



EMBLEMHEALTH HMO 40/60, HMO 35/55 AND HMO HD6300 PLANS

For Small Employer Groups: 1st Quarter 2014 Premium Rates

OUR SMALL GROUP HMO PLANS KEEP THE CARE IN NETWORK — AND KEEP THE COSTS DOWN

Competitive Cost-Sharing Options

- EmblemHealth HMO 40/60 (Gold) includes no annual deductible and low coinsurance for a higher premium
- EmblemHealth HMO 35/55 (Silver) includes a relatively low annual deductible and affordable copay schedule for a medium-priced premium
- EmblemHealth HMO HD6300 (Bronze) includes a higher annual deductible and the lowest premium, with most services covered in full once the deductible is reached

Quality Doctors and Hospitals

Access to EmblemHealth's Select Care network, featuring:

- Leading physicians and other medical practitioners throughout the downstate region
- Prominent acute care hospitals including Lenox Hill Hospital, Lutheran Medical Center, Montefiore Medical Center, Mount Sinai Hospital, New York Presbyterian Hospital, Staten Island University Hospital, The Hospital for Special Surgery and many more.

Access to AdvantageCare Physicians, featuring:

- An alliance of established physician practices including Manhattan Physician's Group, Preferred Health Partners (Brooklyn), Queens-Long Island Medical Group and Staten Island Physician Practice

Additional EmblemHealth Benefits

- No-cost health management and prevention programs that include diabetes treatment, pregnancy management and stop-smoking initiatives
- Discounts on weight-loss programs, laser vision, acupuncture and more*
- Optional pediatric dental coverage is available

Online Member Convenience

Through **emblemhealth.com**, members can:

- Securely manage their health information
- Search online for doctors and office locations
- Review descriptions of their health benefits
- Order ID cards, download forms and update personal information

For more information about our full range of plan options, visit **emblemhealth.com** or call your EmblemHealth representative.

All our small group HMO plans feature our new Select Care network, which is made up of thousands of the leading primary and specialty-care doctors in the downstate region, and gives our customers access to the region's top hospitals.

For the most convenient, patient-centered coordinated care, our plans also feature access to AdvantageCare Physicians, one of the largest physician practices in the greater metropolitan area. Most of these medical offices stay open late, provide in-office lab services, X-rays and (in some locations) on-site pharmacies. Their team-based approach focuses on the patient, delivering high-quality, better health outcomes.

* EmblemHealth cannot ensure that a particular vendor will remain in the program. These programs are not part of the EmblemHealth small group HMO plans and, therefore, are not underwritten by HIP Health Plan of New York.

The following rates for EmblemHealth HMO 40/60, EmblemHealth HMO 35/55 and EmblemHealth HMO HD6300 plans for small employer groups are effective January 1, 2014 through March 31, 2014.

Service	Limitations	HMO 40/60 (Gold)	HMO 35/55 (Silver)	HMO HD6300 (Bronze)
In Network Only (except for emergency care)		Select Care network	Select Care network	Select Care network
Coinsurance (member responsibility)	For applicable services only	10%	30%	0%
Annual deductible (individual/family)	Applies to hospital and medical services (and Rx for HD6300 plan)	No deductible	\$2,000/\$4,000	\$6,300/\$12,600
Annual out-of-pocket maximum (individual/family)	Includes deductible, copays and coinsurance; does not include Gym Reimbursement	\$4,000/\$8,000	\$6,000 /\$12,000	\$6,300/\$12,600
Annual/lifetime maximum benefit		Unlimited	Unlimited	Unlimited
Preventive services (e.g., well-child care including immunizations; annual physical; mammography; prostate exam; bone density screening; colonoscopy and more)		Covered in full	Covered in full	Covered in full
Office visit copay (primary care/ specialist)	Referral needed from member's PCP for specialist care	\$40/\$60 copay	\$35/\$55 copay	Covered in full after deductible
Diagnostic lab and radiology		\$60 copay	\$55 copay	Covered in full after deductible
Inpatient hospital admission	365 days per calendar year	\$1,500 copay per admission	30% coinsurance after deductible	Covered in full after deductible
Emergency room facility	Copay waived if admitted; covered in and out of network	\$200 copay	\$200 copay	Covered in full after deductible
Emergency ambulance		\$100 copay	\$150 copay	Covered in full after deductible
Urgent care facility	Note: in-network only	\$60 copay	\$60 copay	Covered in full after deductible
Ambulatory surgery facility		\$150 copay	30% coinsurance after deductible	Covered in full after deductible
Pediatric vision exams, lenses and frames	One exam per 12-month period; one set of lenses and frames, or contacts, per 12-month period; coverage up to age 19 end of month	\$40 copay per exam; 10% coinsurance for lenses/frames/ contacts	\$35 copay per exam; 30% coinsurance for lenses/frames/contacts	Covered in full after deductible
Durable medical equipment (DME)	Standard equipment only; excludes orthotics	10% coinsurance	30% coinsurance	Covered in full after deductible
Gym Reimbursement	Incentive only available to subscriber and subscriber's covered spouse. Incentive is not applied to out-of-pocket maximum or deductible.	Subscriber reimbursed up to \$200 (covered spouse reimbursed up to \$100) per six-month period for completion of 50 exercise facility visits in each six-month period.		
Prescription Drugs — Retail	30-day supply	\$100 deductible per person must be met by either Retail or Mail Order, before the following copay applies (Tier 1/Tier 2/Tier 3): \$15 / \$35 / \$75		Covered in full after deductible
Prescription Drugs — Mail Order	90-day supply	\$100 deductible per person must be met by either Retail or Mail Order, before the following copay applies (Tier 1/Tier 2/Tier 3): \$38 / \$88 / \$188		Covered in full after deductible

An extended dependent coverage rider is available for purchase, extending the age limit to 29 for all eligible dependents.

1st Quarter Rates*, valid from January 1, 2014 through March 31, 2014

For New York City, Downstate and Mid-Hudson	Rate Tier	HMO 40/60 (Gold)	HMO 35/55 (Silver)	HMO HD6300 (Bronze)
The rates listed at right apply to Bronx, Kings, New York, Queens, Richmond, Westchester, Rockland and Orange counties.	Employee	\$460.08	\$392.54	\$342.74
	Employee/spouse	\$920.16	\$785.08	\$685.48
	Employee/children	\$782.14	\$667.32	\$582.66
	Family	\$1,311.23	\$1,118.74	\$976.81

For Long Island	Rate Tier	HMO 40/60 (Gold)	HMO 35/55 (Silver)	HMO HD6300 (Bronze)
The rates listed at right apply to Nassau and Suffolk counties.	Employee	\$522.86	\$446.10	\$389.51
	Employee/spouse	\$1,045.72	\$892.20	\$779.02
	Employee/children	\$888.86	\$758.37	\$662.17
	Family	\$1,490.15	\$1,271.39	\$1,110.10

***The listed rates do not include the additional monthly rate for the federally mandated Pediatric Dental benefit.**

All prescription drug program options include voluntary home delivery, clinical prior authorization and specialty pharmacy programs.

Certain services must be approved in advance by EmblemHealth.

The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have calendar year limits and/or maximums. The terms, limitations, conditions and exclusions of the insurance contract and certificate will govern.

EmblemHealth HMO 40/60, EmblemHealth HMO 35/55 and EmblemHealth HMO HD6300 are underwritten by HIP Health Plan of New York, and provide benefits only in network. Out-of-network services are not covered except for emergency hospital care. Please refer to HIP policy form number 155-23-SGOFHIXCERT (04/13) et al.