



# SMALL GROUP PLANS AVAILABLE OFF-EXCHANGE

## 2nd Quarter 2017 Rates

The following rates for EmblemHealth HMO 15/35, EmblemHealth HMO 40/60, Select Care Silver Value and Select Care Bronze Value plans for small employer groups are effective April 1, 2017 through June 30, 2017.

<b>New York City, Rockland and Westchester</b>				
<b>Rate Tier</b>	<b>EmblemHealth HMO 15/35 (Platinum)</b>	<b>EmblemHealth HMO 40/60 (Gold)</b>	<b>Select Care Silver Value</b>	<b>Select Care Bronze Value</b>
Employee	\$835.22	\$690.86	\$540.44	\$483.21
Employee/spouse	\$1,670.45	\$1,381.72	\$1,080.88	\$966.42
Employee/children	\$1,419.88	\$1,174.47	\$918.75	\$821.46
Family	\$2,380.39	\$1,968.95	\$1,540.26	\$1,377.15
The rates* listed above apply to Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties.				
<b>Long Island</b>				
<b>Rate Tier</b>	<b>EmblemHealth HMO 15/35 (Platinum)</b>	<b>EmblemHealth HMO 40/60 (Gold)</b>	<b>Select Care Silver Value</b>	<b>Select Care Bronze Value</b>
Employee	\$950.17	\$785.93	\$614.81	\$549.71
Employee/spouse	\$1,900.35	\$1,571.85	\$1,229.62	\$1,099.41
Employee/children	\$1,615.30	\$1,336.08	\$1,045.18	\$934.51
Family	\$2,708.00	\$2,239.89	\$1,752.21	\$1,566.66
The rates* listed above apply to Nassau and Suffolk counties.				
<b>Mid-Hudson</b>				
<b>Rate Tier</b>	<b>EmblemHealth HMO 15/35 (Platinum)</b>	<b>EmblemHealth HMO 40/60 (Gold)</b>	<b>Select Care Silver Value</b>	<b>Select Care Bronze Value</b>
Employee	\$1,001.29	\$828.21	\$647.88	\$579.28
Employee/spouse	\$2,002.58	\$1,656.43	\$1,295.77	\$1,158.57
Employee/children	\$1,702.19	\$1,407.96	\$1,101.40	\$984.78
Family	\$2,853.67	\$2,360.40	\$1,846.47	\$1,650.96
The rates* listed above apply to Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties.				
<b>Albany and Upstate</b>				
<b>Rate Tier</b>	<b>EmblemHealth HMO 15/35 (Platinum)</b>	<b>EmblemHealth HMO 40/60 (Gold)</b>	<b>Select Care Silver Value</b>	<b>Select Care Bronze Value</b>
Employee	\$1,000.85	\$827.86	\$647.61	\$579.03
Employee/spouse	\$2,001.70	\$1,655.71	\$1,295.22	\$1,158.06
Employee/children	\$1,701.44	\$1,407.35	\$1,100.94	\$984.35
Family	\$2,852.43	\$2,359.40	\$1,845.69	\$1,650.23
The rates* listed above apply to Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.				

\* The listed rates include federally mandated Pediatric Dental benefit.

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

EmblemHealth HMO 15/35, EmblemHealth HMO 40/60, Select Care Silver VALUE AND Select Care Bronze Value 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-SGOFHIXCONTRACT(04/16), et al.

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. EmblemHealth dental insurance plans are underwritten by GHI.