

PROSPECT PLAN  
 RATES FOR: LIA 4TH QUARTER  
 EFFECTIVE DATE: 10/01/2011  
 PLAN OPTION: PPO SELECT - SG - 90% INN, 70% OON  
 NETWORK: HIP PRIME NETWORK  
 CONTRACT #: PROSPECT  
 AREA: Downstate NY  
 Comment: NEWLY ADDED PLAN

		<u>INDIVIDUAL</u>	<u>EMPLOYEE &amp; CHILD(REN)</u>	<u>EMPLOYEE &amp; SPOUSE</u>	<u>FAMILY</u>
TOTAL RATE	CR	\$673.99	\$1,294.56	\$1,607.29	\$2,100.45

**SCHEDULE OF BENEFITS INCLUDED IN ABOVE RATES**

<u>BASE BENEFIT</u>	<u>CODE</u>	<u>DESCRIPTION</u>
BASE PLAN:	PFSLT6	PPO Select - SG - 90% INN, 70% OON
DEDUCTIBLE AND COINSURANCE:		
----INN DEDUCTIBLE	RNDCE1	\$1000 / \$2000 Deductible
----INN MEMBER COINSURANCE	N/A	90% Coinsurance
----INN MAX COINSURANCE	N/A	\$1000/\$2000
----INN ANNUAL MAX	N/A	Unlimited
----OON DEDUCTIBLE	RTDCE5	\$1000/\$2000
----OON MEMBER COINSURANCE	N/A	70% Coinsurance
----OON MAX COINSURANCE	N/A	\$3000/\$6000 Out-of-Network Max Coins
----OON ANNUAL MAX	N/A	Unlimited

BASE PLAN COPAYS:		
---- PCP VISIT	RTOV06	\$25 Copay - PCP Office Visit
---- SPECIALIST VISIT	RTSV06	\$25 Copay - Specialist Office Visit
---- IP HOSP	N/A	Subject to Deductible and Coinsurance
---- AMBULATORY SURG.	N/A	Subject to Deductible and Coinsurance
---- EMERGENCY ROOM	RTER04	\$50 Copay - ER

<u>ADDITIONAL RIDERS</u>	<u>CODE</u>	<u>DESCRIPTION</u>
RX	RTNX6D	\$20/\$30, \$50 Non-Formulary \$50 Ded.
DME	RTDM00	No Deductible, Covered In Full - DME
PDN	RTPDN0	Covered In Full
SNF DAYS	N/A	30 days - HS SNF Subject to Ded & Coins
HHC VISITS	N/A	40 Visits - HS HHC Subject to Ded & Coins
IP THERAPIES	RTT121	30 Day Limit - IP Therapies
OP THERAPIES	RTPT37	30 visits - OP Therapies
IP MH CARE	RTM113	30 Days
IP ALC/SA DETOX	RTX126	7 Days - IP ALC & SA Detox
IP ALC/SA REHAB	RTS114	30 Days - IP ALC & SA Rehab
OP ALC/SA REHAB	RTOS26	\$25 Copay, 60 Visits - ALC & SA Rehab
OP MH CARE	RTPY56	20 Visits, \$25 copay
DIALYSIS COPAY	RTKD22	\$20 Copay - Dialysis Treatment
REFRACTIVE EYE	N/A	\$0 Copay - Refractive Eye Exam
DIABET. SUPPLY COPAY	RTDS25	\$25 Copay - Diabetic Supplies
PREV. DENTAL	RTPREV	Preventive Included
FERTILITY	N/A	Base Benefit - Infertility
OPTICAL	RTOPT4	Eyeglasses \$0 / Contacts \$25 Every 12 Mos.
HEALTH FITNESS CENTER REIMBURS.	RTGM12	Included
ALTERNATIVE MEDICINE BENEFITS	RTDUG1	\$20 Copay
NETWORK FACTOR	N/A	HIP Prime Net Area Factor All Locations
DEPENDENTS		
---- CLASS TWO	N/A	Class 2 Dependents Not Covered
---- DEPENDENT CHILDREN	DC26M	Dep Children To EOM In Which They Turn 26
---- DOMESTIC PARTNERS	N/A	Domestic Partners Covered
---- GRANDCHILDREN	N/A	Grandchildren Not Covered
---- STUDENT DEPENDENTS	SD26M	Students To EOM In Which They Turn 26
OTHER	RTTOP2	Family Planning Services - Included

COMMENTS: **RATES FILED FOR USE WITH NYSID**  
 The above rates are based on Community Rating. No other rating method may be used.  
 HIP Insurance Company of New York is an EmblemHealth company.  
 Certain benefit changes and associated rates that comprise the premiums shown are subject to approval by the New York State Insurance Department.