,800/\$13,600 | \$4,500/\$9,000 | \$4,000/\$8,000 | \$5,000/\$10,000 | \$3,000/\$6,000 |
| Primary Care Physician (PCP) office visit | \$15+ | \$15* | \$30* | \$30* | \$40* | \$30* | \$30* | \$45* |
| Specialist office visit | \$35 | \$35* | \$50* | \$60* | \$60* | \$60* | \$50* | \$65* |
| Urgent Care | \$75 | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* |
| Emergency Room | \$200 | \$200^ | \$300^ | \$500^ | \$300^ | \$300^ | \$300^ | \$0^ |
| Inpatient | \$500 | \$500^ | \$1,000^ | \$300^ | \$1,500^ | \$500 per day^, \$2,000 maximum | \$2,000^ | \$0^ |
| Dental (Routine) | \$15 | \$15* | \$30* | \$30* | \$40* | \$30* | \$30* | \$45* |
| Vision (Eye Exam) | \$0 | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* |
| Surgery Services: PCP/Specialist | \$15/\$35 | \$15^/\$35^ | \$30^/\$50^ | \$30^/\$60^ | \$40^/\$60^ | \$30^/\$60^ | \$30^/\$50^ | \$0^/\$0^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* |
| Prescription Drugs | \$15/\$30/\$70 | \$15^/\$30^/\$70^ | \$10/\$30/\$70 | \$15^/\$45^/\$70^ | \$15/\$30/\$70 | \$15^/\$35^/\$75^ | \$20^/\$45^/\$75^ | \$25^/\$0^/\$0^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to the Bronx, Kings, Queens, Richmond, Rockland, and Westchester counties.

All plans listed above are underwritten by Health Insurance Plan of Greater New York (HIP).

(Continued)



EmblemHealth 2019 2nd Quarter Small Group Rates (Continued)

| New York City, Rockland and Westchester | | | | | | | | |
|-------------------------------------------|------------------|-------------------|------------------|-------------------|-------------------|------------------|-------------------|------------------|
| | Non-Gated | Gated | Gated | Non-Gated | Non-Gated | Gated | Gated | Gated |
| | Silver Premier | Silver Premier 1 | Silver Plus | Silver Plus 1 | Silver Choice | Silver Value | Bronze Plus HSA | Bronze Value |
| Standard Rates | | | | | | | | |
| Individual | \$715.69 | \$692.87 | \$673.72 | \$704.64 | \$635.85 | \$588.24 | \$579.99 | \$520.16 |
| Individual/Spouse | \$1,431.39 | \$1,385.73 | \$1,347.44 | \$1,409.27 | \$1,271.70 | \$1,176.49 | \$1,159.98 | \$1,040.32 |
| Individual/Child | \$1,216.68 | \$1,177.88 | \$1,145.33 | \$1,197.88 | \$1,080.95 | \$1,000.02 | \$985.98 | \$884.27 |
| Family | \$2,039.72 | \$1,974.67 | \$1,920.10 | \$2,008.22 | \$1,812.16 | \$1,676.49 | \$1,652.98 | \$1,482.46 |
| Age 29 Rates | | | | | | | | |
| Individual | \$737.16 | \$713.66 | \$693.93 | \$725.78 | \$654.93 | \$605.89 | \$597.39 | \$535.76 |
| Individual/Spouse | \$1,474.33 | \$1,427.31 | \$1,387.85 | \$1,451.54 | \$1,309.84 | \$1,211.78 | \$1,194.79 | \$1,071.51 |
| Individual/Child | \$1,253.18 | \$1,213.21 | \$1,179.67 | \$1,233.81 | \$1,113.37 | \$1,030.02 | \$1,015.57 | \$910.79 |
| Family | \$2,100.91 | \$2,033.91 | \$1,977.69 | \$2,068.45 | \$1,866.53 | \$1,726.79 | \$1,702.57 | \$1,526.90 |
| Plan Benefits | | | | | | | | |
| Network | Prime | Prime | Prime | Prime | Select Care | Select Care | Prime | Select Care |
| Referral Required | No | Yes | Yes | No | No | Yes | Yes | Yes |
| Deductible: Individual/Family | \$3,300/\$6,600 | \$2,700/\$5,400 | \$2,550/\$5,100 | \$3,000/\$6,000 | \$2,800/\$5,600 | \$6,300/\$12,600 | \$5,500/\$11,000 | \$7,690/\$15,380 |
| Pharmacy Deductible: Individual/Family | \$0/\$0 | \$200/\$400 | \$0/\$0 | \$200/\$400 | Integrated | Integrated | Integrated | Integrated |
| Out of Pocket Maximum | \$7,000/\$14,000 | \$7,300/\$14,600 | \$7,300/\$14,600 | \$7,000/\$14,000 | \$7,100/\$14,200 | \$6,300/\$12,600 | \$6,550/\$13,100 | \$7,690/\$15,380 |
| Primary Care Physician (PCP) office visit | \$30*+ | \$40* | \$40^+ | \$35* | \$30*+ | \$35*+ | 50%^ | 0%^+ |
| Specialist office visit | \$55* | \$70* | \$60^ | \$55* | \$50^ | \$70* | 50%^ | 0%^ |
| Urgent Care | \$75* | \$75* | \$75* | \$75* | \$75* | \$75* | 50%^ | \$75* |
| Emergency Room | \$500^ | 30%^ | \$500^ | \$700^ | \$500^ | \$0^ | 50%^ | 0%^ |
| Inpatient | \$2,000^ | 30%^ | \$2,000^ | 50%^ | \$2,000^ | \$0^ | 50%^ | 0%^ |
| Dental (Routine) | \$30* | \$40* | \$40* | \$35* | \$30* | \$35* | 50%^ | \$30* |
| Vision (Eye Exam) | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | 50%^ | \$0* |
| Surgery Services: PCP/Specialist | \$30^/\$55^ | \$40^/\$70^ | \$40^/\$60^ | \$35^/\$55^ | \$30^/\$50^ | \$0^/\$0^ | 50%^/50%^ | 0%^ |
| Acupuncture | \$0* | \$0* | \$0* | \$0* | \$0* | \$0* | N/A | \$0* |
| Prescription Drugs | \$15/\$35/\$75 | \$20*/\$45*/\$75^ | \$20/\$40/\$75 | \$15*/\$65*/\$85^ | \$15*/\$35*/\$75^ | \$10*/\$0*/\$0^ | \$10*/\$35*/\$75^ | \$30*/0*/0%^ |

* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to the Bronx, Kings, Queens, Richmond, Rockland, and Westchester counties.