State: *New York* ***Filing Company:*** *Managed Health, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *MHI Off-Exchange HMO Small Group*
Project Name/Number: *MHI Small Group Off-Exchange HMO 2014/*

Filing at a Glance

Company:	Managed Health, Inc.
Product Name:	MHI Off-Exchange HMO Small Group
State:	New York
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.004F Small Group Only - HMO
Filing Type:	Off Exchange NG Forms & Rates
Date Submitted:	05/15/2013
SERFF Tr Num:	HLFT-129009920
SERFF Status:	Pending State Action
State Tr Num:	2013050139
State Status:	
Co Tr Num:	MHI-SMALL GROUP HMO-OFF EXCHANGE 2014
Implementation Date Requested:	01/01/2014
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *Managed Health, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *MHI Off-Exchange HMO Small Group*
Project Name/Number: *MHI Small Group Off-Exchange HMO 2014/*

General Information

Project Name: MHI Small Group Off-Exchange HMO 2014
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/20/2013
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Managed Health, Inc.'s initial submission of rates and forms for its off-Exchange small group HMO standard plan (at the Gold metal level) product. Forms for the 16 plan permutations (i.e., with/without pediatric dental, domestic partner, and family planning benefits), as outlined in DFS guidance, are included in this submission.

The Forms submitted with this filing are: MHI-SG-GD-14-OFF, MHI-SG-GND-14-OFF, MHI-SG-GND-NDP-14-OFF, MHI-SG-GND-NDPNFP-14-OFF, MHI-SG-GD-NDP-14-OFF, MHI-SG-GD-NDPNFP-14-OFF, MHI-SG-GND-NFP-14-OFF, MHI-SG-GD-NFP-14-OFF, MHI-A29R-14-OFF, MHI-DPR-14-OFF, MHI-FPR-14-OFF, MHI-SG-GEC-14-OFF, HF-Member App-14-OFF-SGER, and HF-Member App-14-OFF-SG.

All Forms submitted as part of this filing are new.

There are no broker/agent commissions associated with this product, therefore a commission schedule is not being submitted as part of this filing.

This filing is submitted pursuant to 11 NYCRR 52.7. §52.33(b).

All contract forms will be sold only to a group specified in Insurance Law §4235(c)(1).

The contract forms are not designed to be used with insert pages. Domestic partner coverage, dependent coverage up to age 29, and family planning coverage are included in the base contract form.

Company and Contact

Filing Contact Information

[redacted]

State: *New York* **Filing Company:** *Managed Health, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *MHI Off-Exchange HMO Small Group*
Project Name/Number: *MHI Small Group Off-Exchange HMO 2014/*

Filing Company Information

Managed Health, Inc.
100 Church Street
18th Floor
New York, NY 10007
(212) 801-6000 ext. [Phone]

CoCode: 95284
Group Code:
Group Name:
FEIN Number: 11-3029569

State of Domicile: New York
Company Type: HMO
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Form and Rate
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation).]: No
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): No

SERFF Tracking #:	*HLFT-129009920*	***State Tracking #:***	*2013050139*	***Company Tracking #:***	*MHI-SMALL GROUP HMO-OFF EXCHANGE 2014*

State:	*New York*	***Filing Company:***	*Managed Health, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*		
Product Name:	*MHI Off-Exchange HMO Small Group*		
Project Name/Number:	*MHI Small Group Off-Exchange HMO 2014/*		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Managed Health, Inc.	New Product	0.000%	0.000%				%	%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: *New York* **Filing Company:** *Managed Health, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *MHI Off-Exchange HMO Small Group*
Project Name/Number: *MHI Small Group Off-Exchange HMO 2014/*

Rate Review Detail

COMPANY:

Company Name: Managed Health, Inc.
HHS Issuer Id: 83744
Product Names: Healthfirst HMO B Small Group
Trend Factors:

FORMS:

New Policy Forms: MHI-SG-GD-14-OFF, MHI-SG-GND-14-OFF, MHI-SG-GND-NDP-14-OFF, MHI-SG-GND-NDPNFP-14-OFF, MHI-SG-GD-NDP-14-OFF, MHI-SG-GD-NDPMFP-14-OFF, MHI-SG-GND-NFP-14-OFF, MHI-SG-GD-NFP-14-OFF, MHI-A29R-14-OFF, MHI-DPR-14-OFF, MHI-FPR-14-OFF, MHI-SG-GEC-14-OFF, HF-Member App-14-OFF-SGER, and HF-Member App-14-OFF-SG
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 72
Benefit Change: None
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual $: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 37,734.00
Projected Incurred Claims: 31,037.00
Annual $: Min: 518.66 Max: 541.38 Avg: 524.09

SERFF Tracking #:	*HLFT-129009920*	***State Tracking #:***	*2013050139*	***Company Tracking #:***	*MHI-SMALL GROUP HMO-OFF EXCHANGE 2014*

State: *New York* ***Filing Company:*** *Managed Health, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *MHI Off-Exchange HMO Small Group*
Project Name/Number: *MHI Small Group Off-Exchange HMO 2014/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		MHI Small Group Off-Exchange Rate Manual 2014	MHI-SG-GD-NDPNFP-14-OFF, MHI-A29R-14-OFF, MHI-DPR-14-OFF, MHI-FPR-14-OFF	New		MHI_Rate Manual_Small Group Off-Exchange_revised v1_2014.pdf,

May 15, 2013

[redacted]
Director, Rate Review
Health Bureau
New York State Department of Financial Services
One State Street
New York, NY 10004

RE: Managed Health, Inc. – Small Group Off-Exchange Plans
Submission Effective January 1, 2014
Rates and Forms Application Under New York State Insurance Law Section 4308(c)

Dear [redacted]

Managed Health, Inc. is pleased to submit its HMO small group premium rates and forms for an effective date of January 1, 2014.

Pursuant to the Review Standards for Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups Checklist, dated April 22, 2013, enclosed please find the rate manual for this submission, which includes the requested elements and sections.

These rates and forms are for participation in New York, Richmond, Kings, Queens, Bronx, Nassau, and Suffolk counties. There are no broker/agent commissions associated with this product, therefore a commission schedule was intentionally not included in this rate manual.

If you have any questions regarding this rates and forms submission please feel free to contact [redacted] Director, Regulatory Affairs, with inquiries relating to forms or [redacted] Director, Actuarial Services, with inquiries relating to rates at [redacted] respectively. Thank you for your time and consideration. We look forward to working with you.

Sincerely,

[redacted]

Managed Health, Inc. D/B/A Healthfirst

Rate Manual Pursuant to New York Insurance Law Section 4308(c)

Small Group Off-Exchange HMO Rates and Forms Submission

Effective January 1, 2014

TABLE OF CONTENTS

SECTION I –

Small Group Off-Exchange HMO

Standard Plan Rates

Section I.A – Rate Pages

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, FAMILY PLANNING, AND DOMESTIC PARTNER COVERAGE)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$644.64	$665.91
Single + spouse	$1,289.28	$1,331.82
Single + child(ren)	$1,095.88	$1,132.05
Single + spouse + child(ren)	$1,837.22	$1,897.85

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, WITH FAMILY PLANNING AND WITH DOMESTIC PARTNER COVERAGE)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$640.12	$661.24
Single + spouse	$1,280.24	$1,322.49
Single + child(ren)	$1,088.20	$1,124.11
Single + spouse + child(ren)	$1,824.34	$1,884.54

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, NO DOMESTIC PARTNER, WITH FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$640.12	$661.24
Single + spouse	$1,280.24	$1,322.49
Single + child(ren)	$1,088.20	$1,124.11
Single + spouse + child(ren)	$1,824.34	$1,884.54

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, NO DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$637.96	$659.01
Single + spouse	$1,275.92	$1,318.03
Single + child(ren)	$1,084.53	$1,120.32
Single + spouse + child(ren)	$1,818.19	$1,878.19

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, NO DOMESTIC PARTNER, WITH FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$644.64	$665.91
Single + spouse	$1,289.28	$1331.82
Single + child(ren)	$1,095.88	$1132.05
Single + spouse + child(ren)	$1,837.22	$1897.85

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, NO DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$642.46	$663.67
Single + spouse	$1,284.93	$1,327.33
Single + child(ren)	$1,092.19	$1,128.23
Single + spouse + child(ren)	$1,831.02	$1,891.45

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, WITH DOMESTIC PARTNER, NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$637.96	$659.01
Single + spouse	$1,275.92	$1,318.03
Single + child(ren)	$1,084.53	$1,120.32
Single + spouse + child(ren)	$1,818.19	$1,878.19

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, WITH DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$642.46	$663.67
Single + spouse	$1,284.93	$1,327.33
Single + child(ren)	$1,092.19	$1,128.23
Single + spouse + child(ren)	$1,831.02	$1,891.45

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NFP-14-OFF
MHI-DPR-14-OFF
MHI-A29R-14-OFF

Section I.B – Description of Rating Classes, Factors, & Premium Discounts

Managed Health, Inc.'s rates have been developed in accordance with New York State's community rating laws. Premiums for every member covered under the same policy are the same regardless of age, sex, health status or occupation. The risk for on-Exchange and off-Exchange plans, in accordance with the Patient Protection and Affordable Care Act of 2010 and its associated regulations, is pooled into a single risk pool. As illustrated below, these rates within the community rated pool vary based on only several factors: dependent age limit, the inclusion of a pediatric dental benefit, the inclusion of family planning benefits, and family/census tier.

Family/Census Tier

Census Tiers	Cost Factor
Single	**1.000**
Single + Spouse	**2.000**
Single + Child(ren)	**1.700**
Single + Spouse + Child(ren)	**2.850**

Rating Region

Rating Region	Counties Included	Area Factor
New York City	Bronx, Kings, New York, Queens, Richmond	1.000
Long Island	Nassau, Suffolk	1.000

Pediatric Dental Benefit

Pediatric Dental Benefit	Cost Factor
Included	**1.000**
Not Included	**0.993**

Family Planning Benefits

Family Planning Rider	Cost Factor
Included	1.000
Not Included	0.997

Dependent Age Limit

Dependent Age Limit	Cost Factor
26	1.000
29	1.033

Domestic Partner Coverage

Domestic Partner	Cost Factor
Covered	1.000
Not Covered	1.000

Section I.C – Rate Calculation Examples

The entirety of premium rates for Managed Health, Inc.'s Small Group off-Exchange plans is listed above in the rate tables in section I.A (pages 5-8 of this rate manual). An example of how to look up a particular premium rate is below.

EXAMPLE:

Consumer Profile: A married employee (subscriber), of a Queens County-based employer, who is electing to cover his spouse and two children as dependents is choosing the Gold Standard Plan with pediatric dental benefits, and not choosing the Age 29 Rider.

Rate Look-Up Solution: There are no differences in premium rates for the two different rating regions included in this product (Regions 4 and 8), therefore the subscriber is advised to proceed to page 5 and refer to the first table under the heading "Proposed HMO Premium Rates – Standard Plans (With Pediatric Dental, Family Planning, and Domestic Partner Coverage)." Next, the consumer would refer to the column labeled, "Healthfirst HMO B Small Group" and cross-reference the row labeled, "Single + Spouse + Child(ren)." The rate for this plan is $1,824.34 per month.

Section I.D – Expected Loss Ratios

For the plans listed in this rate manual, the projected loss ratio using the Federally prescribed medical loss ratio (MLR) methodology is 86.1%. The expected loss ratio under New York State's MLR methodology is 82.1%. These projected loss ratios are greater than the Federally prescribed 80% minimum for Individual products, as well as the 82% minimum prescribed by New York State for Individual products.

SECTION II –

Description of Benefits, Types of Coverage, Limitations, Exclusions, Issue Limits, & Renewal Conditions

Section II.A – Small Group Gold Standard Plan Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic	• Member must be between ages of 21 and 44

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
	Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Therapeutic Radiology Services		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	$25 Copayment $25 Copayment	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply) • Diabetic Education	 $25 Copayment $25 Copayment	No limit
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
		only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription	30 day supply per month

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Plan (with Pediatric Dental & Family Planning)		
	drug tier cost-sharing	
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC DENTAL &VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Dental Care • Preventive/Routine Dental Care • Major Dental (Endodontics & Prosthodontics) • Orthodontia	 $25 Copayment $25 Copayment $25 Copayment	 One Dental Exam & Cleaning Per 6-Month Period
Pediatric Vision Care • Exams • Lenses & Frames	 $25 Copayment 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Contact Lenses	20% Coinsurance	Covered when medically necessary

Section II.B – Small Group Gold Standard Plan, without Pediatric Dental, Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental & with Family Planning		
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy,	$30 Copayment	60 visits per condition, per lifetime

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental & with Family Planning		
Occupational Therapy or Speech Therapy)		combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding	 $25 Copayment $40 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services	$40 Copayment	
Therapeutic Radiology Services • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	$25 Copayment $25 Copayment	No limit
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
• Diabetic Equipment, Supplies and Insulin (30-Day Supply) • Diabetic Education	$25 Copayment $25 Copayment	
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription drug tier cost-sharing	30 day supply per month
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Vision Care • Exams • Lenses & Frames • Contact Lenses	 $25 Copayment 20% Coinsurance 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period Covered when medically necessary

Section II.C – Small Group Gold Standard Plan, without Pediatric Dental and without Family Planning, Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	Not covered	No limit
Vasectomy	Not covered	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Not covered	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	 $40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding Radiology Facility or Specialist Office	 $25 Copayment $40 Copayment $40 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental and without Family Planning		
• Performed as Outpatient Hospital Services		
Therapeutic Radiology Services • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	 $25 Copayment $25 Copayment	No limit
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply)	 $25 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental and without Family Planning		
• Diabetic Education	$25 Copayment	
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription drug tier cost-sharing	30 day supply per month
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Vision Care • Exams • Lenses & Frames • Contact Lenses	 $25 Copayment 20% Coinsurance 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period Covered when medically necessary

SECTION III – Underwriting Guidelines

For the Small Group line of business, Managed Health, Inc. accepts any small group, and it's employees and dependents, that applies and is eligible for coverage under an approved small group HMO plan, pursuant to New York State's guaranteed issue laws and their related regulations. With respect to premium rating, Managed Health, Inc. offers coverage at the same premium rate (excluding permissible rating region and rating tier adjustments pursuant to New York State law) for any small group that applies and is eligible for coverage under an approved individual HMO plan, pursuant to New York State's community rating laws and their related regulations. In addition, Managed Health, Inc.'s small group off-Exchange HMO standard plans comply with all applicable federal laws, including the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148) (124 Stat. 119) and the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (124 Stat. 1029).

SERFF Tracking #:	*HLFT-129009920*	***State Tracking #:***	*2013050139*	***Company Tracking #:***	*MHI-SMALL GROUP HMO-OFF EXCHANGE 2014*

State:	*New York*	***Filing Company:***	*Managed Health, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*		
Product Name:	*MHI Off-Exchange HMO Small Group*		
Project Name/Number:	*MHI Small Group Off-Exchange HMO 2014/*		

Supporting Document Schedules

Satisfied - Item:	A&H Product Checklist
Comments:	
Attachment(s):	MHI SG Off Exchange Checklist for SERFF_05_15_13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	MHI SG_Readability Certification_revised_2014.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Explanation of Variability
Comments:	Pediatric dental coverage/references in Gold standard certificate of coverage bracketed to note as variable material. See the Table of Contents, Section VI.11, Section VII.5, and the last row of the Schedule of Benefits.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Black-lined Copy of Model Language
Bypass Reason:	No variations from DFS Model Language were made.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	MHI SG Actuarial Memo- DFS 5.15.13.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	*HLFT-129009920*	***State Tracking #:***	*2013050139*	***Company Tracking #:***	*MHI-SMALL GROUP HMO-OFF EXCHANGE 2014*

State: *New York* ***Filing Company:*** *Managed Health, Inc.*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *MHI Off-Exchange HMO Small Group*
Project Name/Number: *MHI Small Group Off-Exchange HMO 2014/*

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	MHI_SG_Actuarial_Memo_HHS_5_15_13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	MHI SG_AV Calculator - Gold.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 1-General Information
Comments:	
Attachment(s):	MHI_Exhibit 1 SG Off Exchange.pdf MHI_Exhibit 1 SG Off Exchange.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 7-Historical Data
Comments:	
Attachment(s):	MHI SG Exhibit 7.pdf MHI SG Exhibit 7.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 8-Adjustment Factors to Index Rate
Comments:	
Attachment(s):	MHI SG Exhibit 8.xls MHI SG Exhibit 8.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	*HLFT-129009920*	***State Tracking #:***	*2013050139*	***Company Tracking #:***	*MHI-SMALL GROUP HMO-OFF EXCHANGE 2014*

State:	*New York*	***Filing Company:***	*Managed Health, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*		
Product Name:	*MHI Off-Exchange HMO Small Group*		
Project Name/Number:	*MHI Small Group Off-Exchange HMO 2014/*		

Satisfied - Item:	Exhibit 9-Summary of Administrative Expenses
Comments:	
Attachment(s):	MHI SG Exhibit 9.pdf MHI SG Exhibit 9.xls
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting-NG Off Exchange
Comments:	
Attachment(s):	REDACTED_MHI_Exhibit 1 SG Off Exchange.pdf REDACTED_MHI SG URRT_2014.pdf REDACTED_MHI SG Exhibit 9.pdf REDACTED_MHI SG Exhibit 8.pdf REDACTED_MHI SG Exhibit 7.pdf REDACTED_MHI SG Readability Certification Disclaimer_05_15_13.pdf REDACTED_MHI SG Actuarial Memo - HHS 5.15.13.pdf REDACTED_MHI SG Actuarial Memo- DFS 5.15.13.pdf REDACTED_MHI_Rate Manual_Small Group Off-Exchange_revised v1_2014.pdf REDACTED MHI SG Readability Certification_revised_2014.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	MHI SG URRT_2014 v2.xlsm MHI SG URRT_2014 v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Provider Network Submission

SERFF Tracking #:	*HLFT-129009920*	***State Tracking #:***	*2013050139*	***Company Tracking #:***	*MHI-SMALL GROUP HMO-OFF EXCHANGE 2014*

State:	*New York*	***Filing Company:***	*Managed Health, Inc.*
TOI/Sub-TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*		
Product Name:	*MHI Off-Exchange HMO Small Group*		
Project Name/Number:	*MHI Small Group Off-Exchange HMO 2014/*		

Comments:	Per page 42 of the attached A&H checklist, this supporting documentation explains the difference(s) between the MHI network that was submitted to SDOH in January 2013. Managed Health, Inc.'s provider network is submitted annually to SDOH. The next iteration to be uploaded will include a set of provider types that will bring the network into compliance with certain Essential Health Benefits requirements under the Affordable Care Act, such as the gym reimbursement benefit, ABA autism providers, and pediatric dental benefits. The January 2013 MHI provider network submission can be identified by the following information: -Network Name: Managed Health, Inc. -Network ID: 1280290 -Date Submitted: January 23, 2013
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification Disclaimer Letter
Comments:	
Attachment(s):	MHI SG Readability Certification Disclaimer_05_15_13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Manual
Comments:	
Attachment(s):	MHI_Rate Manual_Small Group Off-Exchange_revised v1_2014.pdf
Item Status:	
Status Date:	

Review Standards for

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups
As of 4/22/13

Instructions for SERFF Checklist:

A. For **ALL** filings, the "General Requirements for All Filings" section must be completed:

B. For a **FORM** filing, completion of additional sections may be required as follows, depending on the type of form being submitted:

- Policy or Contract – Also complete all sections
- Rider or endorsement – Also complete all items relevant to the form being submitted in all sections.

C. For filing of initial rates, complete the section entitled "Actuarial Section for New Product Rate Filings Only" in addition to completion of the applicable form sections identified above. For filing of rate changes to existing products (increases, decreases, or change in rate calculation rules or procedures), complete the "Actuarial Section for Existing Product Rate Filings Only" section. For filing of any other changes to rate or underwriting manuals (e.g., changes in commissions or underwriting), complete the "Actuarial Section for Existing Product Rate Filings Only" section.

D. For each item, enter in the last column the form number(s), page number(s) and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing. All items with shaded boxes must be answered.

E. Do not make any changes or revisions to this checklist.

F. **Checklist Updates:** Any items on the checklist that have been updated since the last posting are shaded.

G. **Instructions for Citations:** All citations to Insurance regulations link to the Department of State's website and an unofficial copy of the NYCRR. Please select title 11 for Insurance regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled "ISC".

NEW YORK DEPARTMENT OF FINANCIAL SERVICES

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

LINE OF BUSINESS: **Group Major Medical or Similar-Type Comprehensive Health Insurance**		LINE(S) OF INSURANCE	CODES
CODE:	H15G	Health – Hospital/Surgical/Medical Expense	H15G.001 H15G.002 H15G.003
	H16G	Health – Major Medical	H16G.001A H16G.001B H16G.001C H16G.002A H16G.002C H16G.003A H16G.003D
	H16G.003G		

IF CHECKLIST IS NOT APPLICABLE, OR IF THE SUBMISSION CONTAINS INSERT PAGES, RIDERS OR ENDORSEMENTS AND THE POLICY OR CONTRACT IN ITS ENTIRETY DOES NOT COMPLY WITH ALL STATUTORY AND REGULATORY PROVISIONS STATED BELOW, PLEASE EXPLAIN:

REVIEW REQUIREMENT	**REFERENCE**	**DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS**	**LOCATION OF STANDARD IN FILING**
GENERAL REQUIREMENTS FOR ALL FILINGS	*Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department of Financial Services Circular Letters and OGC opinions*	*Note: This checklist is intended to provide guidance in the preparation of policy or contract forms for submission and is not intended as a substitute for statute or regulation.*	Form/Page/Para Reference
Complete Policy or Contract Submission or Pages/Rider/Endorsement		This submission contains a complete policy or contract form. Yes ☐ No ☐ If this submission contains insert pages, riders or endorsements, then the policy or contract in its entirety complies with all the statutory and regulatory provisions stated below. Yes ☐ No ☐	

		(If no is checked, explain in the space provided above.) This rider, insert pages, or endorsements are being attached to a policy or contract that was approved by the Department on _____, submission number _____.	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	Each form in the filing must meet the following requirements: • This form contains no strikeouts. §52.31(b) • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. §52.31(d) • This form is submitted in the form intended for actual use. §52.31(e) • All blank spaces are filled in with hypothetical data. §52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. §52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable, if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as "will conform to law" or "as requested by group" to describe the variable material. §52.31(l) • All policy or contract forms must be placed on the Form Schedule in SERFF.	
Flesch Score	§3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	
SERFF Filing Description or Letter of Submission	11 NYCRR 52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	The filing must include a SERFF Filing Description or a letter of submission that contains the following: • The identifying form number of each form submitted. §52.33(a) • If the form is a policy or contract, the letter must indicate that the policy or contract is submitted pursuant to 11 NYCRR 52.7. §52.33(b) • Whether the form is new or supersedes an approved or filed form. § 52.33(c) • If the form supersedes an approved or filed form, the letter must state the form number and date of approval or filing of the superseded form and any material differences from the superseded form. § 52.33(d) • If the approval of the superseded form is still pending, the letter must include the form number, control number assigned by the Department and the submission date. § 52.33(d) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e) • If the form is submitted in accordance with 11 NYCRR 52.32(c), the letter must identify the prefiled group coverage. § 52.33(f) • If the form is other than a policyor contract form, the letter must identify the form number and	

		approval date of the policy or contract with which it will be used. If the form is for general use, the Department may accept a description of the type of policy or contract with which it may be used in lieu of the form number and approval date. §52.33(g) • If the form is a policy or contract, the letter must identify the form numbers and dates of approval of any applications previously approved to be used with the policy or contract unless the application is required to be attached to the policy or contract upon submission. §52.33(h) • If the policy or contract is designed to be used with insert pages, the letter must contain a statement of the insert page forms which must always be included in the policy or contract and a list of all optional pages, together with an explanation of their use. § 52.33(i) • *Note: Submission letters and or the SERFF filing description should advise as to whether the policy or contract is intended for internet sales and should describe any proposed electronic procedures and/or the proposed use of electronic signatures associated with the sale of the policy or contract.*	
Group Status and Recognition	§ 4235(c)(1)(A) §3201(b)(1) 11 NYCRR 59	The SERFF filing description or submission letter should include a statement that policy or contract forms will be sold to a group specified in Insurance Law §4235(c)(1). However, a more detailed statement must be included where discretionary group status is sought under Insurance Law §4235(c)(1)(M). The size of the group should be indicated as small. Please indicate whether the submission is for general use or is submitted on a one case basis. If the submission is for use on a one case basis, the group must be identified along with the subpart of Insurance Law §4235(c)(1) in which the group fits and a confirmation that the group meets all of the requirements of the identified subpart. Requests for discretionary group recognition, pursuant to Insurance Law §4235(c)(1)(M), must be accompanied by written documentation that demonstrates that the proposed group meets each and every element stated in the named statute. The documentation must also make clear that the request for discretionary group recognition is not a subterfuge, evasion technique, or a marketing tool to avoid compliance with other statutory or regulatory requirements and recognized marketing mechanisms. This provision is not intended to allow approval of groups recognized in the various subparagraphs of §4235(c)(1), but for which the proposed discretionary group does not meet one or more of the requisites specifically required or proscribed by §4235. The request for allowance of a discretionary group must be granted before it may be used. Pursuant to §3201(b)(1) and Insurance Regulation 123, an accident and health certificate is deemed delivered in New York and subject to review and approval regardless of the actual place of delivery, if the policy is issued to certain groups. In these cases, the group certificate is reviewed for compliance with New York Law. The group policy/contract that is delivered out-of-state is not reviewed.	
Prefiled Group Coverage	11 NYCRR 52.32	A copy of the letter of confirmation sent to the group by the insurer must be submitted to the Department within 30 days after the date the insurer agrees to provide insurance and must include the following: • The effective date of coverage. § 52.32(a)(1) • The nature and extent of the benefits or change in benefits as then known. § 52.32(a)(2) • That the contractual forms may be executed and issued for delivery only after filing with or	

		approval by the Department. §52.32(a)(3) • That if the forms are not filed or approved or are disapproved, the parties will be returned to the status quo insofar as possible, or the coverage will be modified retroactively to meet all requirements necessary for approval. §52.32(a)(4) *Note: At the time the insurer agrees to provide insurance, it cannot have been reasonably possible to obtain approval prior to the effective date of coverage because the group requested the insurer provide immediate coverage. Also, the actual forms must be submitted for approval within six months from the date the insurer agrees to provide insurance. § 52.32(c). Failure to meet any of the conditions within the time specified shall be a violation of the Insurance Law, unless reasons for delay, including its probable extent, satisfactory to the Department are submitted to the Department within the respective times specified.*	
Statement of ERISA rights Is the insurer providing document as the plan administrator or for the plan administrator? Yes ☐ No ☒	29 CFR § 2520.104b-2 29 CFR § 2520.102-3(t)	Plan administrators of an employee benefit plan are required to furnish a copy of a Statement of ERISA rights as provided for in 29 CFR § 2520.102-3(t). If the insurer is providing this document as the plan administrator, or for the plan administrator, please indicate in the adjacent box.	
APPLICATION FORMS Model Application Used? Yes ☐ No ☒	Model Language		Form/Page/Para Reference
Authorization	11 NYCRR 420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	
Fraud Warning Statement	§403(d) 11 NYCRR 86.4	The application contains the prescribed fraud warning statement immediately above the insured's signature.	HF-Member App-14-OFF-
Prohibited Questions and Provisions	§3221(q)(1) §3204 11 NYCRR 52.51	The application does NOT contain: Questions as to the applicant's health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of domestic violence), disability or the applicant's race. A provision that changes the terms of the policy or contract to which it is attached. A statement that the applicant has not withheld any information or concealed any facts. An agreement that an untrue or false answer material to the risk will render the policy or contract void. An agreement that acceptance of any policy or contract issued upon the application will constitute a ratification of any changes or amendments made by the insurer and inserted in the application, except to conform to §3204(d).	
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/Para Reference

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

COVER PAGE			
Insurer name Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form contains the name and full address of the issuing insurer on the front or back cover.	Cover page
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy or contract form (such as on the cover).	Cover page
Table of Contents Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	A table of contents is required.	Page 2
DEFINITIONS Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	*For a complete listing of the definitions click on the adjacent Model Language link.*	Form/Page/Para Reference
Services Performed at Comprehensive Care Center for Eating Disorders	§3221(k)(14) §4303(dd)	This policy or contract form may not exclude coverage for services covered under the policy or contract when provided by a comprehensive care center for eating disorders pursuant to Article 27-J of the Public Health Law. Reimbursement for services provided through such comprehensive care centers shall, to the extent possible or practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.	Page 4
HOW THIS COVERAGE WORKS			Form/Page/Para Reference
Selecting a Primary Care Provider			
Selecting, Accessing and Changing Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(9) §3217-a(a)(10) §4324(a)(9); (10) PHL § 4408(1)(i) Model Language	Where applicable, this policy or contract form includes a description of the procedures for insureds to select, access, and change primary and specialty care providers, including notice of how to determine whether a participating provider is accepting new patients.	Section II.3
Designation of Primary Care Provider (PCP) & Access to Pediatricians Does this product require a PCP to be designated? Yes ☒ No ☐ Model Language Used? Yes ☒ No ☐	§3217-e §4306-d PHL §4403(7) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	If the policy or contract requires the designation of a Primary Care Provider, this policy or contract form permits an insured to designate any participating PCP who is available to accept the insured. If designation of a PCP for a child is required, the insured is permitted to designate a physician who specializes in pediatrics as the child's PCP if the provider is in-network and available to accept the child.	Section II.4
Direct Access to OB/GYN	§3217-c	If the policy or contract requires the designation of a Primary Care Provider, it must provide a female	Section II.4

Services Does this product require a PCP to be designated? Yes ☒ No ☐ Model Language Used? Yes ☒ No ☐	§4306-b(a) §4324(16-a) PHL §4406-b PHL §4408(1)(p-1) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	insured direct access to primary and preventive obstetric and gynecologic services including annual examinations, care resulting from such annual examinations, and treatment of acute gynecologic conditions from a qualified participating provider of such services of her choice or for any care related to pregnancy provided that: • such qualified provider discusses such services and treatment plan with the individual's primary care practitioner in accordance with the insurer's requirements; and • such qualified provider agrees to adhere to the insurer's policies and procedures, including any procedures regarding referrals and obtaining prior authorization for services other than obstetric and gynecologic services rendered by such qualified provider, and agrees to provide services pursuant to a treatment plan approved by the insurer.	
Preauthorization			
Preauthorization Requirements Model Language Used? Yes ☒ No ☐	§3217-a(a)(2) §3238 §4324(a)(1) PHL § 4408(1)(b) Model Language	This policy or contract form includes a description of all preauthorization or other notification requirements for treatments and services. If the policy or contract form requires a gatekeeper, the preauthorization requirements may not be imposed on the insured for In-Network services. A preauthorization or notification penalty of either 50% of the allowable amount for services rendered or $500.00, whichever is less, is permissible.	Section II.5 and Section II.6
Medical Necessity			
Definition of Medical Necessity Model Language Used? Yes ☒ No ☐	§3217-a(a)(1) §4324(a)(1) Model Language	This policy or contract form includes a definition of "medical necessity" used in determining whether benefits will be covered.	Section II.8
Contact Information Model Language Used? Yes ☒ No ☐	§3217-a(a)(16) §4324(a)(16) PHL§4408(1)(q) Model Language	This policy or contract form includes all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization.	Section II.9
ACCESS TO CARE AND TRANSITIONAL CARE			
Referral to Non-Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(11) §4324(a)(11) PHL §4408(1)(k) Model Language	If a policy or contract form is a managed care product as defined in §4801(c) or an HMO, or an EPO it must describe how an insured may obtain a referral to a health care provider outside of the insurer's network when the insurer does not have a health care provider with appropriate training and experience in the network to meet the health care needs of the insured and the procedure by which the insured can obtain such referral.	Section III.1
Specialty Care Provider as PCP Model Language Used? Yes ☒ No ☐	§3217-a(a)(13) §3217-d(b) §4324(a)(13) §4306-C(b) PHL §4408(1)(m) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, is permitted to request that a specialist be designated as their PCP to provide or coordinate the insured's medical care and describe the procedure for requesting and obtaining a specialist as a PCP.	Section III.2
Standing Referrals Model Language Used?	§3217-a(a)(12) §3217-d(b) §4324(a)(12)	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, it must include a notice that an insured with a condition which requires on-going care from a specialist, may request a standing referral to such specialist and describe	Section III.3

Yes ☒ No ☐	§4306-C(b) PHL § 4408(1)(l) Model Language	the procedure for requesting and obtaining such a standing referral.	
Specialty Care Center Model Language Used? Yes ☒ No ☐	§3217-a(a)(14) §3217-d(b) §4324(a)(14) §4306-C(b) PHL §4408(1)(n) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, may request access to a specialty care center and describe the procedure for requesting and obtaining such a referral to a specialty care center.	Section III.4
Transitional Care When A Provider Leaves the Network Model Language Used? Yes ☒ No ☐	§4804(e) §3217-d(c) §4306-C(c) PHL §4403(6)(e) Model Language	If an insured is in an ongoing course of treatment when a provider leaves the network, then the policy or contract form must describe how an insured may to continue to receive treatment for the ongoing treatment from the former Participating Provider for up to ninety (90) days from the date the provider's contractual obligation to provide services terminated. If the insured is pregnant and in the second or third trimester, the insured may be able to continue care with a former participating provider through delivery and any postpartum care directly related to the delivery. In order for the insured to continue to receive care for up to ninety (90) days or through a pregnancy with a former participating provider, the provider must agree to accept as payment the negotiated fee that was in effect just prior to the termination of the insurer's contractual agreement with the provider and must also agree to provide the insurer with the necessary medical information related to the insured's care and adhere to the insurer's policies and procedures, including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	Section III.5
Transitional Care For A New Member in a Course of Treatment Model Language Used? Yes ☒ No ☐	§4804(f) §3217-d(c) §4306-C(c) PHL §4403(6)(f) Model Language	If an insured is in an ongoing course of treatment with a non-participating provider when the insured's coverage becomes effective for (1) a life-threatening disease or condition or a degenerative and disabling condition or disease, or (2) for care for pregnancy if the insured is in the second or third trimester, then this policy or contract form must describe how the insured may continue to receive care for the ongoing course of treatment from the non-participating provider for up to sixty (60) days from the effective date of the insured's coverage. The insured may continue care through delivery and any post-partum services directly related to the delivery. In order for the insured to continue to receive care for up to sixty (60) days or through pregnancy, the non-participating provider must agree to accept as payment the insurer's fees for such services. The provider must also agree to provide the insurer with necessary medical information related to the insured's care and to adhere to the insurer's policies and procedures including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	Section III.6
COST-SHARING EXPENSES AND ALLOWED AMOUNT.			
Cost of Service	§3201(c)(3)	If the cost of the service is less than the copayment for the service, the patient is responsible for the	

Model Language Used? Yes ☒ No ☐	11 NYCRR 52.1(c) Model Language	lesser amount.	Section IV.2
Reimbursement of Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(4) §4324(a)(4) PHL §4408(1)(d) Model Language	This policy or contract form includes a description of the types of methodologies the insurer uses to reimburse providers.	Section IV.5
Non-Participating Providers and Non-Authorized Services Model Language Used? Yes ☒ No ☐	§3217-a(a)(6) §4324(a)(6) PHL §4408(1)(f) Model Language	This policy or contract form includes a description of the insured's financial responsibility for payment when services are provided by a health care provider who is not part of the insurer's network or by any provider without the required authorization or when a procedure, treatment or service is not a covered health care benefit.	
ELIGIBILITY Model Language Used? Yes ☒ No ☐	Model Language		Form/Page/Para Reference
Spouse	§4235(f)(1)(A) §4305(c)(1) Circular Letter No. 27 (2008) Model Language	If dependent coverage is selected by the group, this policy or contract form must provide coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes marriages between same-sex partners legally performed in this state and in other jurisdictions.	Section V
Dependents	§4235(f)(1)(A)(i) §4305(c)(1) §3221(a)(7) 42 USC §300gg-14 26 CFR §§ 144.101, 146.101, 147.100 and 147.120 Model Language	If dependent coverage is selected by the group, this policy or contract form provides coverage of children until age 26. *Note: Pursuant to §2608-a, an insurer may not deny enrollment to a child under the health coverage of the child's parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the insurer's service area.*	Section V
Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	If dependent coverage is selected by the group, this policy or contract must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in 4235(f).	Section XII.2
Unmarried Students on Medical Leave of Absence	§3237 §4306-a 42 USC §300gg-7	If this policy or contract form provides coverage for dependent children who are full-time students to a higher age than other dependent children, then coverage shall continue when such dependent takes a medical leave of absence from school due to illness or injury for a period of 12 months from the last day of attendance at school, provided, however, that coverage of a dependent student is not required	

		beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the insurer may require that the medical necessity of the leave be certified to by the student's attending physician who is licensed to practice in the state of New York.	
Unmarried Disabled Children	§4235(f)(1)(A)(ii) §4305(c)(1) Model Language	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap, and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate. *Note: Such coverage shall not terminate while the coverage remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.*	Section V
Newborn Infants	§4235(f)(2) §4305(c)(1) Model Language 45 C.F.R. § 155.420 45 C.F.R. § 155.725	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to §115-c of the domestic relations law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care. *Note: In the case of individual or two-person coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.*	Section V
Adopted Children and Step-Children	11NYCRR52.18(e)(2); (3) §4305(c)(1)	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides that adopted children and stepchildren dependent upon the insured are eligible for coverage on the same basis as natural children. Further, a family policy or contract form covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child be eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.	Section V
Domestic Partners	§4235(f)(1)(A) §4305(c)(1) OGC Opinion 01-11-23 Model Language	This policy or contract form may cover domestic partners, who are financially interdependent on the employee, but such coverage is not required. If such coverage is provided, the policy or contract form shall require the applicant to provide the following: • Registration as a domestic partner, where such registry exists, or an affidavit of domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six months • Proof of cohabitation • Proof of financial interdependency by evidence of two or more of the following: joint bank	Section V

		account; joint credit or charge card; joint obligation on a loan; status as authorized signatory on the partner's bank account, credit card or charge card; joint ownership or holding of investments; joint ownership of residence; joint ownership of real estate other than residence; listing of both partners as tenants on lease; shared rental payments; shared household expenses; shared household budget for purposes of receiving government benefits; joint ownership of major items of personal property; joint ownership of a motor vehicle; joint responsibility for child care; shared child-care expenses; execution of wills naming each other as executor and/or beneficiary; designation as beneficiary under the other's life insurance policy or retirement benefits account; mutual grant of durable power of attorney; mutual grant of authority to make health care decisions; affidavit by creditor or other individual able to testify to partners' financial interdependence; other items of sufficient proof to establish economic interdependency under the circumstances of the particular case.	
New Family Members Model Language Used? Yes ☒ No ☐	45 C.F.R. § 155.420 Model Language	The policy or contract form describes the requirements to add new family members to the policy or contract.	Section V
New Employees	§3221(a)(3)	New employees or members of the class must be added to the class for which they are eligible.	
Enrollment Periods	http://government.westlaw.com/linkedslice/default.asp?SP=nycrr-100011NYCRR52.70(e)(3) 45 C.F.R. § 155.410 45 C.F.R. § 155.420 45 C.F.R. § 155.305 45 C.F.R. § 155.725 Model Language	This policy or contract form must provide for an initial open enrollment period, an annual open enrollment period, and special enrollment periods, including those special enrollment periods that allow for the addition of a new family member.	Section V
MANDATORY COVERED ESSENTIAL HEALTH BENEFITS		**Except where noted below, the following benefits must be included in the policy or contract forms.** Insurers may either (i) substitute benefits within certain categories listed below, (ii) modify cost-sharing in any category; (iii) add benefits to an essential health benefit category, including higher visit limitations; and/or (iv) add benefits that are not considered essential health benefits, provided all changes are in accordance with federal and state regulation and guidance, as well as DFS review. The categories of benefits that may be substituted are: A. Preventive/Wellness/Chronic Disease Management B. Rehabilitative and Habilitative	Form/Page/Para Reference
PREVENTIVE CARE			
Primary and Preventive Health Services	§3221(l)(8) §3221(k)(18)	This policy or contract form includes the following coverage for primary and preventive health services for a covered child from the date of birth through age 19:	Section VI.1

Model Language Used? Yes ☒ No ☐	§4303(j) Circular Letter No. 3 (1994) Circular Letter No. 13 (2006) Required Immunizations 42 USC § 300gg-13 45 CFR §147.130 45 CFR § 156.100	• An initial hospital check-up and well child visits scheduled in accordance with the American Academy of Pediatrics. • At each visit, services in accordance with the American Academy of Pediatrics, including a medical history, complete physical examination, developmental assessment, anticipatory guidance, laboratory tests and necessary immunizations in accordance with the Advisory Committee on Immunization Practices. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	Section VI.1.a
Federal Mandated Preventive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language HRSA Guidelines	This policy or contract form includes coverage for the following preventive care and screenings for children and adults with no cost-sharing: • Evidence-based items or services for children and adults with a rating of A or B by the U.S. Preventive Services Task Force. • Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. • Preventive care and screenings for infants, children and adolescents in guidelines supported by the Health Resources and Services Administration. • Preventive care and screenings for women in guidelines supported by the Health Resources and Services Administration. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	Section VI.a, Section VI.b, Section VI.c, Section VI.d
Cervical Cytology Screening Model Language Used? Yes ☒ No ☐	§3 221(l)(14) § 4303(t) 42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	This policy or contract form includes coverage for annual cervical cytology screening for cervical cancer and its precursor states for women aged eighteen and older. Cervical cytology screening includes an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	
Mammography Screening Model Language Used? Yes ☒ No ☐	§ 3221(l)(11) § 4303(p) 42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	This policy or contract form includes the following coverage for mammography screening for occult breast cancer: • Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer. • A single, baseline mammogram for covered persons aged 35-39, inclusive. • An annual mammogram for covered persons aged 40 and older. • Diagnostic mammograms (mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever they are Medically Necessary. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	Section VI.1.e

Family Planning & Reproductive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language 42 USC § 300gg-13 HRSA Guidelines	This policy or contract form includes coverage for family planning services which consist of FDA approved contraceptive methods prescribed by a provider (not covered under the prescription drug benefits), counseling on use of contraceptives, related topics and sterilization procedures for women. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF. This policy or contract form includes coverage for vasectomies. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.1.f
Bone Mineral Density Measurements or Tests, Drugs and Devices Model Language Used? Yes ☒ No ☐	§ 3221(k)(13) § 4303(bb) 42 USC § 300gg-13 45 CFR §147.130 Model Language	This policy or contract form includes coverage for bone mineral density measurements or tests, prescription drugs, and devices approved by the FDA or generic equivalents as approved substitutes. Bone mineral density measurements or tests, drugs or devices shall include those covered for individuals meeting the criteria under the federal Medicare program and those in accordance with the criteria of the National Institutes of Health. Individuals qualifying for coverage, at a minimum, include individuals: • Previously diagnosed as having osteoporosis or having a family history of osteoporosis; or • With symptoms or conditions indicative of the presence or significant risk of osteoporosis; or • On a prescribed drug regimen posing a significant risk of osteoporosis; or • With lifestyle factors to a degree as posing a significant risk of osteoporosis; or, • With such age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis. Such coverage, when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF, shall not be subject to deductibles, copayments and/or coinsurance. Other such coverage provided may be subject to deductibles, copayments and/or coinsurance	Section VI.1.g
Prostate Cancer Screening Model Language Used? Yes ☒ No ☐	§ 3221(l)(11-a) § 4303(z-1) Model Language	This policy or contract form includes coverage for the diagnostic screening for prostate cancer including: • Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and • An annual standard diagnostic examination for men age 50 and over who are asymptomatic and for men age 40 or older with a family history of prostate cancer or other prostate cancer risk factors. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Section VI.1.h
EMERGENCY SERVICES AND URGENT CARE			
Pre-Hospital Emergency Medical and Ambulance Services	§ 3221(l)(15) § 4303(aa) Model Language	**Emergency Medical and Ambulance Services:** This policy or contract form includes coverage for pre-hospital emergency medical services for the treatment of an emergency condition when such services are provided by an ambulance service (either	Section VI.2.a, Section VI.2.b

Model Language Used? Yes ☒ No ☐		ground, water or air) issued a certificate to operate pursuant to §3005 of the Public Health Law. This policy or contract form will, however, only provide coverage when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (i) Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) Serious impairment to such person's bodily functions; (iii) Serious dysfunction of any bodily organ or part of such person; or (iv) Serious disfigurement of such person. An ambulance service may not charge or seek reimbursement from the insured for Pre-Hospital Emergency Medical Services relating to non-airborne transportation to a Hospital except for the collection of any applicable copayment, coinsurance, or deductible. Pre-Hospital Emergency Medical Services and ambulance services for medical emergencies do not require preauthorization. **Non-Emergency Ambulance Services:** This policy or contract form covers non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as appropriate) between facilities when the transport is any of the following: • From a Non-Participating Hospital to a Participating Hospital. • To a Hospital that provides a higher level of care that was not available at the original Hospital. • To a more cost-effective acute care facility. • From an acute facility to a sub-acute setting.	
Emergency Services Model Language Used? Yes ☒ No ☐	§ 3221(k)(4) § 3217-a(a)(8) § 4900(c) § 4303(a)(2) Circular Letter No.1 (2002) PHL § 4408(1)(h) 10 NYCRR § 98-1.13 42 USC § 300gg-19a 45 CFR §147.138(b) 45 CFR § 156.100 Model Language	This policy or contract form includes coverage for the treatment of an emergency condition in hospital facilities: • without the need for any prior authorization; • regardless of whether the provider is a participating provider; • without imposing any administrative requirement or limitation on out-of-network coverage that is more restrictive than the requirements or limitations that apply to emergency services received from participating providers; • the cost-sharing (copayment or coinsurance) shall be the same regardless of whether the services are provided by a participating or a non-participating provider; and • The benefits for out-of-network emergency services must at a minimum equal the greatest of the following amounts: (i) the amount negotiated with in-network providers for the emergency service; (ii) the amount for the emergency service calculated using the same method the insurer uses to determine payments for out-of-network services excluding any in-network co-payment or coinsurance; or (iii) the amount that would be paid under Medicare for the emergency service excluding any in-network co-payment or coinsurance. *Note the following definitions must be used:*	Section VI.3.a, Section VI.3.b, Section VI.3.c, Section VI.3.d

		Emergency condition means a medical or behavioral condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; (iii)serious dysfunction of any bodily organ or part of such person; or (iv)serious disfigurement of such person; or a condition described in §1867(e)(1)(A)(i), (ii) or (iii) of the Social Security Act. *Emergency services means with respect to an emergency condition (i) a medical screening examination as required under 42 U.S.C. §1395dd, which is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and (ii) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under 42 U.S.C. §1395dd to stabilize the patient. For purposes of this paragraph" to stabilize" means, with respect to an emergency condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the insured from a facility or to deliver a newborn child (including the placenta).*	
Urgent Care Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100	This policy or contract form includes coverage for Urgent Care. Urgent Care is medical care for an illness, injury or condition that is serious enough for a reasonable person to seek care right away, but not so severe as to require emergency care.	Section VI.3.e
OUTPATIENT SERVICES, INPATIENT SERVICES, EQUIPMENT AND DEVICES			
Advanced Imaging Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for PET scans, MRI, nuclear medicine, and CAT scans. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.a
Allergy Testing and Treatment Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for testing and evaluations including: injections, and scratch and prick tests to determine the existence of an allergy. This policy or contract form also provides coverage for allergy treatment, including desensitization treatments, routine allergy injections and serums. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.b
Ambulatory Surgery Center Model Language Used?	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for surgical procedures performed at an Ambulatory Surgical Center including services and supplies provided by the center the day the surgery is performed.	Section VI.4.c

Yes ☒ No ☐		Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Chemotherapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for chemotherapy in an outpatient facility or in a professional provider office. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.d
Chiropractic Care Model Language Used? Yes ☒ No ☐	§3221(k)(11) §4303(y) Model Language	This policy or contract form includes coverage for chiropractic care in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment, or sublaxation in the vertebral column. Chiropractic care and services may be subject to reasonable deductible, copayment and coinsurance amounts, reasonable fee or benefit limits, and reasonable utilization review, provided that any such amounts, limits and review: shall not function to direct treatment in a manner discriminative against chiropractic care and individually and collectively shall be no more restrictive than those applicable under the coverage to care or services provided by other health care professionals in the diagnosis, treatment and management of the same or similar conditions, injuries, complaints, disorders or ailments even if differing nomenclature is used to describe the condition, injury, complaint, disorder or ailment. *Note: The Department interprets this mandate to mean that policy or contract forms may not subject a visit to a chiropractor or to a provider of chiropractic care to higher cost sharing than that which applies to other specialty office visits under the policy or contract. Additionally, a policy or contract may not impose a greater level of utilization review to chiropractic care and services than that which applies to specialty office care in general under the policy or contract. This means, for example, that a policy or contract may not require pre-certification or preauthorization of chiropractic care and services if it does not require the same for specialty office visits in general.*	Section VI.4.e
Dialysis Coverage Model Language Used? Yes ☒ No ☐	§3221(k)(16) §4303(gg) 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for dialysis treatment of an acute of chronic kidney ailment. If the policy or contract form does not otherwise cover out-of-network services, dialysis treatment or services provided by a non-participating provider must be covered if the following conditions are met: • The out-of-network provider is duly licensed to practice and authorized to provide such treatment; • The out-of-network provider is located outside the service area of the insurer; • The in-network provider treating the insured for the condition issues a written order stating that the dialysis treatment is necessary; • The insured notifies the insurer in writing 30 days in advance of the proposed date(s) of the out-of-network dialysis treatment and attaches the written order of the in-network provider. If the insured must travel on sudden notice due to family or other emergency, shorter notice may be permitted, provided that the insurer has a reasonable opportunity to review the travel and treatment plans of the insured;	Section VI.4.f

		• The insurer has the right to pre-approve the dialysis treatment schedule; and • Such coverage may be limited to 10 out-of-network treatments in a calendar year. Benefits for services of a Non-Participating Provider are subject to any applicable cost sharing that applies to dialysis treatments by a Participating Provider. However, the insured will also be responsible for paying any difference between the amount the insurer would have paid had the service been provided by a Participating Provider and the Non-Participating Provider's charge.	
Outpatient Habilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for habilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.g
Benefit explanation:			
Home Health Services Model Language Used? Yes ☒ No ☐	§3221(k)(1) §4303(a)(3) Model Language	This policy or contract form includes coverage of home care for not less than 40 visits in a plan year for each person covered under the policy or contract if hospitalization or confinement in a nursing facility would otherwise be required. Home care must be provided by an agency possessing a valid certificate of approval or license issued pursuant to Article 36 of the Public Health Law and shall consist of one or more of the following: • Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse. • Part-time or intermittent home health aide services which consist primarily of caring for the patient. • Physical, occupational or speech therapy if provided by the home health service or agency. • Medical supplies, drugs and medications prescribed by a physician and laboratory services by or on behalf of a certified or licensed home health agency.	Section VI.4.h

		• Each visit by a member of a home care team shall be considered as one home care visit. • Four hours of home health aide service shall be considered as one home care visit Such coverage may be subject to an annual deductible of not more than $50 per person covered under the policy or contract form and may be subject to a coinsurance provision which provides not less than 75% of reasonable charges for services. Such coverage may be subject to copayments.	
Interruption of Pregnancy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for therapeutic abortions. Non-therapeutic abortions in cases of rape, incest or fetal malformation are also covered. Elective abortions are covered for one procedure per Member, per Year. *Note: Plans must include the one procedure limit and may provide coverage that is more favorable.*	Section VI.4.i
Treatment of Correctable Medical Conditions that Cause Infertility/Infertility Treatments Model Language Used? Yes ☒ No ☐	§3221(k)(6) 4303(s) 11 NYCRR 52.18(a)(10) Definition of Infertility OGC Opinion 05-11-10 Model Language	This policy or contract form shall not exclude coverage for hospital, surgical or medical care for the diagnosis and treatment of correctable medical conditions otherwise covered under the policy or contract solely because the medical condition results in infertility. • Coverage shall not exclude surgical or medical procedures which would correct malformation, disease or dysfunction resulting in infertility. • Coverage shall not exclude diagnostic tests and procedures including hysterosalpingogram, hysteroscopy, endometrial biopsy, laparoscopy, sono-hysterogram, post coital tests, testis biopsy, semen analysis, blood tests, ultrasound and artificial insemination, or prescription drugs if prescription drug coverage is otherwise provided under the policy or contract. • Coverage shall be provided for persons aged 21-44 years; however, coverage beyond this age range is not precluded. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract. • This mandate does not require coverage of the following treatments in connection with infertility: in vitro fertilization; gamete intrafallopian tube transfers; zygote intrafallopian tube transfers; the reversal of elective sterilizations; cost for an ovum donor or donor sperm; sperm storage costs; cryopreservation and storage of embryos; ovulation predictor kits; reversal of tubal ligations; sex change procedures; cloning; or medical or surgical services or procedures determined to be experimental. These are the only infertility treatments that may be expressly excluded in the policy or contract form.	Section VI.4.j
Infusion Therapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for infusion therapy which is the administration of drugs using specialized delivery systems which otherwise would have required hospitalization. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.k
Laboratory Procedures, Diagnostic Testing and Radiology Services Model Language Used?	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for x-ray, laboratory procedures and diagnostic testing, services and materials, including diagnostic X-rays, X-ray therapy, fluoroscopy, electrocardiograms, electroencephalograms, laboratory tests, and therapeutic radiology services. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.l

Yes ☒ No ☐			
Office Visits Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for office visits for the diagnosis and treatment of injury, disease, and medical conditions. Office visits may include house calls. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.o
Outpatient Hospital Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hospital services and supplies described in the inpatient hospital section of the policy or contract form that can be provided while being treated in an outpatient facility. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.p
Preadmission Testing Model Language Used? Yes ☒ No ☐	§3221(k)(2) §4303(a)(1) Model Language	This policy or contract form includes coverage for preadmission testing ordered by a physician performed in the out-patient facilities of a hospital as a planned preliminary to admission of the patient as an in-patient for surgery in the same hospital provided that: tests are necessary for and consistent with the diagnosis and treatment of the condition for which surgery is to be performed; reservations for a hospital bed and for an operating room were made prior to the performance of the tests; the surgery actually takes place within seven days of the tests; and the patient is physically present at the hospital for the tests. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.q
Outpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for rehabilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.* Speech and physical therapy is covered only when: such therapy are related to the treatment or diagnosis of a physical illness or injury (in the case of a dependent child, this includes a medically diagnosed congenital defect); is ordered by a physician; and the insured has been hospitalized or has undergone surgery for such illness or injury. Speech, physical and occupational therapy services must begin within six months of the later to occur: • The date of the injury or illness that caused the need for the therapy; • The date You are discharged from a Hospital where surgical treatment was rendered; or • The date outpatient surgical care is rendered. In no event will the therapy continue beyond 365 days after such event. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Plans may: increase the number of covered visits; cover 60 or more visits per therapy or condition; cover visits per year rather than per condition; remove the lifetime limit; remove the other*	Section VI.4.r

		conditions/ limitations for coverage; and/or omit the requirement for a prior hospitalization or surgery.	
Benefit explanation:			
Second Medical Opinion for Cancer Diagnosis Model Language Used? Yes ☒ No ☐	§3221(k)(9) §4303(w) Model Language	This policy or contract form includes coverage for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. • This benefit includes coverage for a second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer when the attending physician provides a written referral to the non-participating specialist, at no additional cost to the insured beyond what such insured would have paid for services from a participating specialist. • This benefit also includes coverage for a second medical opinion by a non-participating specialist where there is no referral from the attending physician and where the insurer has not pre-authorized the service. In such cases, the insurer is responsible for covering the medically necessary services at a usual, customary and reasonable rate. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Section VI.4.s
Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) 4303(b) Circular Letter No. 29 (1979) Model Language	This policy or contract form includes coverage for a second surgical opinion by a qualified physician on the need for surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.s
Mandatory Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) 4303(b) Circular Letter No. 29 (1979) Model Language	The policy or contract form may contain a mandatory second surgical opinion provision only if such provision is consistent with Circular Letter No. 29 (1979). Such coverage may not be subject to deductibles, copayments and/or coinsurance.	Section VI.4.s
Second Opinion in Other Cases Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form shall include coverage for a second opinion in cases when a subscriber disagrees with a provider's recommended course of treatment. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.
Surgical Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.6 Model Language	This policy or contract form includes coverage for physicians' services for surgical procedures, including operating and cutting procedures for the treatment of a sickness or injury, and closed reduction of fractures and dislocations of bones, endoscopies, incisions, or punctures of the skin on an inpatient and outpatient basis, including the services of the surgeon or specialist, assistant (including a physician's assistant or a nurse practitioner), and anesthetist or anesthesiologist, together with	Section VI.4.t

		preoperative and post-operative care. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Oral Surgery Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.16(c)(9) Model Language	This policy or contract form provides coverage for the following limited dental and oral surgical procedures: • Oral surgical procedures for jaw bones or surrounding tissue and dental services for the repair or replacement of sound natural teeth that are required due to accidental injury. Replacement is covered only when repair is not possible. Dental services must be obtained within 12 months of the injury. • Oral surgical procedures for jaw bones or surrounding tissue and dental services necessary due to congenital disease or anomaly. • Oral surgical procedures required for the correction of a non-dental physiological condition which has resulted in a severe functional impairment. • Removal of tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth. Cysts related to teeth are not covered. • Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.u
Mastectomy Care Model Language Used? Yes ☒ No ☐	§3221(k)(8) §4303(v) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for a period of inpatient hospital care as is determined by the attending physician in consultation with the patient to be medically appropriate for a person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered under the policy or contract, and any physical complications arising from the mastectomy, including lymphedema. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Section VI.6.e
Post Mastectomy Reconstruction Model Language Used? Yes ☒ No ☐	§3221(k)(10) §4303(x) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for breast reconstruction surgery after a mastectomy or partial mastectomy including all stages of reconstruction of the breast on which the mastectomy or partial mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and physical complications of mastectomy including lymphedemas in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract.	Section VI.4.v
Transplants Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for transplants determined to be non-experimental and non-investigational. Covered transplants include but are not limited to: kidney, corneal, liver, heart, and heart/lung transplants; and bone marrow transplants for aplastic anemia, leukemia, severe combined immunodeficiency disease and Wiskott-Aldrich Syndrome. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.4.x
Autism Spectrum Disorder Model Language Used?	§3221(l)(17) §4303(ee) Model Language	This policy or contract form includes coverage for the screening, diagnosis and treatment of autism spectrum disorder, including the following care and assistive communication devices prescribed or ordered for an individual diagnosed with autism spectrum disorder by a licensed physician or a	Section VI.5.a

Yes ☒ No ☐	11 NYCRR 440	licensed psychologist: • behavioral health treatment; • psychiatric care; • psychological care; • medical care provided by a licensed health care provider; • therapeutic care, including therapeutic care which is deemed habilitative or nonrestorative, in the event that the policy or contract provides coverage for therapeutic care; and • pharmacy care in the event that the policy or contract provides coverage for prescription drugs. This policy or contract form shall include a definition of "autism spectrum disorder" which means any pervasive developmental disorder defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder; Asperger's disorder; Rett's disorder; childhood disintegrative disorder; and pervasive developmental disorder not otherwise specified (PDD-NOS). The policy or contract form shall include a definition of "behavioral health treatment" which means counseling and treatment programs, when provided by a licensed provider and applied behavior analysis, when provided or supervised by a behavior analysis provider as defined and described in 11 NYCRR 440, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. The policy or contract form shall include coverage for "applied behavior analysis" which means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Coverage for applied behavioral analysis is limited to 680 hours per covered individual per year. The policy or contract form shall include a definition of "assistive communication devices" which at a minimum shall include dedicated devices which are specifically designed to aid in communication and are not generally useful to a person in the absence of a communication impairment and software applications that enable a non-covered device to function as a communication device. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Diabetes Equipment, Supplies and Self-Management Education Model Language Used? Yes ☒ No ☐	§3221(k)(7) §4303(u) 10NYCRR60-3.1 Model Language	This policy or contract form includes coverage for equipment, supplies and self-management education described in §§ 3221(k)(7) or 4303(u) for the treatment of diabetes. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits. *Note: Plans may apply either a medical or a prescription benefit depending upon whichever will*	Section VI.5.b

		provide a more generous benefit. *Note: Since the statute refers to equipment, supplies and self-management education that are prescribed by a physician "or other licensed health care provider legally authorized to prescribe under title eight of the education law…," the policy or contract form may not limit coverage to care prescribed by a physician.*	
Durable Medical Equipment and Braces Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for the rental or purchase of durable medical equipment and braces. Coverage is for standard equipment only. Repairs or replacement are covered when made necessary by normal wear and tear. Coverage does not include the cost of repairs or replacement that are the result of misuse or abuse. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.5.c
Hearing Aids Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hearing aids required for the correction of a hearing impairment (a reduction in the ability to perceive sound which may range from slight to complete deafness). Hearing aids are electronic amplifying devices designed to bring sound more effectively into the ear. A hearing aid consists of a microphone, amplifier and receiver. Coverage must be provided for a single purchase (including repair and/or replacement) of hearing aids for one or both ears once every three years. *{Note: The three year limit on hearing aids is required for plans but the limit may be removed or modified so that coverage is more favorable.}* Bone anchored hearing aids must be covered only if an insured has either of the following: • Craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or • Hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Coverage must be provided for one hearing aid per ear during the period of time the insured is enrolled. Replacements and/or repairs for a bone anchored hearing aid are Covered only for malfunctions. *{Drafting Note: The limit on hearing aids is required for plans but this limit may be removed or modified so that coverage is more favorable.}* Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.5.d
Hospice Care Model Language Used? Yes ☒ No ☐	§3221(l)(10) §4303(o) 45 CFR § 156.100 Model Language	This policy or contract form provides Hospice Care to Member who has been certified by his or her primary attending physician as having a life expectancy of six months or less which is provided by a hospice organization certified pursuant to Article 40 of the Public Health Law or under a similar certification process required by the state in which the hospice is located. Coverage will include inpatient hospice care in a hospital or hospice and home care and outpatient services provided by the hospice, including drugs and medical supplies. Coverage is provided for 210 days of hospice care. This policy or contract form will also cover five visits for supportive care and guidance for the purpose of helping the Member and the Member's immediate family cope with the emotional and social issues related to the Member's death.	Section VI.5.e

		Hospice care will be covered only when provided as part of a Hospice Care program certified pursuant to Article 40 of the N.Y. Public Health Law. If care is provided outside New York State, the Hospice must have an operating license issued by the state in which the hospice is located under a certification process that is similar to that used in New York. Coverage is not provided for: funeral arrangements; pastoral, financial, or legal counseling; homemaker, caretaker, or respite care. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with those imposed on other benefits. *Note: A plan must cover 210 days of hospice care; however plans can cover more than 210 days.*	
Prosthetics Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	External Prosthetic Devices**:** This policy or contract form provides coverage for prosthetic devices (including wigs) that are worn externally and that temporarily or permanently replace all or part of an external body part that has been lost or damaged because of an injury or disease. Coverage is limited to one external prosthetic device per limb per lifetime. Replacements are covered for children for devices that have been outgrown. *Note: The limit on prosthetic devices is required for plans, but the limit may be removed or modified so that coverage is more favorable.* Internal Prosthetic Devices**:** This policy or contract form provides coverage for surgically implanted prosthetic devices and special appliances if they improve or restore the function of an internal body part which has been removed or damaged due to disease or injury. This includes implanted breast prostheses following a mastectomy or partial mastectomy in a manner determined by the insured and his/her attending physician to be appropriate. Coverage also includes repair and replacement due to normal growth or normal wear and tear. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.5.f
Hospital Services Model Language Used? Yes ☒ No ☐	11NYCRR52.5 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Hospital services for acute care, for an illness, injury or disease of a severity that must be treated on an inpatient basis including: • Semiprivate room and board; • General, special, and critical nursing care; • Meals and special diets; • The use of operating, recovery, and cystocopic rooms and equipment; • The use of intensive care, special care, or cardiac care units and equipment; • Diagnostic and therapeutic items, such as drugs and medications, sera, biologicals and vaccines, intravenous preparations and visualizing dyes and administration, but not including those which are not commercially available for purchase and readily obtainable by the hospital; • Dressings and plaster casts; • Supplies and the use of equipment in connection with oxygen, anesthesia, physiotherapy,	Section VI.6.a

		chemotherapy, electrocardiographs, electroencephalographs, X-ray examinations and radiation therapy, laboratory and pathological examinations; • Blood and blood products except when participation in a volunteer blood replacement program is available • Radiation therapy, inhalation therapy, chemotherapy, pulmonary rehabilitation, infusion therapy and cardiac rehabilitation; • Short-term physical, speech and occupational therapy; and • Any additional medical services and supplies which are customarily provided by hospitals. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Maternity Care Model Language Used? Yes ☒ No ☐	§3221(k)(5) 4303(c) Model Language	This policy or contract form includes coverage for maternity care, to the same extent as coverage is provided for illness or disease under the policy or contract. Such coverage, other than for perinatal complications, includes inpatient hospital coverage for mother and newborn for at least 48 hours after childbirth for any delivery other than a caesarean section, and for at least 96 hours following a caesarean section. Such coverage may be subject to deductibles, copayments and/or coinsurance. The mother has the option to be discharged earlier than the time periods listed above, and, in such cases, is entitled to one home care visit in addition to any home care provided under §3221(k)(1), or 4303(a)(3). Such home care is not subject to deductibles, copayments and/or coinsurance. Maternity coverage also includes coverage of the services of a midwife licensed pursuant to Article 140 of the Education Law, practicing consistent with a collaborative relationship with a physician or a hospital licensed pursuant to Article 28 of the Public Health Law, consistent with the requirements Education Law §6951. Maternity coverage also includes parent education, training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. The cost of renting one breast pump per pregnancy in conjunction with childbirth is covered in full. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Section VI.6.d
Autologous Blood Banking Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for autologous blood banking services when they are being provided in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury. In such instances, this policy or contract form will cover storage fees for what are determined to be a reasonable storage period that is appropriate for having the blood available when it is needed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.6.f
Inpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for Rehabilitation Services including physical therapy, speech therapy, and occupational therapy for up to one consecutive 60-day period, per condition, per lifetime in a Rehabilitation Facility. *Note: Plans must cover 60 days; however plans may exceed the required 60 day, and also may*	Section VI.6.g

Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Languagebenefit in the space provided.		*remove the "per condition" and/or "per lifetime" limit.* Such coverage may be subject to deductibles, copayments and/or coinsurance. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.*	
Benefit explanation:			
Skilled Nursing Facility Model Language Used? Yes ☒ No ☐	§3221(l)(2) §4303(d) 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for services provided in a Skilled Nursing Facility, including care and treatment in a semi-private room, for up to 200 days, per Calendar Year, for non-custodial care. Custodial, convalescent or domiciliary care is not covered. *Note: Plans must cover 200 days, but may cover more than 200 days.* Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.6.h
End of Life Care Model Language Used? Yes ☒ No ☐	§4805 PHL §4406-e 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for acute care provided in a licensed Article 28 facility or acute care facility that specializes in the care of terminally ill patients if the subscriber is diagnosed with advanced cancer and has fewer 60 days to live.	Section VI.6.i
MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES			
Inpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	§3221(l)(5) §4303(g) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act	This policy or contract form provides coverage for inpatient Mental Health Care services relating to the diagnosis and treatment of mental, nervous and emotional disorders at least equal to the coverage provided for other health conditions under this policy or contract. Coverage for inpatient services for mental health care is limited to facilities as defined by New York Mental Hygiene Law § 1.03(10). Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, small group health policies or contracts that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental*	Section VI.7.a

	of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	*health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	
Outpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	3221(l)(5) §4303(g) §4303(h) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient mental health care services including, but not limited to, partial hospitalization program and intensive outpatient program services, relating to the diagnosis and treatment of mental, nervous and emotional disorders. Such coverage is limited to facilities that have an operating certificate issued pursuant to Article 31 of the New York Mental Hygiene Law; a facility operated by the Office of Mental Health; services provided by a psychiatrist or psychologist licensed to practice in this state; a licensed clinical social worker who meets the requirements of Ins. Law §§ 3221(l)(4)(D), 4303(h)(1); or a professional corporation or a university faculty practice corporation thereof. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	Section VI.7.a
Inpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(6) §4303(k) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343	This policy or contract form provides coverage for inpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. This includes coverage for detoxification and/or rehabilitation services as a consequence of chemical use and/or substance use. Inpatient Substance Use services are limited to facilities in New York which are certified by the Office of Alcoholism and Substance Abuse Services (OASAS), and in other states, to those which are accredited by the Joint Commission as alcoholism, substance abuse or chemical dependence treatment programs. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial*	Section VI.7.b

	45 CFR 146.136 45 CFR § 156.100 Model Language	*requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	
Outpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(7) §4303(l) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Such coverage is limited to facilities in New York State, certified by the Office of Alcoholism and Substance Abuse Services (OASAS) or licensed by OASAS as outpatient clinics or medically supervised ambulatory substance abuse programs or by physicians who have been granted a waiver pursuant to the Drug Addiction and Treatment Act of 2000 to prescribe Schedule III, IV and V narcotic medications for the treatment of opiod addiction during the acute detoxification stage of treatment or during stages of rehabilitation, and, in other states, to those accredited by the Joint Commission as alcoholism or chemical dependence treatment programs. Coverage is also available in a professional office setting for outpatient substance use services related to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Coverage must also be provided for up to 20 outpatient visits for family counseling. A family member will be deemed to be covered, for the purposes of this provision, so long as that family member (i) identifies himself or herself as a family member of a person suffering from substance use and/or dependency, and (ii) is covered under the same family policy or contract that covers the person receiving, or in need of, treatment for Substance Use, and/or Dependence. Payment for a family member should be the same amount regardless of the number of family members who attend the family therapy session. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Note: The insurer may not deny coverage to a family member who identifies himself or herself as a family member of a person suffering from substance abuse or dependency and who seeks treatment as a family member who is otherwise covered by the policy or contract. The coverage provided under this statute includes treatment as a family member pursuant to such family member's own policy or contract provided such family member does not exceed the allowable number of family visits and is otherwise entitled to the coverage pursuant to this mandate.* *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial*	Section VI.7.

		requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.	
PRESCRIPTION DRUGS			
Prescription Drugs Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form covers prescription drugs that, except as specifically provided otherwise, can be dispensed only pursuant to a prescription and that are required by law to bear the legend "Caution – Federal Law prohibits dispensing without a prescription" so long as they are FDA approved, ordered by a provider authorized to prescribe, prescribed within the approved FDA administration and dosing guidelines, and are dispensed by a Pharmacy. This policy or contract form covers at least the greater of one drug in every United States Pharmacopia Category and Class; or the same number of prescription drugs in each category and class as the benchmark plan. This policy or contract form may have up to a three tier cost-sharing plan design. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.8.a
Enteral Formulas Model Language Used? Yes ☒ No ☐	§3221(k)(11) §4303(y) OGC Opinion 10-12-03 Model Language	This policy or contract form provides coverage for enteral formulas for home use for which a physician or other licensed health care provider legally authorized to prescribe under Title 8 of the Education Law has issued a written order. The order must state that the formula is medically necessary and has been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Specific diseases that enteral formulas are effective for include, but are not limited to: inherited amino-acid or organic acid metabolism; Crohn's Disease; gastroesophageal reflux with failure to thrive; disorders of gastrointestinal motility such as chronic intestinal pseudo-obstruction; and multiple, severe food allergies which if left untreated will cause malnutrition, chronic physical disability, mental retardation or death. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include coverage of modified solid food products. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.8.a
Off-Label Cancer Drug Usage Model Language Used? Yes ☒ No ☐	§3221(l)(12) §4303(q) Model Language	This policy or contract form may not exclude, or deny, prescription drug coverage because the drug is being prescribed to treat a type of cancer for which the FDA has not approved the drug. The drug must be recognized for treatment of the specific type of cancer for which it has been prescribed in one of the following reference compendia: the American Hospital Formulary Service-Drug Information; National Comprehensive Cancer Networks Drugs and Biologics Compendium; Thomson Micromedex DrugDex; Elsevier Gold Standard's Clinical Pharmacology; or other authoritative compendia as identified by the Federal Secretary of Health and Human Services or the Centers for Medicare and Medicaid Services; or recommended by review article or editorial comment in a major peer reviewed professional journal.	Section VI.8.a
Usual and Customary Cost	§4325(h)	Copayments relating to prescription drugs shall not exceed the usual and customary cost of such	Section VI.8.d

of Prescribed Drugs Model Language Used? Yes ☒ No ☐	PHL §4406-c(6) Model Language	prescribed drug.	
Prohibition for Tier IV Drugs	§3221(a)(16) §4303(gg) PHL §4406-c(7)	The policy or contract form shall not impose cost-sharing (copayment, coinsurance and deductible) for any prescription drug that exceeds the cost-sharing for non-preferred brand drugs or its equivalent (or brand drugs if there is no non-preferred brand drug category).	
Eye Drops Model Language Used? Yes ☒ No ☐	§3221(k)(17) §4303(hh) Model Language	The policy or contract form shall allow for the limited refilling of eye drop medication requiring a prescription prior to the last day of the approved dosage period. Any refill dispensed prior to the expiration of the approved coverage period shall, to the extent practicable, be limited in quantity so as not to exceed the remaining dosage initially approved for coverage. The limited refilling shall not limit or restrict coverage with respect to any previously or subsequently approved prescription for eye drop medication.	Section VI.8.b
Orally Administered Anticancer Medications Model Language Used? Yes ☒ No ☐	§3221(l)(12-a) §4303(q-1) Model Language	The policy or contract form provides coverage for a prescribed orally administered anticancer medication used to kill or slow the growth of cancerous cells. Such coverage may be subject to deductibles, copayments and/or coinsurance that apply to coverage for intravenous or injected anticancer medications.	Section VI.8.a
Mail Order Drugs for Policies With a Provider Network Model Language Used? Yes ☒ No ☐	§3221(l)(18) §4303(hh) Model Language	If this policy or contract form provides coverage for mail order drugs, then this policy or contract shall permit an insured to fill any prescription that may be obtained at a network participating mail order or other non-retail pharmacy, at the insured's option, at a network participating non-mail order retail pharmacy provided that the network participating non-mail order retail pharmacy agrees in advance, through a contractual network agreement, to the same reimbursement amount and the same terms and conditions that the insurer has established for the network participating mail order or other non-retail pharmacy.	Section VI.8.g
Contraceptive Drugs and Devices Model Language Used? Yes ☒ No ☐	§3221(l)(16) §4303(cc) 42 USC §300gg-13 Model Language	This policy or contract form provides coverage for contraceptive drugs and devices or generic equivalents approved as substitutes by the Federal Food and Drug Administration. For groups that meet the definition of a religious employer in §§3221(l)(16)(A); 4303(cc)(1)(A), the subscriber will have the option to purchase the stand alone contraceptive coverage rider. Contraceptive coverage must be provided with no cost-sharing. *Note: Since the statute refers to contraceptive drugs and devices prescribed by a physician "or other licensed health care provide legally authorized to prescribe under title eight of the education law…," the policy or contract may not limit coverage to contraceptive drug and devices prescribed by a physician.*	Section VI.8.a
WELLNESS	45 CFR § 156.100 §3239		
Exercise Facility Reimbursement Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 §3239 Model Language	This policy or contract form partially reimburses the subscriber and the subscriber's covered spouse for certain exercise facility fees or membership fees. If such fees are paid to facilities which maintain equipment and programs that promote cardiovascular wellness and if 50 visits are completed in a 6 month period.	Section VI.9

Is this benefit being substituted? Yes ☐ No ☒ *Note: If an insurer is substituting for this benefit, the benefit that is substituted must comply with §3239.* Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.		The reimbursement is the lesser of $200.00 for the subscriber and $100.00 for the subscriber's spouse or the actual cost of the membership for a 6 month period. *Note: Plans may offer more comprehensive coverage or may substitute this benefit.*	
Benefit explanation:			
Other Wellness Benefits	45 CFR § 156.100 §3239	Additional Wellness Benefits may be covered. All additional wellness benefits must comply with § 3239 of Insurance Law.	
VISION CARE	45 CFR § 156.100		
Pediatric Vision Care Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for pediatric vision care including: emergency, preventive and routine vision care for children up to age 19; one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; and prescribed lenses & frames; and contact lenses. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.10
DENTAL CARE			
Pediatric Dental Care Model Language Used? Yes ☒ No ☐ Is dental coverage being provided by this QHP filing? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for pediatric dental care including the following dental care services for children up to age 19: emergency dental care; preventive dental care; routine dental care; endodontics; prosthodontics; and orthodontics used to help restore oral structures to health and function and to treat serious medical conditions. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Section VI.11

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

Explanation: Two sets of benefit packages are being filed, one inclusive of pediatric dental benefits, and another exclusive of pediatric dental benefits, per DFS guidance. Contract forms submitted as part of this filing reflect this.			
ADDITIONAL BENEFITS			
Family Vision Model Language Used? Yes ☐ No ☒	Model Language	This policy or contract form provides coverage for vision care including: emergency, preventive and routine vision care; including one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; prescribed lenses & frames; and contact lenses.	Not a covered benefit
Orthotics Model Language Used? Yes ☐ No ☒	45 CFR § 156.100 Model Language	This policy or contract form covers orthotic devices that are necessary to: support, restore or protect body function; redirect, eliminate or restrict motion of an impaired body part; or relieve or correct a condition caused by an injury or illness.	Not a covered benefit
Additional Benefits Provided In Policy or Contract, or By Rider Additional Benefits Provided? Yes ☐ No ☒ If additional benefits are provided, please explain in box below.	http://public.leginfo.state ny.us/menugetf.cgi?COMMONQUERY=LAWS11 NYCRR 52.1(c)	The policy or contract form may provide new forms of coverage and new ways of reducing health care costs by rider. Innovations should provide health care benefits of real economic value. Innovations should not be designed merely to produce superficial differences or play upon people's fears of particular diseases, be unduly complex and serve to confuse and make intelligent choice more difficult. Benefits which are contrary to the health care needs of the public and only serve to confuse or obfuscate and provide no economic value are prohibited.	
Explanation:			
Acupuncture		This policy or contract form provides coverage for acupuncture.	
MAKE AVAILABLE BENEFITS			
Care in a Nursing Home or Skilled Nursing Facility	§ 3221(l)(2) § 4303(d)	This policy or contract must make available coverage for care in a nursing home, as defined by Public Health Law §2801, or a skilled nursing facility as defined in 42 USC §§1395, when such services are preceded by a hospital stay of at least three days and further hospitalization would otherwise be necessary.	Section VI.6.h
Licensed Clinical Social Worker	§ 3221(l)(4) § 4303(i)	If this policyor contract provides reimbursement for psychiatric or psychological services or for the diagnosis and treatment of mental, nervous or emotional disorders and ailments by physicians, psychiatrists or psychologists, the policy or contract must make available and if requested by the policyholder, provide the same coverage to insureds for the such services when performed by a licensed clinical social worker, within the lawful scope of his or her practice, who is licensed pursuant to Article 154 of the Education Law (Education Law § 7700 et seq.).	Section VI.5.a
PERMISSIBLE EXCLUSIONS AND		*No policy or contract form shall limit or exclude coverage by type of illness, accident, treatment or medical condition, with an exception for the following exclusions.*	Form/Page/Para Reference

LIMITATIONS		*The following exclusions are permissible. A Plan does not need to include all the exclusions. However, if an exclusion is included, the language below must be used.*	
Aviation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(iii) Model Language	This policy or contract form excludes coverage for services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	Section VII.1
Convalescent and Custodial Care Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(11) Model Language	This policy or contract form excludes coverage for services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be Medically Necessary.	Section VII.2
Cosmetic Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(5) 11NYCRR56 Model Language	This policy or contract form excludes coverage for cosmetic services, prescription drugs, or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.	Section VII.3
Coverage Outside of the United States, Canada or Mexico Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(12) Model Language	This policy or contract form excludes coverage for care or treatment provided outside of the United States, its possessions, Canada or Mexico except for services are provided to treat an Emergency Condition.	Section VII.4
Dental Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(9) Model Language	This policy or contract form excludes coverage for dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as required in the Oral Surgery or Pediatric Dental benefits, as applicable.	Section VII.5
Experimental or Investigational Treatment. Model Language Used? Yes ☒ No ☐	§3221(k)(12) § 4303(z) Article 49 Model Language	This policy or contract form excludes coverage for any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, coverage will be provided for experimental or investigational treatments, including, treatment of rare diseases, or patient costs for the insured's participation in a clinical trial, when the denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, no coverage will be provided for the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy or contract form for non-investigational treatments.	Section VII.6
Felony Participation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for any illness, treatment or medical condition due to participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence.	Section VII.7
Foot Care	11NYCRR52.16(c)(6)	This policy or contract form excludes coverage for foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, except as	

Model Language Used? Yes ▣ No ☐	.Model Language	specifically listed in this policy or contract form.	Section VII.8
Government Facility Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.	Section VII.9
Medically Necessary Model Language Used? Yes ▣ No ☐	§3201(c)(3) Article 49 Model Language	This policy or contract form generally excludes coverage for any health care service, procedure, treatment, device or prescription drug that is determined to not be medically necessary; however, coverage will be provided when the denial of services is overturned by an External Appeal Agent certified by the State.	Section VII.10
Medicare or Other Governmental Program Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).	Section VII.11
Military Service Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.	Section VII.12
No-Fault Automobile Insurance Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.	Section VII.13
Services Separately Billed by Hospital Employees Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	Section VII.14
Services Provided by a Family Member Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services performed by a member of the Covered person's immediate family. "Immediate family" shall mean a: child, spouse, mother, father, sister, or brother of the insured or the insured's spouse.	Section VII.15
Services With No Charge Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services for which no charge is normally made.	Section VII.16
Services not Listed	§3201(c)(3) Model Language	This policy or contract form excludes coverage for services that are not listed in the policy or contract form as being covered.	Section VII.17

Model Language Used? Yes ☒ No ☐			
Vision Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(10) Model Language	This policy or contract form excludes coverage for the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the pediatric vision benefit.	Section VII.18
Workers' Compensation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.	Section VII.19
War Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to war, declared or undeclared.	Section VII.20
CLAIM DETERMINATION			Form/Page/Para Reference
Notice of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(8) Model Language	The policy or contract form provides that the insured has to provide the insurer with written notice of claim as applicable. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.	Section VIII.2
Submission of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(9) §4305(m) Model Language	The policy or contract must provide that the insured has a minimum of 120 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.	Section VIII.3
GRIEVANCE, UTILIZATION REVIEW & EXTERNAL APPEALS			Form/Page/Para Reference
Grievance Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(7) §3217-d(a) §4802 §4324(a)(7) §4306-C(a) PHL §4408(1)(p) PHL § 4408-a 42 USC §00gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	A policy or contract form that is a managed care product as defined in §4801(c), or a comprehensive policy that utilizes a network of providers, or a HMO, shall include a description of the grievance procedure to be used to resolve disputes between the insurer and the insured, including: • the right to file a grievance regarding any dispute between an insured and the insurer; • the right to file a grievance orally when the dispute is about referrals or covered benefits; • the toll-free telephone number which insureds may use to file an oral grievance; • the timeframes and circumstances for expedited and standard grievances; • the right to appeal a grievance determination and the procedures for filing such an appeal; • the timeframes and circumstances for expedited and standard appeals; • the right to designate a representative; • a notice that all disputes involving clinical decisions will be made by qualified clinical personnel; and, • that all notices of determination will include information about the basis of the decision and further appeal rights, if any.	Section IX.1

Utilization Review Policies and Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(3) §4324(a)(3) Article 49 PHL § 4408(1)(c) 42 USC §300gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	This policy or contract form includes a description of the utilization review policies and procedures, including: • The circumstances under which utilization review will be undertaken; • the toll-free telephone number of the utilization review agent; • the timeframes under which utilization review decisions must be made for prospective, retrospective and concurrent decisions; • the right to reconsideration; • the right to appeal, including the expedited and standard appeals processes and the timeframes for such appeals; • the right to designate a representative; • a notice that all denials of claims will be made by qualified clinical personnel and that all notices of denials will include information about the basis of the decision; • a notice of the right to an external appeal, together with a description, jointly promulgated by the commissioner of health and superintendent of insurance, of the external appeal process and the timeframes for such appeals; and • further appeal rights, if any.	Section IX.2
External Appeal Procedures Model Language Used? Yes ☒ No ☐	Article 49 PHL Article 49 45 CFR §147.136 42 USC §300gg-19 Model Language	This policy or contract form includes a description of the external appeal procedures, including: • Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued (service denied as not medically necessary; experimental/investigational, including clinical trials and treatment for rare diseases; and for managed care health insurance contracts as defined as §4801(c), and HMOs, out-of-network denials when the service is not available in-network and the insurer recommends an alternate treatment); and • The timeframe for submitting an external appeal.	Section IX.3
COORDINATION OF BENEFITS Model Language Used? Yes ☒ No ☐	11 NYCRR 52.23 Model Language	If the policy or contract form contains a coordination of benefits provision, then it must comply with 11 NYCRR 52.23.	Form/Page/Para Reference
TERMINATION OF COVERAGE Model Language Used? Yes ☒ No ☐	Model Language	*The following are the only termination provisions permissible under the Insurance Law.*	Form/Page/Para Reference
Notice of Termination	11 NYCRR 52.18(c)	Unless otherwise specified under the Insurance Law, notices of nonrenewal or termination shall provide at least 30 days prior written notice.	Section XI
Termination for Failure to Pay Premiums	§3221(p)(2)(A) §4305(j)(2)(A)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or subscriber has failed to pay premiums or contributions within 30 days of when premiums are due in accordance with the terms of the policy or contract form if the insurer has not received timely premium payments.	Section XI.1
Termination for Fraud	§3221(p)(2)(B)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the	Section XI.10

	§4305(j)(2)(B) §3105	group or a subscriber has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in writing on an enrollment application or in order to obtain coverage for a service.	
Termination for Failure to Comply With a Material Plan Provision	§3221(p)(2)(C) §4305(j)(2)(C)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to terminate coverage if the group has failed to comply with a material plan provision relating to employer contribution or group participation rules, as permitted in §4235.	
Discontinuation of a Class of Coverage	§3221(p)(2)(D); §3221(p)(3)(A) §4305(j)(2)(D) §4305(j)(3)(A)	This policy or contract form includes a provision permitting the insurer to discontinue this class of policy or contract upon written notice to each group, participant, and beneficiary not less than 90 days prior to the date of discontinuance. The insurer must offer groups the option to purchase all other hospital, surgical, and medical expense coverage currently being offered by the insurer to a group in such market and in exercising the option to discontinue coverage of this class, the insurer must act uniformly without regard to the claims experience of those groups or any health status-related factor relating to any insureds covered or new insureds who may become eligible for such coverage.	Section XI.9
Discontinuation of all Policies/Contracts in the Small Market	§3221(p)(2)(D); §3221(p)(3)(B) §4305(j)(2)(D) §4305(j)(3)(B)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to discontinue all hospital, surgical and medical expense coverage in the small group market upon written notice to the superintendent and to each group, participant, and beneficiary at least 180 days prior to the date of discontinuance.	
Termination for Failure to Meet Requirements of Group	§3221(p)(2)(E); §4235(c)(1) §4305(j)(2)(E)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group ceases to meet the requirements of a group under §4235. Coverage terminated pursuant to this provision shall be done uniformly without regard to any health status factor relating to any individual.	Section XI.11
Termination if there are No Longer Insureds in the Insurer's Service Area	§3221(p)(2)(F) §4305(j)(2)(F)	This policy or contract form includes a provision permitting the insurer, in regard to a network plan, to terminate coverage if there is no longer any insured who lives, resides, or works in the service area of the insurer, or in the area for which the insurer is authorized to do business.	Section XI.12
Termination for Spouses in cases of divorce		This policy or contract form provides that in cases of divorce, coverage for the Spouse shall terminate as of the date of the divorce.	Section XI.4
Termination upon death of Subscriber		This policy or contract form provides that upon the subscriber's death, the coverage will terminate unless there are dependents covered. If there is coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.	Section XI.3
Termination by Subscriber		This policy or contract form provides that termination will occur at the end of the month during which the subscriber provides written notice requesting termination or on such later date requested for such termination by the notice.	Section XI.6
Rescission Model Language Used? Yes ☒ No ☐	§3105 §3204 42 USC §300gg-12 45 CFR §147.128 Model Language	No misrepresentation shall avoid coverage or defeat any recovery there under unless the insured makes a misrepresentation that is material and intentional. This policy or contract form may include a provision that in the event a subscriber makes an intentional misrepresentation of material fact in writing upon his/her enrollment application, coverage may be rescinded if the facts misrepresented would have lead the insurer to refuse to issue the coverage. Notification must be given to the insured 30 calendar days prior to cancellation.	Section XI.7
Renewal	§3221(p) §3221(a)(5) 4305(j) 11 NYCRR 52.18(c)	This policy or contract provides that except as specified in §3221(p), or §4305(j) the insurer must renew or continue in force such coverage at the option of the group. The policy or contract must specify the conditions under which the insurer may refuse to renew the policy or contract.	Section XIII.18

Premiums	§3221(a)(4)	The policy or contract form must provide that premiums are to be paid to the insurer by the employer or such other person designated, by the due date, with a grace period as specified.	Section XI.1
LOSS OF COVERAGE			Form/Page/Para Reference
Extension of Benefits Model Language Used? Yes ☒ No ☐	11 NYCRR 52.18(b)(4); (5); and (6) Model Language	This policy or contract form provides that when coverage under this policy or contract form ends, benefits will be provided during a period of total disability for a hospital stay commencing, or surgery performed, within 31 days from the date coverage ends. The hospital stay or surgery must be for the treatment of the injury, sickness, or pregnancy causing the total disability. If the covered persons' coverage terminates by reason of the termination of active employment, an extended benefit will be proved during a period of total disability for up to 12 months from the date coverage ends for covered services to treat the injury, sickness, or pregnancy that caused the total disability, unless these services are covered under another group health plan.	Section XII.1
Continuation Coverage Model Language Used? Yes ☒ No ☐	§3221(e)(11) §3221(m) §4305(e) COBRA, Title X of Public Law 99-272 Model Language	This policy or contract form contains a provision regarding continuation coverage. §§3221(m) and 4305(e) provide continuation coverage in circumstances when federal COBRA requirements do not apply, including for groups under 20 and upon application of the employee or member to continue hospital, surgical or medical expense insurance for himself or herself and his or her eligible dependents. An employee or member who wishes continuation of coverage must request continuation in writing and remit the first premium payment within the 60-day period following the later of: the date of termination or the date the employee is sent notice by first class mail of the right to continuation by the group. The Insurance Law permits the group to charge an additional 2% administrative fee for continued coverage. The continuation benefits terminate: • 36 months after the date the employee or member's benefits would otherwise have terminated because of termination of employment or membership. • In the case of an eligible dependent, 36 months after the date such person's benefits would otherwise have terminated by reason of the death of the employee or member, divorce or legal separation of the employee or member from his or her spouse, the employee or member becoming eligible for Medicare, or a dependent child ceasing to be a dependent child under the generally applicable requirements of the policy or contract. • On the date which the employee or member becomes entitled to coverage under Medicare. • On the date which the employee or member becomes covered by an insured or uninsured arrangement which provides hospital, surgical or medical coverage. • The end of the period for which premiums were made if the employee or member fails to make timely payment.	Section XII.2
Young Adult Option Model Language Used? Yes ☒ No ☐	§3221(r) §4305(l) Model Language	This policy or contract form provides notice of a young adult's right, through the age of 29 (up to age 30), to independently purchase coverage through a parent group member's policy or contract, regardless of whether the parent's coverage includes coverage for dependents, as described in 3221(r), and/or 4305(l). If a young adult or the young adult's parent elects this coverage, the young adult is	Section XII.2

		issued a separate individual policy or contract. The insurer must comply with the notice requirements to each employee or member as set forth in 3221(r), and/or 4305(l).	
Suspension of Coverage Model Language Used? Yes ☒ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) USERRA, 38 USC §4317 Model Language	This policy or contract form provides that: • Any covered persons who are also members of a reserve component of the armed forces of the United States, including the National Guard, shall be entitled, upon request, to have their coverage suspended during a period of active duty. • The insurer will refund any unearned premiums for the period of the suspension. • Persons covered by this policy or contract shall be entitled to resumption of coverage, upon written application and payment of the required premium within 60 days after the date of termination of the period of active duty. • Coverage shall be retroactive to the date of termination of the period of active duty. • No exclusion or waiting period may be imposed for any condition unless the condition arose during the period of active duty and the condition has been determined by the Secretary of Veterans Affairs to be a condition incurred in the line of duty or a waiting period had been imposed and was not completed at the time of suspension.	Section XII.2
Supplementary Coverage for Employees or Members who are also members of the reserve components of the armed services or the National Guard Model Language Used? Yes ☒ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) Model Language	If the group does not choose to voluntarily maintain coverage for any employee or member of when they enter active duty, then such member or employee shall be entitled to continuation or conversion coverage.	Section XII.2
Conversion - Right to a New Contract After Termination Model Language Used? Yes ☒ No ☐	§3221(e) §4303(d)	This policy or contract form provides that if the employee under the group contract ceases to be covered because of termination of coverage because of: (1) termination for any reason of his employment, or (2) termination for any reason whatsoever of the group policy or contract itself, unless the group policy or contract holder has replaced the group policy or contract with similar and continuous coverage for the same group, such employee shall be entitled to a new policy or contract as a direct pay member, covering such member and his eligible dependents. Conversion must also be made available, upon the death of the employee, to the surviving spouse and dependents, and the former spouse of the employee upon the divorce or annulment of the marriage to the employee or member. Conversion must also be made available to a child covered under the contract who reaches the age limiting coverage under the group contract or whose young adult coverage terminates. The policy or contract form provides that the employee or his eligible dependents must request conversion within sixty days of the termination of the group coverage at which time they will be offered an individual direct pay contract at each level of coverage (i.e., bronze, silver, gold or	Section XII.3

		platinum) that covers all benefits required by state and federal law. The employee or his eligible dependents must also pay the first premium of the new contract at the time they apply for coverage. Conversion is not available if the issuance of the new policy or contract will result in overinsurance or duplication of benefits according to the standards the issuer has on file with the Superintendent of the New York State Department of Financial Services.	
GENERAL PROVISIONS			Form/Page/Para Reference
Incontestability Model Language Used? Yes ☒ No ☐	§3221(a)(1) Model Language	The policy or contract form must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.	Section XIII.11
Changes Model Language Used? Yes ☒ No ☐	§3221(a)(2) Model Language	The policy or contract form must provide that no agent has the authority to change the policy or contract or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy or contract, or by amendment to the policy or contract signed by the group and insurer.	Section XIII.28
Action in Law or Equity Model Language Used? Yes ☒ No ☐	§3221(a)(14) Model Language	The policy or contract must provide that no action in law or equity shall be brought to recover on the policy or contract prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy or contract and that no such action shall be brought after the expiration of two years following the time such proof of loss is required by the policy or contract.	Section XIII.24
Subrogation Model Language Used? Yes ☒ No ☐	General Obligations Law § 5-335 Civil Practice Law and Rules § 4545(a) Model Language	Although not required, if a subrogation provision is included in this policy or contract form, it must comply with NYS General Obligations Law § 5-335 and Civil Practice Law and Rules § 4545(a).	Section XIII.23
Unilateral Modification Model Language Used? Yes ☒ No ☐	11NYCRR52.18(a)(8) Model Language	Unilateral modifications by an insurer to an existing policy or contract must be made with at least 30 days prior written notice to the group. Unilateral modification by the insurer may be made only at the time of renewal. If the policy or contract form requires the group to provide written notice to terminate coverage, the notice of the unilateral modification by the insurer must be provided to such group no less than 14 days prior to the date by which the group is required to provide notice to terminate coverage.	Section XIII.3
Non-English Speaking Insureds Model Language Used? Yes ☒ No ☐	§3217-a(a)(15) §4324(a)(15) PHL §4408(1)(p) Model Language	This policy or contract form includes a description of how the insurer addresses the needs of non-English speaking insureds.	Section XIII.25
SCHEDULE OF BENEFITS Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract must contain a Schedule of Benefits. All services subject to preauthorization must be clearly indicated in the Schedule of Benefits.	Form/Page/Para Reference
Prohibition on Lifetime	§3217-f	The policy or contract form may not include a lifetime limit on essential health benefits. Essential	Section XIV

Dollar Limits Model Language Used? Yes ☒ No ☐	42 USC §300gg-11 45 CFR §147.126 Model Language	health benefits are: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorders, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; pediatric services, including oral and vision care.	
Limitations on Annual Dollar Limits Model Language Used? Yes ☒ No ☐	§3217-f §4306-e 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not impose "restricted" annual dollar limits for essential health benefits.	
Insured's Financial Responsibility for Payment	§3217-a(a)(5) §4324(a)(5) PHL §4408(1)(e)	This policy or contract form includes a description of the insured's financial responsibility for payment of premiums, deductibles, copayments and/or coinsurance, and any other charges, annual limits on an insured's financial responsibility, caps on payments for covered services and financial responsibility for non-covered health care procedures, treatment or services.	
ADDITIONAL RIDERS			
Out-of-Network Coverage Model Language Used? Yes ☐ No ☒ If Out-of-Network coverage is offered please answer the following: Out-of-Network coverage in the base policy/contract or by rider? Policy/Contract ☐ Rider ☐	Model Language	If Out-of-Network coverage has been selected, this policy or contract form provides benefits for covered services that are received from Out-of-Network providers and have not been approved by the insurer to be covered on an in-network basis. Out-of-Network coverage may be provided in the base policy or contract, or by rider. *Note: The Department will not permit more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.*	Out-of-network coverage is not available with this product.
Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	For Parent and Child/Children and/or Family coverage , this policy or contract form must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in §§ 4235(f) or 4305(c)(1).	
Contraceptive Drugs and Devices and Family Planning Services	§3221(l)(16)	This policy or contract form includes a rider for situations when a Group has elected not to purchase coverage for contraceptive drugs or devices pursuant to the religious employer exemption pursuant to §§3221(l)(16)(A); 4303(cc)(1)(A). In accordance with law, if elected by an insured, this Rider amends the policy or contract and provides coverage for contraceptive drugs or devices or generic equivalents approved as substitutes by the federal food and drug administration and provides coverage for family planning services.	HF-FPR-14-OFF

PROVIDER NETWORKS Has network been submitted to and/or approved by the Department of Health or the Exchange? Yes ☒ No ☐ If yes, please indicate the name of the network, the network ID number, and the dates that the network was submitted to and/or approved by the Department of Health or the Exchange. Network Name: Network ID #: Date Submitted: Date Approved:	§3201(c)	If the insurance (other than HMO) policy or contract will be used in conjunction with a provider network, please identify in the adjacent box whether the insurer is using the same network that was submitted to and/or approved by the Department of Health and/or the Exchange. Please indicate the network name and network ID number and include the date that the network was submitted to and/or approved by the Department of Health and/or the Exchange. If the network differs in any respect from that which was submitted to and/or approved by the Department of Health and/or the Exchange, please provide details on how the network differs in the Supporting Documentation Tab in SERFF. This includes, but is not limited to, detailing the providers and specialty types in each county that differ from the network that was submitted to and/or approved by the Department of Health and/or the Exchange . In addition, the following items or information must be submitted as part of this filing: • Participating provider directory; • Whether the provider network is capitated; • Provider selection criteria; • Quality assurance procedures; • Breakdown of geographic service area by county; • The underlying assumptions for the network regarding ratios of providers to insureds, the travel times and distances to participating providers; • Sample participating provider agreement; and, • Listing of providers by specialty type by county. *Note: The Department will not permit more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.*	
ACTUARIAL SECTION FOR NEW PRODUCT RATE FILINGS ONLY		**PLEASE NOTE: A new and detailed set of instructions "Instructions for the Submission of 2014 Premium Rates for SHOP On-Exchange Plans and Off-Exchange Plans" has been posted on the Department website and on SERFF.** *Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (**select one**)* ☐ *The submission contains only application forms, disclosure statements, and/or advertising, OR* ☐ *The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR* ☐ *The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.* *For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.*	
ACTUARIAL	11NYCRR52.40(a)(1)	Actuarial qualifications:	

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

MEMORANDUM		a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	§3221 11NYCRR52.40(e) 11NYCRR360.10 11NYCRR360.11 §3231(e)(1)(B) §4308(c)(3)(A)	Small Group: a. Provide community rated rating methodology and assumptions used in calculating rates. b. Provide rating methodology and assumptions used in rate calculation for mental health coverage provided pursuant to §3221(l)(5). c. Actuarial justification for the use of claim costs and other assumptions. d. Non-claim expense components as a percentage of gross premium. e. Expected loss ratio 82.1 %.	
Loss Ratios	§3231(e)(1)(B) §4308(c)(3)(A)	Expected loss ratio(s) – with actuarial justification	
Reserve Basis	11NYCRR94	Description of bases for unpaid claim liabilities and extra reserves (if any).	
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 82.1 %.	
GROUP RATE MANUAL	11NYCRR52.40(e)(2) §3231(e)(1)(B) §4308 (c)(3)(A)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		*Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.* *(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)*	F

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	11NYCRR52.40(e)	a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. b. History of previous New York rate revisions. c. Provide New York and nationwide claims experience respectively, including: (i) Earned premium; (ii) Paid and incurred claims; and (iii) Incurred loss ratios. d. Actuarial justification of proposed rates revision (increase/decrease). e. Non-claim expense components as a percentage of gross premium. f. Impact on rates as a result of each of the changes with actuarial justification. g. Expected loss ratio(s) after the proposed changes.	
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans". c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: _____ %.	
REVISED RATE MANUAL PAGES	11NYCRR52.40(e)(2)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	

New York Readability Certification

This is to certify that the forms listed below are in compliance with New York's Insurance Policy Readability Law.

A. Scoring Option *(select one)*

○ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____ .

◉ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

◉ 1. Test was applied to entire policy form(s).

○ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

○ 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

◉ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

◉ 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

◉ 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

◉ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

◉ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

◉ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score
MHI-SG-GD-NDPNFP-14-OFF	35223	1308	60603	33.6
MHI-A29R-14-OFF	194	6	280	51.6
MHI-DPR-14-OFF	490	7	560	38.9
MHI-FPR-14-OFF	276	12	491	32.7
MHI-SG-GEC-14-OFF	2186	73	3620	36.0

(Insert signature, name of officer, title of officer, and name of insurer)

[redacted]

[redacted]

[redacted]

Managed Health, Inc.

(To list more forms, complete and submit the 'Additional Sheet(s)' attached to the requirement for Readability Certification. If submitting multiple sheets complete and attach them individually.)

Reset Form

May 15, 2013

Mr. Benjamin Lawsky
Superintendent
New York State Department of Financial Services
One State Street
New York, NY 10014

RE: Managed Health, Inc – Small Group Off-Exchange Plans

Dear Superintendent Lawsky:

We have prepared the enclosed submission, pursuant to section 4308(c) of the New York Insurance Law for Small Group Off-Exchange rates to be effective on January 1, 2014. The rates are for the New York City region which includes Bronx, Kings, New York, Queens, Richmond, and Long Island region which includes Nassau and Suffolk. Please note that the proposed rates are not subject to rolling rates.

If you have any questions concerning this submission, please feel free to contact me at [redacted]
We look forward to continue working with the Department.

[redacted]

[redacted]
Director, Actuarial Services

[redacted]

MHI

Small Groups

Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	
Apply Inpatient Copay per Day?	
Apply Skilled Nursing Facility Copay per Day?	
Use Separate OOP Maximum for Medical and Drug Spending?	
Indicate if Plan Meets CSR Standard?	
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?		Blended Network/POS Plan?	
Annual Contribution Amount		1st Tier Utilization	
		2nd Tier Utilization	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00	$0.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	100.00%			
OOP Maximum ($)	$4,000.00		$6,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2			
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**
Medical	✓ All	✓ All			✓ All	✓ All		
Emergency Room Services	✓	✓		$150.00	✓	✓		
All Inpatient Hospital Services (inc. MHSA)	✓	✓		$1,000.00	✓	✓		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓		$25.00	✓	✓		
Specialist Visit	✓	✓		$40.00	✓	✓		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	✓	✓		$25.00	✓	✓		
Imaging (CT/PET Scans, MRIs)	✓	✓		$40.00	✓	✓		
Rehabilitative Speech Therapy	✓	✓		$30.00	✓	✓		
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	✓		$30.00	✓	✓		
Preventive Care/Screening/Immunization			100%	$0.00			100%	$0.00
Laboratory Outpatient and Professional Services	✓	✓		$40.00	✓	✓		
X-rays and Diagnostic Imaging	✓	✓		$40.00	✓	✓		
Skilled Nursing Facility	✓	✓	0%	$1,000.00	✓	✓		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓	96.1200%		✓	✓		
Outpatient Surgery Physician/Surgical Services	✓	✓	93.2200%		✓	✓		
Drugs	All	All			All	All		
Generics	✓	✓		$10.00	✓	✓		
Preferred Brand Drugs	✓	✓		$35.00	✓	✓		
Non-Preferred Brand Drugs	✓	✓		$70.00	✓	✓		
Specialty Drugs (i.e. high-cost)	✓	✓		$70.00	✓	✓		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10)	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10)	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	
# Copays (1-10)	

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	79.0%
Metal Tier	Gold

MHI

Small Groups

Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	
Apply Inpatient Copay per Day?	
Apply Skilled Nursing Facility Copay per Day?	
Use Separate OOP Maximum for Medical and Drug Spending?	
Indicate if Plan Meets CSR Standard?	
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?		Blended Network/POS Plan?	
Annual Contribution Amount		1st Tier Utilization	
		2nd Tier Utilization	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00	$0.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	100.00%			
OOP Maximum ($)	$4,000.00		$6,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2			
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**
Medical	✓ All	✓ All			✓ All	✓ All		
Emergency Room Services	✓	✓		$150.00	✓	✓		
All Inpatient Hospital Services (inc. MHSA)	✓	✓		$1,000.00	✓	✓		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓		$25.00	✓	✓		
Specialist Visit	✓	✓		$40.00	✓	✓		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	✓	✓		$25.00	✓	✓		
Imaging (CT/PET Scans, MRIs)	✓	✓		$40.00	✓	✓		
Rehabilitative Speech Therapy	✓	✓		$30.00	✓	✓		
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	✓		$30.00	✓	✓		
Preventive Care/Screening/Immunization			100%	$0.00			100%	$0.00
Laboratory Outpatient and Professional Services	✓	✓		$40.00	✓	✓		
X-rays and Diagnostic Imaging	✓	✓		$40.00	✓	✓		
Skilled Nursing Facility	✓	✓	0%	$1,000.00	✓	✓		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓	96.1200%		✓	✓		
Outpatient Surgery Physician/Surgical Services	✓	✓	93.2200%		✓	✓		
Drugs	All	All			All	All		
Generics	✓	✓		$10.00	✓	✓		
Preferred Brand Drugs	✓	✓		$35.00	✓	✓		
Non-Preferred Brand Drugs	✓	✓		$70.00	✓	✓		
Specialty Drugs (i.e. high-cost)	✓	✓		$70.00	✓	✓		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10)	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10)	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	
# Copays (1-10)	

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	79.0%
Metal Tier	Gold

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Managed Health, Inc
NAIC Code: 95284
SERFF Number: HLFT-129009920
Market Segment: SG

A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only.
- Include riders that may be available with that policy form in each policy form response.
- Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
- Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.

B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.

C. In Column 4, market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healhty NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.

D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.

E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.

F. Note that many cells include a drop down list. Use the drop down list for entries.

G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).

H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
MHI-HNY-SG-14	Healthy New	Healthy New	HNY	01/01/14	HNY-SG	HMO	No	Open	13	50	XX	01/01/12	12/31/12	517	162,735	162,735	69,920	76,615	0	0	23,922	XX
											XX											XX
											XX											XX
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EXHIBIT 7 HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)		16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
MHI-HNY-SG-14	Healthy New	Healthy New	01/01/11	12/31/11	429	138,502	138,502	187,246	184,158	(44,346)	0	20,360	XX	01/01/10	21/31/10	660	182,940	203,858	126,662	132,418	-50,263	0	26,892	XX
													XX											XX
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Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Managed Health, Inc
NAIC Code: 95284
SERFF Number: HLFT-129009920
Market Segment: Small Groups

Separate column for each plan design (on or off Exchange)

Line #	General																
1	Product*	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group
2	Product ID*	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
5	g Value (total risk pool experience based)*	1.000	1.033	0.993	1.026	0.993	1.026	0.990	1.022	1.000	1.033	0.997	1.030	0.990	1.022	0.997	1.030
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Gold with Dependent Age 26 & Dental & DP & Family Planning	Gold with Dependent Age 29 & Dental & DP & Family Planning	Gold with Dependent Age 26 & No Dental & DP & Family Planning	Gold with Dependent Age 29 & No Dental & DP & Family Planning	Gold with Dependent Age 26 & No Dental & No DP & Family Planning	Gold with Dependent Age 29 & No Dental & No DP & Family Planning	Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	Gold w th Dependent Age 26 & Dental & No DP & Fam ly Planning	Gold w th Dependent Age 29 & Dental & No DP & Fam ly Planning	Gold with Dependent Age 26 & Dental & No DP & No Family Planning	Gold with Dependent Age 29 & Dental & No DP & No Family Planning	Gold with Dependent Age 26 & No Dental & DP & No Family Planning	Gold with Dependent Age 29 & No Dental & DP & No Family Planning	Gold with Dependent Age 26 & Dental & DP & No Family Planning	Gold with Dependent Age 29 & Dental & DP & No Family Planning
8	Plan ID*	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

0A	p Loss pools] for Latest Experience Period	$5,916,722,514
10B	ember-Months for Latest Experience Period	16 932 840
10C	aims [L10A/L10B] (Initial Index Rate Factor)	349.42
	ctuarial Value reflected in experience period	0.917
12	**e Period Index Rate PMPM (L10C / L11)**	**381.23**

t Wide Adjustments to the AV
l Experience Period Index Rate

3	experience period data to EHB benefit level	1.018
14	Market wide adjustment for changes in provider network **	0.900
15	Market wide adjustment for fee schedule changes **	1.000
16	Market wide adjustment for uti ization management changes **	1.000
17	Impact on risk pool of changes in expected covered membership risk characteristics **	0.972
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**
19	Adjustment for changes in distr bution of risk pool membership	1.093
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1.000
21	Federal Transitional Reinsurance Program Recovery	1.000
22	Impact of adjustments due to experience period claim data	1.000
23	Claim trend projection factor (midpoint of experience period to	1.265
24	Other 1 - Covered Lives Assessment	1.037
25	Other 2 - HCRA surcharge	1.039
26	Other 3 (specify)	1.000
27	**Adjustments (product L13 through L26)**	**1.325**

** Not Included in Claim Trend Adjustment

Plan Level Adjustments

28	ial value (without induced demand factor) #	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
29	al value (only the induced demand factor) #	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of de ivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	fits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	(excluding Exchange user fees and profits)	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191
35	Profit/Contribution to surplus margins	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020
36	igibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g. POS or PPO if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Age 29 Rider	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033
40	Pediatric Dental Benefit	1.000	1.000	0.993	0.993	0.993	0.993	0.993	0.993	1.000	1.000	1.000	1.000	0.993	0.993	1.000	1.000
41	Domestic Partner	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
42	No Family Planning	1.000	1.000	1.000	1.000	1.000	1.000	0.997	0.997	1.000	1.000	0.997	0.997	0.997	0.997	0.997	0.997
43	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.037**	**1.072**	**1.030**	**1.064**	**1.030**	**1.064**	**1.027**	**1.060**	**1.037**	**1.072**	**1.034**	**1.068**	**1.027**	**1.060**	**1.034**	**1.068**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM (L12 x L27 x L41)**	**524.09**	**541.38**	**520.41**	**537.59**	**520.41**	**537.59**	**518.66**	**535.77**	**524.09**	**541.38**	**522.32**	**539.56**	**518.66**	**535.77**	**522.32**	**539.56**

EXHIBIT 9 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN AND INCLUDED IN CURRENT RATE APPLICATION

Company Name: Managed Health, Inc
NAIC Code: 95284
SERFF Number: HLFT-129009920
Market Segment: SG

A. Complete a separate ROW for Metal Level/Exchange product in the current new On/Off Exchange product filing.
- Information should be for all the benefits included in that plan design (medical, drugs, etc).
- Enter the Metal Tier the On/Off Exchange product belongs to using the drop down menu, or enter a value.
- Enter the On/Off Designation using the drop down menu.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

B. The average claim trend is the average annualized claim trend for that used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).

C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the proposed rates and the average annual claim trend assumed.

D. This form must be submitted as an Excel file and as a PDF file.

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	4.1 Period assumed - beginning date (MM/DD/YY)	4.2 Period assumed - ending date (MM/DD/YY)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.03%	11.35%	15.73%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.73%
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.03%	11.35%	15.73%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.73%
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%

EXHIBIT 9 SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT FILING

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as $pmpm	12.3 Commissions and broker fees - as $pmpm	12.4 Premium Taxes - as $pmpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	12.6 Other administrative expenses - as $pmpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/ contribution to surplus) - as $pmpm	14. State income tax component - as $pmpm	15. Federal income tax component - as $pmpm	16. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & Family Planning	4.51	3.88	0.00	9.17	5.50	59.48	82.54	10.48	0.00	0.00	0.00	93.02
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & Family Planning	4.66	4.01	0.00	9.47	5.50	61.45	85.08	10.83	0.00	0.00	0.00	95.91
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & Family Planning	4.48	3.85	0.00	9.11	5.50	59.07	82.00	10.41	0.00	0.00	0.00	92.41
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & Family Planning	4.62	3.98	0.00	9.41	5.50	61.02	84.52	10.75	0.00	0.00	0.00	95.27
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & Family Planning	4.48	3.85	0.00	9.11	5.50	59.07	82.00	10.41	0.00	0.00	0.00	92.41
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & Family Planning	4.62	3.98	0.00	9.41	5.50	61.02	84.52	10.75	0.00	0.00	0.00	95.27
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	4.46	3.84	0.00	9.08	5.50	58.87	81.74	10.37	0.00	0.00	0.00	92.11
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	4.61	3.97	0.00	9.38	5.50	60.81	84.26	10.72	0.00	0.00	0.00	94.97
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & Family Planning	4.51	3.88	0.00	9.17	5.50	59.48	82.54	10.48	0.00	0.00	0.00	93.02
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & Family Planning	4.66	4.01	0.00	9.47	5.50	61.45	85.08	10.83	0.00	0.00	0.00	95.91
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & No Family Planning	4.49	3.87	0.00	9.14	5.50	59.28	82.28	10.45	0.00	0.00	0.00	92.72
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & No Family Planning	4.64	3.99	0.00	9.44	5.50	61.24	84.81	10.79	0.00	0.00	0.00	95.60
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & No Family Planning	4.46	3.84	0.00	9.08	5.50	58.87	81.74	10.37	0.00	0.00	0.00	92.11
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & No Family Planning	4.61	3.97	0.00	9.38	5.50	60.81	84.26	10.72	0.00	0.00	0.00	94.97
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & No Family Planning	4.49	3.87	0.00	9.14	5.50	59.28	82.28	10.45	0.00	0.00	0.00	92.72
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & No Family Planning	4.64	3.99	0.00	9.44	5.50	61.24	84.81	10.79	0.00	0.00	0.00	95.60

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code
Managed Health, Inc.	HMO - 44	Not-for-Profit	[redacted]

Company mailing address: [redacted]

B. Contact Person:

Rate filing contact person name, title	Contact phone number	Contact Email address
[redacted]	[redacted]	[redacted]

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address
[redacted]	[redacted]	[redacted]

D. New Rate Information (See Note #1):

New rate applicability period	New rate effective date	SERFF Tracking Number
January 1 - December 31, 2014	1/1/2014	[redacted]

E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): Small Group; Off-Exchange

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date.
It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date.
It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
* For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

Data Collection Template

Company Legal Name: **Managed Health, Inc** State: **NY**
HIOS Issuer ID: [redacted] Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2012 to 12/31/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$162,735	$314.77	100.00%
Incurred Claims in Experience Period	$76,615	148.19	47.08%
Allowed Claims:	$88,486	171.15	54.37%
Index Rate of Experience Period		$171.15	
Experience Period Member Months	517		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	73.16	$4,794.26	$29.23	1.000	1.000	1.265	1.000	73.16	$7,667.87	$46.75	80.00	$14,091.50	$93.94
Outpatient Hospital	Services	1,511.95	200.58	25.27	1.000	1.000	1.265	1.000	1,511.95	320.80	40.42	1186.40	886.99	87.69
Professional	Services	16,143.73	65.43	88.02	1.000	1.000	1.265	1.000	16,143.73	104.64	140.78	24049.08	117.81	236.11
Other Medical	Services	0.00	0.00	0.00	1.000	1.000	1.265	1.000	0.00	0.00	0.00	656.27	214.03	11.71
Capitation	Services	487.73	45.15	1.83	1.000	1.000	1.265	1.000	487.73	72.21	2.93	0.00	0.00	0.00
Prescription Drug	Prescriptions	5,384.91	59.72	26.80	1.000	1.000	1.265	1.000	5,384.91	95.51	42.86	13746.60	66.16	75.79
Total				$171.15							$273.74			$505.24

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	$505.24	$36,377
Paid to Allowed Average Factor in Projection Period			0.771	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$389.62	$28,053
Projected Risk Adjustments PMPM			0.00	0
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$389.62	$28,053
Projected ACA reinsurance recoveries, net of rein prem, PMPM			-5.25	(378)
Projected Incurred Claims			$394.87	$28,431
Administrative Expense Load		12.09%	57.35	4,129
Profit & Risk Load		2.00%	9.49	683
Taxes & Fees		2.66%	12.63	909
Single Risk Pool Gross Premium Avg. Rate, PMPM			$474.33	$34,152
Index Rate for Projection Period			$505.24	
% increase over Experience Period			50.69%	
% Increase, annualized			22.76%	
Projected Member Months				72

Product-Plan Data Collection

Company Legal Name	**Managed Health, Inc**	State	**NY**
HIOS Issuer ID	[redacted]	Market	**Small Group**
Effective Date of Rate Change(s)	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		HMO B Small Group																
Product ID:		83744NY001																
Metal:		Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value		0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
AV Pricing Value		1.000	1.033	0.993	1.026	0.993	1.026	0.990	1.022	1.000	1.033	0.997	1.030	0.990	1.022	0.997	1.030	
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Dependent Age 26 & Dental & DP & Family Planning	Dependent Age 29 & Dental & DP & Family Planning	Dependent Age 26 & No Dental & DP & Family Planning	Dependent Age 29 & No Dental & DP & Family Planning	Dependent Age 26 & No Dental & No DP & Family	Dependent Age 29 & No Dental & No DP & Family	Dependent Age 26 & No Dental & No DP & No Family	Dependent Age 29 & No Dental & No DP & No Family	Dependent Age 26 & Dental & No DP & Family Planning	Dependent Age 29 & Dental & No DP & Family Planning	Dependent Age 26 & Dental & No DP & No Family	Dependent Age 29 & Dental & No DP & No Family	Dependent Age 26 & No Dental & DP & No Family	Dependent Age 29 & No Dental & DP & No Family	Dependent Age 26 & Dental & DP & No Family	Dependent Age 29 & Dental & DP & No Family
Plan ID (Standard Component ID):		83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016	
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2		0.00%																
Historical Rate Increase - Calendar Year - 1		0.00%																
Historical Rate Increase - Calendar Year 0		0.00%																
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	
Rate Change % (over prior filing)		0 00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0 00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0 00%	0.00%	
Cum'tive Rate Change % (over 12 mos prior)		-999 00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999 00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999 00%	-999.00%	
Proj'd Per Rate Change % (over Exper. Period)		50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	
Product Threshold Rate Increase %		0.00%																

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33
Projected Member Months	1 152	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72

Section III: Experience Period Information

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
OK	$ 314.77		Average Rate PMPM	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77
WARNING	517		Member Months	8 272	517	517	517	517	517	517	517	517	517	517	517	517	517	517	517	517
WARNING	$162 735		Total Premium (TP)	$2 603 777	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736
		Premium Information	EHB basis or full portion of TP [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	$88 486		Total Allowed Claims (TAC)	$1 415 783	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486
			EHB basis or full portion of TAC [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Allowed Claims which are not the issuer's obligation:	$189 944	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871
		Claims Information	Portion of above payable by HHS's funds on behalf of insured person in dollars	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Portion of above payable by HHS on behalf of insured person as %	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	$76 615		Total Incurred claims payable with issuer funds	$1 225 839	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615
			Net Amt of Rein	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			Net Amt of Risk Adj	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OK	$ 148.19		Incurred Claims PMPM	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19
OK	$ 171.15		Allowed Claims PMPM	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15
			EHB portion of Allowed Claims PMPM	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15

Section IV: Projected (12 months following effective date)

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
OK	$ 474.33	Premium Information	Average Rate PMPM	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33
WARNING	72		Member Months	1 152	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72
WARNING	$34 152		Total Premium (TP)	$546 428	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152
			EHB basis or full portion of TP [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	36 755	Claims Information	Total Allowed Claims (TAC)	$582 033	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377
			EHB basis or full portion of TAC [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Allowed Claims which are not the issuer's obligation	$127 144	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946
			Portion of above payable by HHS's funds on b h lf of n u ed r dollar	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			insured person as %	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	28 431		Total Incurred claims payable with issuer funds	$454 890	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431
#DIV/0!	(378)		Net Amt of Rein	$0																
			Net Amt of Risk Adj	$0																
OK	$ 394.87		Incurred Claims PMPM	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87
OK	$ 505.24		Allowed Claims PMPM	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24
			EHB portion of Allowed Claims PMPM	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24

EXHIBIT 9 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN AND INCLUDED IN CURRENT RATE APPLICATION

Company Name: Managed Health, Inc
NAIC Code: 95284
SERFF Number: [redacted]
Market Segment: SG

A. Complete a separate ROW for Metal Level/Exchange product in the current new On/Off Exchange product filing.
- Information should be for all the benefits included in that plan design (medical, drugs, etc).
- Enter the Metal Tier the On/Off Exchange product belongs to using the drop down menu, or enter a value.
- Enter the On/Off Designation using the drop down menu.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

B. The average claim trend is the average annualized claim trend for that used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).

C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the proposed rates and the average annual claim trend assumed.

D. This form must be submitted as an Excel file and as a PDF file.

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	4.1 Period assumed - beginning date (MM/DD/YY)	4.2 Period assumed - ending date (MM/DD/YY)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.03%	11.35%	15.73%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.73%
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.06%	11.35%	15.76%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.76%
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.03%	11.35%	15.73%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.73%
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.05%	11.35%	15.75%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & No Family Planning	01/01/14	12/31/14	11.00%	0.86%	0.74%	0.00%	1.75%	1.02%	11.35%	15.72%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.72%

EXHIBIT 9 SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT FILING

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as $pmpm	12.3 Commissions and broker fees - as $pmpm	12.4 Premium Taxes - as $pmpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	12.6 Other administrative expenses - as $pmpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/ contribution to surplus) - as $pmpm	14. State income tax component - as $pmpm	15. Federal income tax component - as $pmpm	16. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & Family Planning	4.51	3.88	0.00	9.17	5.50	59.48	82.54	10.48	0.00	0.00	0.00	93.02
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & Family Planning	4.66	4.01	0.00	9.47	5.50	61.45	85.08	10.83	0.00	0.00	0.00	95.91
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & Family Planning	4.48	3.85	0.00	9.11	5.50	59.07	82.00	10.41	0.00	0.00	0.00	92.41
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & Family Planning	4.62	3.98	0.00	9.41	5.50	61.02	84.52	10.75	0.00	0.00	0.00	95.27
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & Family Planning	4.48	3.85	0.00	9.11	5.50	59.07	82.00	10.41	0.00	0.00	0.00	92.41
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & Family Planning	4.62	3.98	0.00	9.41	5.50	61.02	84.52	10.75	0.00	0.00	0.00	95.27
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	4.46	3.84	0.00	9.08	5.50	58.87	81.74	10.37	0.00	0.00	0.00	92.11
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	4.61	3.97	0.00	9.38	5.50	60.81	84.26	10.72	0.00	0.00	0.00	94.97
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & Family Planning	4.51	3.88	0.00	9.17	5.50	59.48	82.54	10.48	0.00	0.00	0.00	93.02
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & Family Planning	4.66	4.01	0.00	9.47	5.50	61.45	85.08	10.83	0.00	0.00	0.00	95.91
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & No DP & No Family Planning	4.49	3.87	0.00	9.14	5.50	59.28	82.28	10.45	0.00	0.00	0.00	92.72
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & No DP & No Family Planning	4.64	3.99	0.00	9.44	5.50	61.24	84.81	10.79	0.00	0.00	0.00	95.60
Gold	Off Exchange	Gold with Dependent Age 26 & No Dental & DP & No Family Planning	4.46	3.84	0.00	9.08	5.50	58.87	81.74	10.37	0.00	0.00	0.00	92.11
Gold	Off Exchange	Gold with Dependent Age 29 & No Dental & DP & No Family Planning	4.61	3.97	0.00	9.38	5.50	60.81	84.26	10.72	0.00	0.00	0.00	94.97
Gold	Off Exchange	Gold with Dependent Age 26 & Dental & DP & No Family Planning	4.49	3.87	0.00	9.14	5.50	59.28	82.28	10.45	0.00	0.00	0.00	92.72
Gold	Off Exchange	Gold with Dependent Age 29 & Dental & DP & No Family Planning	4.64	3.99	0.00	9.44	5.50	61.24	84.81	10.79	0.00	0.00	0.00	95.60

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Managed Health, Inc
NAIC Code: 95284
SERFF Number: [redacted]
Market Segment: Small Groups

Separate column for each plan design (on or off Exchange)

Line #	General																
1	Product*	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group	HMO B Small Group
2	Product ID*	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001	83744NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
5	g Value (total risk pool experience based)*	1.000	1.033	0.993	1.026	0.993	1.026	0.990	1.022	1.000	1.033	0.997	1.030	0.990	1.022	0.997	1.030
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Gold with Dependent Age 26 & Dental & DP & Family Planning	Gold with Dependent Age 29 & Dental & DP & Family Planning	Gold with Dependent Age 26 & No Dental & DP & Family Planning	Gold with Dependent Age 29 & No Dental & DP & Family Planning	Gold with Dependent Age 26 & No Dental & No DP & Family Planning	Gold with Dependent Age 29 & No Dental & No DP & Family Planning	Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	Gold w th Dependent Age 26 & Dental & No DP & Fam ly Planning	Gold w th Dependent Age 29 & Dental & No DP & Fam ly Planning	Gold with Dependent Age 26 & Dental & No DP & No Family Planning	Gold with Dependent Age 29 & Dental & No DP & No Family Planning	Gold with Dependent Age 26 & No Dental & DP & No Family Planning	Gold with Dependent Age 29 & No Dental & DP & No Family Planning	Gold with Dependent Age 26 & Dental & DP & No Family Planning	Gold with Dependent Age 29 & Dental & DP & No Family Planning
8	Plan ID*	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

0A	p Loss pools] for Latest Experience Period	$5,916,722,514
10B	ember-Months for Latest Experience Period	16 932 840
10C	aims [L10A/L10B] (Initial Index Rate Factor)	349.42
	ctuarial Value reflected in experience period	0.917
12	**e Period Index Rate PMPM (L10C / L11)**	**381.23**

t Wide Adjustments to the AV
l Experience Period Index Rate

3	experience period data to EHB benefit level	1.018
14	Market wide adjustment for changes in provider network **	0.900
15	Market wide adjustment for fee schedule changes **	1.000
16	Market wide adjustment for uti ization management changes **	1.000
17	Impact on risk pool of changes in expected covered membership risk characteristics **	0.972
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**
19	Adjustment for changes in distr bution of risk pool membership	1.093
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1.000
21	Federal Transitional Reinsurance Program Recovery	1.000
22	Impact of adjustments due to experience period claim data	1.000
23	Claim trend projection factor (midpoint of experience period to	1.265
24	Other 1 - Covered Lives Assessment	1.037
25	Other 2 - HCRA surcharge	1.039
26	Other 3 (specify)	1.000
27	**Adjustments (product L13 through L26)**	**1.325**

** Not Included in Claim Trend Adjustment

Plan Level Adjustments

28	ial value (without induced demand factor) #	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
29	al value (only the induced demand factor) #	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of de ivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	fits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	(excluding Exchange user fees and profits)	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191	1.191
35	Profit/Contribution to surplus margins	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020
36	igibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g. POS or PPO if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Age 29 Rider	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033	1.000	1.033
40	Pediatric Dental Benefit	1.000	1.000	0.993	0.993	0.993	0.993	0.993	0.993	1.000	1.000	1.000	1.000	0.993	0.993	1.000	1.000
41	Domestic Partner	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
42	No Family Planning	1.000	1.000	1.000	1.000	1.000	1.000	0.997	0.997	1.000	1.000	0.997	0.997	0.997	0.997	0.997	0.997
43	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.037**	**1.072**	**1.030**	**1.064**	**1.030**	**1.064**	**1.027**	**1.060**	**1.037**	**1.072**	**1.034**	**1.068**	**1.027**	**1.060**	**1.034**	**1.068**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM (L12 x L27 x L41)**	**524.09**	**541.38**	**520.41**	**537.59**	**520.41**	**537.59**	**518.66**	**535.77**	**524.09**	**541.38**	**522.32**	**539.56**	**518.66**	**535.77**	**522.32**	**539.56**

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Managed Health, Inc
NAIC Code: 95284
SERFF Number: [redacted]
Market Segment: SG

A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only.
- Include riders that may be available with that policy form in each policy form response.
- Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
- Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.

B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.

C. In Column 4, market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healhty NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.

D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.

E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.

F. Note that many cells include a drop down list. Use the drop down list for entries.

G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).

H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
MHI-HNY-SG-14	Healthy New	Healthy New	HNY	01/01/14	HNY-SG	HMO	No	Open	13	50	XX	01/01/12	12/31/12	517	162,735	162,735	69,920	76,615	0	0	23,922	XX
											XX											XX
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EXHIBIT 7 HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											**Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)**										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)		16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
MHI-HNY-SG-14	Healthy New	Healthy New	01/01/11	12/31/11	429	138,502	138,502	187,246	184,158	(44,346)	0	20,360	XX	01/01/10	21/31/10	660	182,940	203,858	126,662	132,418	-50,263	0	26,892	XX
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healthfirst℠

May 15, 2013

[redacted]

RE: Form Readability Certification
Managed Health, Inc. – Off-Exchange Small Group HMO Plans
Submission Effective January 1, 2014
Rates and Forms Application Under New York State Insurance Law Section 4308(c)

[redacted]

As part of Managed Health, Inc.'s (Healthfirst) premium rates and forms submission for an effective date of January 1, 2014, and pursuant to the Review Standards for Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups Checklist, dated April 22, 2013, we have included a policy and form Readability Certification.

Although the forms filed as part of this submission use Model Language – and do not contain language that varies beyond the permitted bracketed variations – made available by the Department of Financial Services's Health Bureau, the Flesch reading ease test score does not meet the minimum score of 45. The Readability Certification we have submitted indicates that this standard has not been met, while also noting the actual Flesch reading ease score of each policy/form we are submitting in this filing.

If you have any questions regarding this matter [redacted] Thank you for your time and consideration.

Sincerely,

[redacted]

May 15, 2013

[redacted]

RE: Managed Health, Inc –Small Group Off-Exchange Plans

Dear [redacted]

We have prepared the enclosed Actuarial Memorandum to provide information related to our rate filing submission, including support for the values entered into the Unified Rate Review Template, which supports compliance with the market rating rules. The rates are for Small Groups Off-Exchange plans to be effective on January 1, 2014, in the New York City region (Bronx, Kings, New York, Queens, Richmond) and Long Island region (Nassau and Suffolk). Please note that the proposed rates are not subject to rolling rates.

If you have any questions concerning this submission, please feel free to contact me at [redacted]

Sincerely,

[redacted]

Managed Health, Inc

2014 New York State Premium Rates for Small Group Off-Exchange Plans
Part III Actuarial Memorandum and Actuarial Certification

General Information

Company Information

- **Company Legal Name:** Managed Health, Inc
- **State:** New York
- **HIOS Issuer ID:** [redacted]
- **Market:** Small Group
- **Effective Date:** 1/1/2014
- **NAIC Number:** [redacted]
- **Product Name –** HMO B Small Group

Contact Information

(1) [redacted]

(2) [redacted]

Plans included in this filing

Please note that this is a submission for a new product.

Benefit Design	HIOS Plan ID	On/Off Exchange	Metal Tier Level	Metal AV Value	Premium PMPM	AV Pricing Value
Gold with Dependent Age 26 & Dental & DP & Family Planning	83744NY0010001	Off Exchange	Gold	0.790	$524.09	1.000
Gold with Dependent Age 29 & Dental & DP & Family Planning	83744NY0010002	Off Exchange	Gold	0.790	$541.38	1.033
Gold with Dependent Age 26 & No Dental & DP & Family Planning	83744NY0010003	Off Exchange	Gold	0.790	$520.41	0.993
Gold with Dependent Age 29 & No Dental & DP & Family Planning	83744NY0010004	Off Exchange	Gold	0.790	$537.59	1.026
Gold with Dependent Age 26 & No Dental & No DP & Family Planning	83744NY0010005	Off Exchange	Gold	0.790	$520.41	0.993
Gold with Dependent Age 29 & No Dental & No DP & Family Planning	83744NY0010006	Off Exchange	Gold	0.790	$537.59	1.026
Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	83744NY0010007	Off Exchange	Gold	0.790	$518.66	0.990

Benefit Design	HIOS Plan ID	On/Off Exchange	Metal Tier Level	Metal AV Value	Premium PMPM	AV Pricing Value
Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	83744NY0010008	Off Exchange	Gold	0.790	$535.77	1.022
Gold with Dependent Age 26 & Dental & No DP & Family Planning	83744NY0010009	Off Exchange	Gold	0.790	$524.09	1.000
Gold with Dependent Age 29 & Dental & No DP & Family Planning	83744NY0010010	Off Exchange	Gold	0.790	$ 541.38	1.033
Gold with Dependent Age 26 & Dental & No DP & No Family Planning	83744NY0010011	Off Exchange	Gold	0.790	$522.32	0.997
Gold with Dependent Age 29 & Dental & No DP & No Family Planning	83744NY0010012	Off Exchange	Gold	0.790	$539.56	1.030
Gold with Dependent Age 26 & No Dental & DP & No Family Planning	83744NY0010013	Off Exchange	Gold	0.790	$518.66	0.990
Gold with Dependent Age 29 & No Dental & DP & No Family Planning	83744NY0010014	Off Exchange	Gold	0.790	$535.77	1.022
Gold with Dependent Age 26 & Dental & DP & No Family Planning	83744NY0010015	Off Exchange	Gold	0.790	$522.32	0.997
Gold with Dependent Age 29 & Dental & DP & No Family Planning	83744NY0010016	Off Exchange	Gold	0.790	$539.56	1.030

Please refer to **Appendix A** for the Description of Cost Sharing features and Benefits. Please also refer to **Appendix B** for the printouts of all AV calculation pages using the HHS AV Calculator for the non-grandfathered plans to be sold off the Exchange.

The fixed reference plan selected as the basis for the AV Pricing Values is Gold with Dependent Age 26 & Dental & DP & Family Planning.

Proposed Rate Increases
This is a filing for new products, hence, no rate increases were proposed.

Experience Period Premium and Claims
We do not currently have any small group commercial members with the exception of Healthy New York (HNY) Small Group members. With approximately 500 member months in Healthy New York Small Group products, we do not have any credible experience for rates development. Instead, all New York small group plans experience with close to 17 million member months in the 10/1/2011 to 9/30/2012 experience period was used as a Manual Rate. We used data from Deloitte's "New York DFS Risk Adjustment Simulation" results on pre-2014 Small Group markets.

The "Experience Period Data" section in Worksheet 1 Section I and the "Experience Period on Actual Experience Allowed" in Worksheet 1 Section II of the Unified Rate Review Template contains our Healthy New York Small Group experience. However, as this data is not credible, it was not used in rate development.

Index Rate of Experience Period was not adjusted to exclude benefits that are in excess of essential health benefits (EHBs). EHBs are not applicable prior to 2014.

The "Adjustments from Experience to Projection Period" sections in Worksheet 1 Section II of the Unified Rate Review Template are not applicable without credible base year experience.
We used Credibility Rate manual to develop our rates. The following is a description of how the Credibility Manual has been developed:

A. Data Source and Credibility Manual Rate Development

a. With approximately 500 member months in Healthy New York Small Group products, we do not have any credible experience in our Commercial products for rates development. Instead, all New York small group plans experience with close to 17 million member months in the 10/1/2011 to 9/30/2012 experience period was used as a Manual Rate. We used data from Deloitte's "New York DFS Risk Adjustment Simulation" results on pre-2014 Small Group markets.

b. The average AV Pricing Value determined by Deloitte for all New York small group market is 0.849. Based on page 4 of DFS' Small Group Filing Instructions, this is determined to be an average Gold plan since the AV value is close to 0.85. The Benefit Richness Adjustment Factor as prescribed by HHS in its final regulation on Notice of Benefits and Payment Parameters for 2014 is 1.08 for Gold Metal level. Since MHI does not have any other data to determine our own "benefit richness" factor based on variations in plan designs, we are using the prescribed "benefit richness" factor. Adjustments for our base period experience are hence as follows:
   - AV based on Deloitte of 0.849;
   - Benefit Richness inherent in base experience of 1.08

c. The Incurred PMPM in Step (1) was trended from the mid-point of the experience period to the mid-point of Plan Year 2014. Our trend assumptions were based on a sample of other carriers' small group rate filings in New York for 2013. For commercial small groups, trends varied from 6.6% to 14.9% with an average of about 11.0%. For Healthy NY small groups, trends varied from 6.2% to 16.0% with an average of 11.0%. Hence, we use 11% trend.

   We are assuming that trend assumptions are independent of all other market-wide adjustments that we made in provider reimbursement, fee schedule changes, member morbidity, etc.

B. Adjustments made to the Data

a. Changes in Demographics and in Morbidity of the Population Insured

In our rate development process, we have relied on Deloitte's "New York DFS Risk Adjustment Simulation" results on pre-2014 Small Group markets. Per Deloitte's Uninsured Study - "Impact of the Affordable Care Act on the New York Small Group and Non-Group Markets" released by DFS on March 29, 2013, the post-ACA Small Group morbidity was estimated to be 3-4% better than that of the pre-ACA average Small Group morbidity. Hence, we apply a population change factor of 0.972 for changes in morbidity for small groups.

We applied an area adjustment of 1.093 estimated by Deloitte. Our members are located only in New York and Long Island. However, the base experience data we use to develop rates is statewide.

b. Changes in Benefits and the Impact of compliance with Essential Health Benefits –
Based on Milliman's report on Essential Health Benefits for the NY Health Benefit Exchange, we adjusted the base experience claims by 1.17%. As Milliman's report was prepared prior to the determination of Essential Health Benefits and the above factor does not include an impact for cost for habilitative services, we adjusted the base experience claims by additional 0.585%.

c. Other Adjustments

(i) **Provider Network Adjustment**
We believe that our provider network is slightly smaller than the average Small Group products, and estimated that an overall adjustment [redacted]

(ii) **Fee Schedule level Adjustments**
It is difficult to split the impact between Fee Schedule and Provider Network Adjustments. Hence, we have put the combined impact under Provider Network Adjustments.

(iii) **Utilization Management Adjustment**
We believe that our medical management programs and quality and cost containment programs are comparable to an average small group plan. Hence, no such adjustment was applied.

(iv) **HCRA Surcharge**
The base claims data was adjusted with a 9.63% HCRA surcharge adjustment. HCRA surcharge is applied to the hospital inpatient and outpatient claims only which are about 40% of the total cost. We applied an adjustment of 1.039.

(v) **Covered Lives Assessment**
Covered Lives Assessment is added to the base experience. Our estimates were based on the following:

- 2013 Covered Lives Assessments were used since they are the latest published assessments. New York City assessments of $196.49 per Individual contract and $648.41 per Family contract were used; Long island assessments of $59.14 per Individual contract and $195.15 per Family contract were used.
- An estimated 76.9% of our contracts would be in New York City based on our assumptions.
- Using tier distribution, the per-contract per year assessment was determined to be $346.72, or a $14.23 PMPM.

d. Trend Factors (Cost and Utilization)
Our trend assumptions were based on a sample of other carriers' small group rate filings for 2013. For commercial small groups, trends varied from 6.6% to 14.9% with an average of about 11.0%. For Healthy NY small groups, trends varied from 6.2% to 16.0% with an average of 11.0%. Hence, we use 11% total trend.

We are assuming that trend assumptions are independent of all other market-wide adjustments that we made in provider reimbursement, fee schedule changes, member morbidity, etc.

The assumed utilization and cost per service for the data underlying the credibility manual was developed using Milliman utilization and cost by medical benefit category for employer groups in New York-White Plains, NY-NJ and Nassau-Suffolk, NY. We assumed prescription drugs will comprise 15% of total health care spending

C. Credibility of Experience

We assigned 100% credibility to the manual rate, as we have no credible experience in the small group market.

D. Paid to Allowed Ratio

- Our paid claims represent total expected paid claims that are the liability of the plan, net of member cost sharing and cost sharing paid by HHS on behalf of low-income members. The allowed claims represent the total payments made under the policy to healthcare providers on behalf of covered members and include member cost sharing, cost sharing paid by HHS on behalf of low-income members.
- The Paid to Allowed Ratio of 0.771 is calculated as a weighted average of actuarial value based on expected enrollment in each plan and reflects the average benefit level anticipated during the projection period.

E. Federal Risk Adjustment Program Impact

As it was our assumption when we applied the "population change" adjustment that we anticipated an average risk profile in the Small Group market, we did not adjust for any risk transfer paid (received).

F. Reinsurance Recoveries Net of Reinsurance Premium

a. Federal Transitional Reinsurance Program Recovery

Not applicable to small groups.

b. Transitional Reinsurance Program Fee of $5.25 PMPM was used per HHS. This was included in our administrative expenses.

G. Non Benefit Expenses and Profit and Risk

a. Administrative costs

MHI utilized an allocation methodology that distribute departmental costs using driver-based allocation, for example, membership, number of claims, number of calls, premium revenue, etc. We also distinguish departments between "fixed and variable" depending on the impact of membership growth on staffing levels. For example, Claims is considered a variable department since claims volume varies proportionately by membership. On the other hand, Finance Corporate, for example, is a department unaffected by membership growth for the most part. Our administrative costs for include the following:

- Healthfirst Management Services, LLC (HFMS) will be contracted at 12.1% percent of premium for all the administrative activities. This will include, but not limited to, marketing and sales, enrollment, claims administration, medical management, member services, network management, product management, clinical and quality performance management, compliance, legal, regulatory, finance and actuarial. This fee will not include the taxes and fees described below.
- All quality improvement/cost containment programs that impact the health plans have an estimated cost of $3.15 PMPM and were included in the HFMS fees.

b. Profit/Contribution to surplus margins

Profit or Contribution to Surplus margin of 2% was included in all plans. This is consistent with our current ROI for other products. MHI recognizes the need to have positive margins on our programs. We believe that our 2.0% operating margin would provide necessary capital to invest in the company's infra-structure, provide adequate capital to meet reserve requirements for MHI, and provide high quality care to our members.

The ROI for MHI's investment portfolio in calendar year 2009 through 2012 are as follows:

Year	Total Rate of Return
2012	1.40%
2011	0.70%
2010	1.46%
2009	1.96%

The average ROI for the last four years was 1.38% for MHI.

c. Taxes and Fees

Our taxes and fees include the following:

- Patient-Centered Outcomes Research (PCORI) Tax of $2.00 per member per year;
- Transitional Reinsurance Program Fee of $5.25 PMPM;
- Risk Adjustment User Fee of $0.08 PMPM;
- State Premium tax of 1.75%;
- New York State 332 Assessment estimated to be approximately 0.86% of premium based on information provided by DFS;
- Health Insurance Excise Tax (ACA Premium Tax) is not included. Healthfirst MHIP is exempt in 2014 since
    i. It is incorporated as a nonprofit corporation under state law;
    ii. No part of the entity's profits inure to any private shareholder or individual, no substantial part of its activities include carrying on propaganda or otherwise attempting to influence legislation, and does not participate in or intervene in any political campaign on behalf of or in opposition to any candidate for public office, and
    iii. More than 80% of the entity's gross revenues are received from government programs that target low income, disabled or elderly populations.
- As a non-profit organization, MHI does not pay any other State or Federal taxes or assessments.

- Since New York has not determined the amount of the Exchange user fees, no adjustment for these fees was incorporated in our 2014 rates.

H. Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology is 86.1%, and the expected loss ratio under the New York State methodology is 82.1%. This projected loss ratio is greater than the federally prescribed 80% for Individual products, as well as the 82% prescribed by New York State.

I. Index Rate for Projection Period

The index rate for projection period is the estimated total combined allowed claims PMPM for essential health benefits, not adjusted for payments and charges under the risk adjustment and reinsurance programs. As MHI is going only to offer standard plan designs which have no covered benefits in excess of essential health benefits, the index rate for projection period and total allowed claims PMPM are the same.

The projected index rate was adjusted for the following to arrive at plan level rates:

a. Adjustments for actuarial value and cost-sharing design of the plan
b. Adjustments for benefit richness
c. No further adjustment on provider network, delivery system, utilization management practices.
d. Additional adjustments due to benefits:

- **Age 29 Rider Adjustment**
  We assumed a 10% increase in estimated costs for Tiers with Child(ren) dependents, hence compositing to a 3.3% increase in an overall rate adjustment.

- **Pediatric Dental Benefit Adjustment**
  Premium adjustment of 0.993 was used to remove Pediatric Dental benefits for plans that do not cover them.

- **Family Planning Benefit Adjustment**
  Premium adjustment of 0.997 was used to remove Contraceptive/Family Planning benefits for plans that do not cover them.

- **Domestic Partner Coverage**
  We don't apply any adjustments to remove domestic partner coverage

e. Administrative costs (please see Section above)

Worksheet 2 Items

(i) **AV Metal Values**

The actuarial value and cost-sharing design of the plan are those prescribed by standard plan designs put forth by DFS.

For the Gold plan, the AV is 0.790.

Please refer to **Appendix B** for the printouts of all AV calculation pages using the HHS AV Calculator for the non-grandfathered plans to be sold on the Exchange and off the Exchange.

(ii) **AV Pricing Values**

As noted earlier, the fixed reference plan selected as the basis for the AV Pricing Values is Gold with Dependent Age 26 & Dental & DP & Family Planning. Our AV Pricing Values for each plan shown represents the relative costs of providing coverage under the plan when compared to this plan.

(iii) **Membership Projections**

Currently we have no small group products other than Healthy New York small groups. We expect minimal growth as our efforts will be focused on the implementation and promotion of new Individual on-exchange product options.

We expect our current Healthy New York small group members to choose our post-2014 HNY product which will be a standardized gold-level benefit design. Eligible small employers will be the only type of enrollee permitted in HNY post-1/1/14. This product will be offered only off the Exchange. Because MHI is not participating in the SHOP, our HNY Form and rate filing will be due at a "later date" as compared to the 5/15 deadline for HMOs participating in the SHOP.

Premiums for HNY plans will be determined based on the same Index Rate consistently with the single risk pool requirement prescribed by HHS. The adjustment for the impact of the stop loss reimbursement from New York State will be reflected as one of the plan level adjustments.

(iv) **Warning Alerts**

a. We used the same Total Allowed Amount in both Worksheet 1 (Cell X32) and Worksheet 2 (Cell F86). As the formula in the cell B86 compare the Total Allowed Amount in Worksheet 2 to Total Allowed Amount adjusted for recoveries from the reinsurance program and risk transfer payments/charges from the risk adjustment program, there is a warning alert in Cell A86. If we were to make Cell F86 equal to the Total Allowed Amount adjusted for recoveries from reinsurance program and risk transfer payments/charges from the risk adjustment program, there will be warning signs in Cells A55, A93, A98 and A99. Hence we stayed with the option (a) above.
b. The formulas in column F which should represent the total for all plans were incorrect when plans opt to enter data by product average. Additional warning alerts are found in cells A55, A56, A60, A67, A81, A82, A86, and A93.
c. The net amount of reinsurance is negative for small groups. Small groups have to contribute to the reinsurance program without receiving any benefits from it. However, it is impossible to enter a negative number for net amount of reinsurance in the cell G95 in Worksheet 2. Hence, another warning alert can be found in cell A95.

(v) **Other Issues**

We could not validate all the entries in the template when running the "Validate" macro. We are getting a warning message for the benefit category 'Capitation' under "Credibility Manual" for Average Cost/Service and Utilization per 1,000. The warning says that these values must be greater than 0.

Actuarial Certification:

I, [redacted] am a Member of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.

I certify that:

(1) The submission is in compliance with all applicable laws and regulations of the State of New York, as well as Federal Statutes and Regulations (45 CFR 156.80(d)(1));

(2) The projected index rate is:
   a. Developed in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
      - ASOP No. 5, Incurred Health and Disability Claims
      - ASOP No. 8, Regulatory Filings for Health Plan Entities
      - ASOP No. 12, Risk Classification
      - ASOP No. 23, Data Quality
      - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
      - ASOP No. 41, Actuarial Communications
   b. Reasonable in relation to the benefits provided and the population anticipated to be covered
   c. Neither excessive nor deficient

(3) The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

(4) The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

(5) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.

Please note that the Part I Unified Rate Review Template does not demonstrate the process used by MHI to develop the rates. Rather, it represents information required by federal regulation to be provided in support of the review for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

[redacted]

_____ May 15, 2013

[redacted]

Date

Appendix A

Description of Cost Sharing Features and Benefits

MHI HMO B Small Group Plan - Gold		
Standard Benefits		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit

MHI HMO B Small Group Plan - Gold Standard Benefits		
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	$25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	$25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	$25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding	$25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year

MHI HMO B Small Group Plan - Gold		
Standard Benefits		
Center or Specialist Office Setting • Performed as Outpatient Hospital Services	$25 Copayment	
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered

Appendix B

Actuarial Value Calculations

MHI

Small Groups

Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	
Apply Inpatient Copay per Day?	
Apply Skilled Nursing Facility Copay per Day?	
Use Separate OOP Maximum for Medical and Drug Spending?	
Indicate if Plan Meets CSR Standard?	
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?		Blended Network/POS Plan?	
Annual Contribution Amount		1st Tier Utilization	
		2nd Tier Utilization	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00	$0.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	100.00%			
OOP Maximum ($)	$4,000.00		$6,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2			
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**
Medical	✓ All	✓ All			✓ All	✓ All		
Emergency Room Services	✓	✓		$150.00	✓	✓		
All Inpatient Hospital Services (inc. MHSA)	✓	✓		$1,000.00	✓	✓		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓		$25.00	✓	✓		
Specialist Visit	✓	✓		$40.00	✓	✓		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	✓	✓		$25.00	✓	✓		
Imaging (CT/PET Scans, MRIs)	✓	✓		$40.00	✓	✓		
Rehabilitative Speech Therapy	✓	✓		$30.00	✓	✓		
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	✓		$30.00	✓	✓		
Preventive Care/Screening/Immunization			100%	$0.00			100%	$0.00
Laboratory Outpatient and Professional Services	✓	✓		$40.00	✓	✓		
X-rays and Diagnostic Imaging	✓	✓		$40.00	✓	✓		
Skilled Nursing Facility	✓	✓	0%	$1,000.00	✓	✓		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓	96.1200%		✓	✓		
Outpatient Surgery Physician/Surgical Services	✓	✓	93.2200%		✓	✓		
Drugs	All	All			All	All		
Generics	✓	✓		$10.00	✓	✓		
Preferred Brand Drugs	✓	✓		$35.00	✓	✓		
Non-Preferred Brand Drugs	✓	✓		$70.00	✓	✓		
Specialty Drugs (i.e. high-cost)	✓	✓		$70.00	✓	✓		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10)	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10)	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	
# Copays (1-10)	

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	79.0%
Metal Tier	Gold

May 15, 2013

[redacted]

RE: Managed Health, Inc – Small Group Off-Exchange Plans

Dear [redacted]

We have prepared the enclosed submission, pursuant to section 4308(c) of the New York Insurance Law for Small Group Off-Exchange rates to be effective on January 1, 2014. The rates are for the New York City region which includes Bronx, Kings, New York, Queens, Richmond, and Long Island region which includes Nassau and Suffolk. Please note that the proposed rates are not subject to rolling rates.

If you have any questions concerning this submission, please feel free to contact me at [redacted]
We look forward to continue working with the Department.

Sincerely,

[redacted]

Managed Health, Inc

2014 New York State Premium Rates for Small Group Off-Exchange Plans
Actuarial Memorandum

General Information

Company Information

- **Company Legal Name:** Managed Health, Inc.
- **State:** New York
- **HIOS Issuer ID:** [redacted]
- **Market:** Small Group
- **Effective Date**: 1/1/2014
- **NAIC Number** [redacted]
- **Product Name –** HMO B Small Group

Contact Information

[redacted]

[redacted]

The following are the plans included in this filing:
Please note that this is a submission for a new product.

Benefit Design	HIOS Plan ID	On/Off Exchange	Metal Tier Level	Metal AV Value
Gold with Dependent Age 26 & Dental & DP & Family Planning	83744NY0010001	Off Exchange	Gold	.790
Gold with Dependent Age 29 & Dental & DP & Family Planning	83744NY0010002	Off Exchange	Gold	.790
Gold with Dependent Age 26 & No Dental & DP & Family Planning	83744NY0010003	Off Exchange	Gold	.790
Gold with Dependent Age 29 & No Dental & DP & Family Planning	83744NY0010004	Off Exchange	Gold	.790
Gold with Dependent Age 26 & No Dental & No DP & Family Planning	83744NY0010005	Off Exchange	Gold	.790
Gold with Dependent Age 29 & No Dental & No DP & Family Planning	83744NY0010006	Off Exchange	Gold	.790

Benefit Design	HIOS Plan ID	On/Off Exchange	Metal Tier Level	Metal AV Value
Gold with Dependent Age 26 & No Dental & No DP & No Family Planning	83744NY0010007	Off Exchange	Gold	.790
Gold with Dependent Age 29 & No Dental & No DP & No Family Planning	83744NY0010008	Off Exchange	Gold	.790
Gold with Dependent Age 26 & Dental & No DP & Family Planning	83744NY0010009	Off Exchange	Gold	.790
Gold with Dependent Age 29 & Dental & No DP & Family Planning	83744NY0010010	Off Exchange	Gold	.790
Gold with Dependent Age 26 & Dental & No DP & No Family Planning	83744NY0010011	Off Exchange	Gold	.790
Gold with Dependent Age 29 & Dental & No DP & No Family Planning	83744NY0010012	Off Exchange	Gold	.790
Gold with Dependent Age 26 & No Dental & DP & No Family Planning	83744NY0010013	Off Exchange	Gold	.790
Gold with Dependent Age 29 & No Dental & DP & No Family Planning	83744NY0010014	Off Exchange	Gold	.790
Gold with Dependent Age 26 & Dental & DP & No Family Planning	83744NY0010015	Off Exchange	Gold	.790
Gold with Dependent Age 29 & Dental & DP & No Family Planning	83744NY0010016	Off Exchange	Gold	.790

Please refer to **Appendix B** for the Description of Cost Sharing Features and Benefits. Please also refer to **Appendix C** for the printout of all AV calculation page using the HHS AV Calculator for the non-grandfathered plans to be sold off the Exchange.

Claims Experience and Pricing Assumptions

(1) With approximately 500 member months in Healthy New York Small Group products, we do not have any credible experience in our Commercial products for rates development. Instead, all New York small group plans experience with close to 17 million member months in the 10/1/2011 to 9/30/2012 experience period was used as a Manual Rate. We used data from Deloitte's "New York DFS Risk Adjustment Simulation" results on pre-2014 Small Group markets.

(2) The average AV Pricing Value determined by Deloitte for all New York small group market is 0.849. Based on page 4 of DFS' Small Group Filing Instructions, this is determined to be an average Gold plan since the AV value is close to 0.85. The Benefit Richness Adjustment Factor as prescribed by

HHS in its final regulation on Notice of Benefits and Payment Parameters for 2014 is 1.08 for Gold Metal level. Since MHI does not have any other data to determine our own "benefit richness" factor based on variations in plan designs, we are using the prescribed "benefit richness" factor. Adjustments for our base period experience are hence as follows:

- AV based on Deloitte of 0.849;
- Benefit Richness inherent in base experience of 1.08;
- AV Pricing Value of 0.917

(3) The Incurred PMPM in Step (1) was trended from the mid-point of the experience period to the mid-point of Plan Year 2014. Our trend assumptions were based on a sample of other carriers' small group rate filings for 2013. For commercial small groups, trends varied from 6.6% to 14.9% with an average of about 11.0%. For Healthy NY small groups, trends varied from 6.2% to 16.0% with an average of 11.0%. Hence, we use 11% trend.

We are assuming that trend assumptions are independent of all other market-wide adjustments that we made in provider reimbursement, fee schedule changes, member morbidity, etc.

(4) **Market-wide index rate adjustments** included are explained as follows:

(i) **Impact of compliance with Essential Health Benefits –**

- Based on Milliman's report on Essential Health Benefits for the NY Health Benefit Exchange, we adjusted the base experience claims by 1.17%. As Milliman's report was prepared prior to the determination of Essential Health Benefits and the above factor does not include an impact for cost for habilitative services, we adjusted the base experience claims by additional 0.585%.

(ii) **Provider Network Adjustment**

We believe that our provider network is [redacted]

(iii) **Fee Schedule level Adjustments**

It is difficult to split the impact between Fee Schedule and Provider Network Adjustments. Hence, we have put the combined impact under Provider Network Adjustments.

(iv) **Utilization Management Adjustment**

We believe that our medical management programs and quality and cost containment programs are comparable to an average small group plan. Hence, no such adjustment was applied.

(v) **Impact on risk pool of changes in expected covered membership risk characteristics**

In our rate development process, we have relied on Deloitte's "New York DFS Risk Adjustment Simulation" results on pre-2014 Small Group markets. Per Deloitte's Uninsured Study - "Impact of the Affordable Care Act on the New York Small Group and Non-Group Markets" released by DFS on March 29, 2013, the post-ACA Small Group morbidity was estimated to be 3-4% better than that of the pre-ACA average Small Group morbidity. Hence, we apply a population change factor of 0.972 for changes in morbidity for small groups.

(vi) **Impact of anticipated changes in the distribution of risk pool membership by the standard rating regions**

We applied an area adjustment of 1.093 estimated by Deloitte. Our members are located only in New York and Long Island. However, the base experience data we use to develop rates is statewide.

(vii) **Federal Risk Adjustment Program Impact**

As it was our assumption when we applied the "population change" adjustment that we anticipated an average risk profile in the Small Group market, we did not adjust for any risk transfer paid (received).

(viii) **Impact of adjustments due to experience period claim data not being sufficiently credible**

With approximately 500 member months in Healthy New York Small Group products (for the period 10/1/2011 – 9/30/2012), we do not have any credible experience in our Commercial products for rates development. Instead, all NY small group plans experience with close to 17 million member months was used as a Manual Rate. We assume that all NY small group plans base period experience is credible. Hence, we do not apply any adjustments.

(ix) **Covered Lives Assessment**

Covered Lives Assessment is added to the base experience. Our estimates were based on the following:

- 2013 Covered Lives Assessments were used since they are the latest published assessments. New York City assessments of $196.49 per Individual contract and $648.41 per Family contract were used; Long island assessments of $59.14 per Individual contract and $195.15 per Family contract were used.
- An estimated 76.9% of our contracts would be in New York City based on our assumptions.
- Using tier distribution (that will be described in Section "**Standard Census Tiers**"), the per-contract per year assessment was determined to be $346.72, or a $14.23 PMPM. An adjustment factor of 1.037 was used.

(x) **HCRA Surcharge**

- The base claims data was adjusted with a 9.63% HCRA surcharge adjustment.
- HCRA surcharge is applied to the hospital inpatient and outpatient claims only which are about 40% of the total cost. We apply an adjustment of 1.039.

Market-wide Index Rate Adjustments	Adjustment
Impact of adjusting experience period data to EHB benefit level	1.018
Market wide adjustment for changes in provider network **	0.900
Market wide adjustment for fee schedule changes **	1.000
Market wide adjustment for utilization management changes **	1.000
Impact on risk pool of changes in expected covered membership risk characteristics **	0.972
Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]	**1.000**
Adjustment for changes in distribution of risk pool membership by rating regions **by the standard rating regions	1.093
Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)	1.000

Market-wide Index Rate Adjustments	Adjustment
Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000
Impact of adjustments due to experience period claim data not being sufficiently credible	1.000
Claim trend projection factor (midpoint of experience period to mid-point of rate applicability period)	1.265
Other 1 - Covered Lives Assessment	1.037
Other 2 - HCRA surcharge	1.039
Impact of Market Wide Adjustments	**1.325**

(5) **Plan-Design Level Adjustments** -

(i) **Pricing actuarial value (without benefit richness factor)**
The actuarial value and cost-sharing design of the plan are those prescribed by standard plan designs put forth by DFS. For the Gold plan, the AV is 0.790.

(ii) **Pricing actuarial value (only the benefit richness factor)** are the standard benefit richness factors as prescribed by HHS. For the Gold plan, the induced utilization adjustment is 1.080.

(iii) **Impact of provider network characteristics beyond what is reflected in Market Wide Adjustment**
No specific adjustments are necessary at the product or plan-design level beyond what is reflected in the index rate.

(iv) **Impact of delivery system characteristics beyond what is reflected in Market Wide Adjustment**
No specific adjustments are necessary at the product or plan-design level beyond what is reflected in the index rate.

(v) **Impact of utilization management practices beyond what is reflected in Market Wide Adjustment**
No specific adjustments are necessary at the product or plan-design level beyond what is reflected in the index rate.

(vi) **Benefits in additional to EHB (greater than 1.00)**
Our plans do not cover benefits that are in addition to the Essential Health Benefits. Hence, no such adjustments are included.

(vii) **Administrative costs (excluding Exchange user fees and profits)**
Our administrative costs our small group plans include the following:

- Healthfirst Management Services, LLC (HFMS) will be contracted at 12.1% of premium for all the administrative activities of the MHI off-Exchange products. This will include, but not limited to, marketing and sales, enrollment, claims administration, medical management, member services, network management, product management, clinical

and quality performance management, compliance, legal, regulatory, finance and actuarial. This fee will not include the taxes and fees described below.

- Patient-Centered Outcomes Research (PCORI) Tax of $2.00 per member per year;
- Transitional Reinsurance Program Fee of $5.25 PMPM;
- Risk Adjustment User Fee of $0.08 PMPM;
- State Premium tax of 1.75%;
- New York State 332 Assessment estimated to be approximately 0.86% of premium based on information provided by DFS;
- Health Insurance Excise Tax (ACA Premium Tax) is not included. Healthfirst MHIP is exempt in 2014 since
    i. It is incorporated as a nonprofit corporation under state law;
    ii. No part of the entity's profits inure to any private shareholder or individual, no substantial part of its activities include carrying on propaganda or otherwise attempting to influence legislation, and does not participate in or intervene in any political campaign on behalf of or in opposition to any candidate for public office, and
    iii. More than 80% of the entity's gross revenues are received from government programs that target low income, disabled or elderly populations.
- As a non-profit organization, MHI does not pay any other State or Federal taxes or assessments.
- Since New York has not determined the amount of the Exchange user fees, no adjustment for these fees was incorporated in our 2014 rates.
- Please refer to **Appendix A** for a description of all quality improvement/cost containment programs that impact the health plans included in the risk pool. The estimated cost for these programs was $3.15 PMPM and was included in the HFMS fees. This should tie in with the activities that improve health care quality, as specified in Exhibit 9, the HHS MLR report and the Supplemental Health Care Exhibit.

(viii) **Profit/Contribution to surplus margins**

Profit or Contribution to Surplus margin of 2% was included in all plans. This is consistent with our current ROI for other products. MHI recognizes the need to have positive margins on our programs. We believe that our 2.0% operating margin would provide necessary capital to invest in the company's infra-structure, provide adequate capital to meet reserve requirements for MHI, and provide high quality care to our members.

The ROI for MHI's investment portfolio in calendar year 2009 through 2012 are as follows:

Year	Total Rate of Return
2012	1.40%
2011	0.70%
2010	1.46%
2009	1.96%

The average ROI for the last four years was 1.38% for MHI.

(ix) **Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)**
MHI does not offer an Out-of-Network benefit option.

(x) **Impact of Adjustment for Stop Loss reimbursements on SG HNY**
This adjustment is not applicable for this product.

(xi) **Age 29 Rider Adjustment**
We assumed a 10% increase in estimated costs for tiers with dependents, compositing to a 3.3% increase in an overall rate adjustment.

(xii) **Pediatric Dental Benefit Adjustment**
Premium adjustment of 0.993 was used to remove Pediatric Dental benefits for plans that do not cover them.

(xiii) **Family Planning Benefit Adjustment**
Premium adjustment of 0.997 was used to remove Contraceptive/Family Planning benefits for plans that do not cover them.

(xiv) **Domestic Partner Coverage**
We don't apply any adjustments to remove domestic partner coverage.

Standardized Census Tiers:
Final (all regions combined) Premium Rates for all Non-Grandfathered Plans for Employees only, for Employees and Spouse, for Employees and Child(ren) and for Employees and Spouse and Child(ren), based on census factors prescribed by DFS are used:

Census Tiers	Relativity
Single	1.000
Single + Spouse	2.000
Single + Child(ren)	1.700
Single + Spouse + Child(ren)	2.850

We do not have a credible distribution of members and subscribers (employees) by census cells during the experience period. Hence, we use a Milliman tier distribution for groups shown below.

Census Tiers	Contract Distribution
Single	52.0%
Single + Spouse	15.0%
Single + Child(ren)	9.5%
Single + Spouse + Child(ren)	23.5%
	100.0%

The development of the conversion factor is shown in the table below:

Census Tiers	Contract Distribution	Cost Per Contract	Number Of Members Per Contract	Loading Factor
Single	52%	1.000	1.000	1.230
Single + Spouse	15%	2.000	2.000	2.460
Single + Child(ren)	10%	1.700	2.700	2.091
Single + Spouse + Child(ren)	24%	2.850	4.062	3.506
	100.0%	**1.651**	**2.031**	**2.031**

Rating Regions
MHI participate in two of the eight standardized rating regions in New York State:

- New York – Our service area include Bronx, Kings, New York, Queens, and Richmond. Westchester and Rockland counties are not currently in our service area.
- Long Island – Our service area includes Nassau and Suffolk counties.

The area factors to be used for 2014 are as follows:

Region	Counties included	Area factor
New York City	Bronx, Kings, New York, Queens, Richmond	1.000
Long Island	Nassau, Suffolk	1.000

We determined that the area factors for these two regions are the same for the following reasons:

- Premiums for our current products are the same for these two regions, including Individual HMO, Healthy New York products, as well as Child Health Plus products.

Projected Loss Ratio
The projected loss ratio using the federally prescribed MLR methodology is 86.1%, and the expected loss ratio under the New York State methodology is 82.1%. This projected loss ratio is greater than the federally prescribed 80% for Individual products, as well as the 82% prescribed by New York State.

Small Group Healthy New York Plans
Eligible small employers will be the only type of enrollee permitted in HNY post-1/1/14. This product will be offered only off the Exchange. Because MHI is not participating in the SHOP, our HNY Form and rate filing will be due at a "later date" as compared to the 5/15 deadline for HMOs participating in the SHOP.

Premiums for HNY plans will be determined based on the same Index Rate consistently with the single risk pool requirement prescribed by HHS. The adjustment for the impact of the stop loss reimbursement from New York State will be reflected as one of the plan level adjustments.

Exhibit 7
Please note the following:

- The number of groups and covered lives in columns J and K are as of 12/2013
- Incurred claims include estimated Covered Lives Assessment and HCRA surcharges.

- Healthy NY stop loss
    - 2012 payments are not available yet
    - We used submitted claims as weights to estimate stop loss amounts received for small groups only. Amounts received from the Healthy NY stop loss pool for 2010 and 2011, however, are for both sole proprietor and small groups.

Actuarial Certification:

I, [redacted] am a Member of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.

I certify that:

(1) The submission is in compliance with all applicable laws and regulations of the State of New York;

(2) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 41, Actuarial Communications

(3) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;

(4) The benefits are reasonable in relation to the premiums charged; and

(5) The rates are not unfairly discriminatory.

[redacted]

_____ May 15, 2013_____

[redacted] Date

Appendix A

Quality and Cost Containment Strategy for Managed Health Inc. (MHI) Individual On and Off Exchange Plans

A. Improving Health Outcomes

Managed Health implements health promotion and care management programs to contribute in a meaningful way to improved health outcomes for our members. The objective of these programs is to increase member access to and engagement with preventive health services, especially the patient-centered medical home, to promote appropriate utilization of services for acute and chronic care and to optimize member capability for self-management and collaboration with the provider's care and treatment strategies.

Preventive Health: Member Access and Engagement

Upon enrollment, Managed Health offers information and support in establishing primary care as well as the opportunity for incoming members to complete a health risk assessment (HRA). Based on the member's self-reported information, the member's evidence based prevention needs, and feedback from the member's primary care and other providers, Managed Health provides members with targeted health information, health promotion and care management outreach, education and case management programs. For example, at the Managed Health Healthy Living website, members have access to information that can help them understand how they can best fulfill prevention needs like mammography and colon cancer screening.

Central to the initial engagement of members is the assistance that Managed Health provides to members to schedule an appointment with their primary care provider as soon as possible following enrollment. Managed Health Member Services is available to assist the member in contacting their primary care provider and making the first appointment.

Chronic Care Management: Promoting Self-Management and Adherence to Care / Care Compliance

Managed Health works collaboratively with primary care, mental health and substance abuse and specialty practices to promote the delivery of evidence based care to our members living with chronic conditions using a three-pronged approach:

1) Promoting Health Knowledge and Self-Management: using a variety of approaches, Managed Health reaches out to members to close gaps in knowledge about their conditions and critical adherence and self-management strategies. Members are educated on the importance of adhering to medications and recognizing potential adverse effects associated with their therapeutic regimens. Efforts are made to identify and manage potential barriers to therapy to minimize the potential of medication non-compliance. Materials are produced based on the needs of members identified through quality and utilization reports, as well as feedback from our members and providers. Examples include printed brochures, newsletters, targeted member letter and reminder campaigns.
2) Care Management: Based on the profile of disease prevalence and utilization patterns of our members, Managed Health implements disease management programs and initiatives.

Conditions that may be addressed by our Spectrum case managers include: diabetes, asthma, schizophrenia and sickle cell anemia.

3) Patient centered medical home: Managed Health supports physicians and clinicians in the medical home by providing opportunities to refer members with complex needs to case management, and by sharing care plans with the patient's key providers when there is a change in health status or as requested.

Provider Partnership and Collaboration

Managed Health works closely and collaboratively with its primary care practices to meet the health needs of our members. Many of our primary care practices have met NCQA criteria for designation as a "patient centered medical home," or PCMH. Health outcome targets are defined no less than annually and shared with the Managed Health provider network to create a shared agenda to improve health outcomes for our members. Tools to support providers in caring for and serving our members include:

- Provider clinical bulletins detailing pragmatic ways to promote evidenced based care and improved outcomes
- Provider Symposia, which allows Managed Health providers to highlight and share their best practices
- Provider Partnership Practice meetings for Managed Health care management, quality and network staff to provide interim reports with feedback on utilization and quality, as well as satisfaction and medication utilization and adherence
- Web based quality reports and care plans – Managed Health primary care practices can access care plans for assigned members in order to incorporate Managed Health recommendations into their patient treatment and care plans

Monitoring and Performance Improvement

No less than quarterly, Managed Health administrative and clinical teams as well as providers and member representatives meet to review care management and quality activity and outcomes. At these quality meetings, thresholds and targets for quality performance are approved, trends in health outcomes and plan performance are reviewed, recommendations are made and work plans are monitored. Clinical Performance and Care Management programs are initiated to close gaps in targeted health outcomes and to improve strategies for identifying and minimizing medication barriers, thus improving compliance and therapeutic outcomes.

B. Preventing Hospital Readmissions

Managed Health members at high risk for poor health outcomes and / or challenges in navigating the health care delivery system are identified based on patterns of utilization, such as fewer than expected primary care visits, frequent inpatient admissions, readmissions within 30 days in a defined time period or presence of a condition that places them at high risk for readmission such as congestive heart failure. These members are enrolled in complex case management. They receive intensive outreach that

includes a detailed assessment which forms the foundation for a comprehensive care plan to address the areas of need. Once outreach and assessment are complete, the case manager will offer community based services to support high risk members, such as home visits, medication reconciliation and post discharge coaching and reminders. Whenever possible, Managed Health case managers work closely with hospital discharge planners to ensure a safe hospital discharge. Managed Health also collaborates with providers and community based organizations to identify regional strategies to address difficult psychosocial issues such as homelessness, mental health and substance abuse community programs and innovative strategies to address navigation and cultural barriers to effective health care.

Managed Health offers primary care provider practices real time notice that their assigned members have been hospitalized to promote the implementation of practice care coordination, including early appointments for members post discharge. The Managed Health primary care practices receive feedback about the types of emergency department visits, preventable admissions and readmissions that their population of members has experienced in the previous quarter and year.

C. Improving Patient Safety

Managed Health has implemented three major approaches to improving the safety of our patients.

Medication Management

Managed Health supports and promotes the use of electronic prescribing and medication reconciliation to reduce polypharmacy and improved communication between the patient, the pharmacist and the prescriber. Through our pharmacy benefit manager, Managed Health utilizes all point of sale edits available to improve the likelihood that members receive an optimized medication regimen. Pharmacy alerts for recalls and other prescriber concerns are distributed via multiple modalities which may include the Managed Health portal, mail and email. Patients are educated through our newsletter about safe use of pharmaceuticals.

Reducing Antibiotic Resistance

Managed Health actively educates and monitors non evidence based use of antibiotics in primary care and other practices to reduce the likelihood of the development of antibiotic resistance in the communities that we serve. These efforts include a provider bulletin with patient education material and quality reports that monitor the use of antibiotics for patients with uncomplicated acute bronchitis and viral upper respiratory infections. Pharmacy data is also available to support these efforts. Managed Health offers provider workshops to consider alternatives to antibiotic prescriptions as appropriate.

Quality Assurance Reviews

The Managed Health Medical Management Department and medical directors investigate potential quality assurance issues as reported by members, providers or Managed Health staff to determine specific areas of risk for poor health outcomes for our members. Trends in provider, practice or network

performance are discussed, and when necessary Managed Health requires corrective action plans to avoid recurrence of confirmed quality of care events.

D. Wellness and Health Promotion Activities

Managed Health has a number of wellness and health promotion programs that seek to meaningfully improve health outcomes for our members by increasing member access to preventive health services, promoting appropriate utilization of services for acute and chronic care, and optimizing member health status.

Spectrum of Health

The Spectrum of Health program promotes health and wellness in collaboration with each member's primary care provider as well as a provider network comprised of clinical specialists and subspecialists that support the health goals of each target population of members. The Spectrum of Health process begins with an assessment of health risk and key determinants of member wellness, matching member needs with available resources and providing targeted education, alerts, reminders and assistance to facilitate members in navigating the health care delivery system.

The Spectrum of Health Program is outcomes focused, seeking to:

- Promote access to age and gender appropriate primary, secondary and tertiary prevention services
- Ensure that age and gender appropriate preventive milestones are met
- Facilitate control of chronic illness
- Optimize the functional status of members in the community

Spectrum of Health meets the targeted needs of beneficiaries by utilizing the following strategies:

- Population based education tools such as newsletters and web based information
- Targeted education, reminders and alerts based on the needs of subpopulations of members
- Provider based outreach, education, and support
- Community based outreach and education in collaboration with community based organizations with shared health promotion goals

Managed Health continually evaluates and improves health promotion programming by collecting and analyzing performance data.

Provider Collaboration & Reporting

Managed Health regularly collaborates with providers with the objective of meaningfully improving health outcomes for members. Communication occurs via telephone, on-site visits, relevant articles in newsletters and the web portal, provider clinical bulletins, and targeted mailings.

Key components of Managed Health's provider reporting efforts include:

- Quality Report Cards: provider quality reports are posted on the Managed Health provider web portal for concurrent review of status for QARR measures in comparison with HF targets
- Non-compliant Member Lists: lists of providers' measure-specific non-compliant members in their panel are posted to the provider web portal. Providers are encouraged to outreach members needing services (e.g., preventive screenings, recommended lab tests, communications on medication adherence) and schedule appointments to close gaps in care
- Web-based Care Plans – Managed Health primary care practices can access care plans for assigned members in order to incorporate Managed Health recommendations into their patient treatment and care plans

Member Health Risk Assessment

Managed Health seeks to engage members in their health by providing access to a member health risk assessment (HRA). Results of member HRAs are used to:

- Generate member care plans
- Identify members who qualify for Managed Health wellness campaigns and care management programs
- Inform provider outreach and education campaigns

E. Reducing Health and Health Care Disparities

Managed Health is a community-based health plan with established processes and programs to reduce health and healthcare disparities among its members.

Language Services

Managed Health's member-facing staff is reflective of its diverse membership. Member Services representatives are available to speak to members in English, Spanish, Mandarin, Cantonese, and Russian. To serve members with other language preferences, Managed Health uses a language line. Managed Health continually evaluates use and performance of the language line to identify opportunities for improvement as well as emerging language needs.

Community Outreach

Managed Health has seven community offices that are each fully staffed with representatives to answer questions. In addition to these community offices, Managed Health also has mobile vans and tables set up in local hospitals, clinics, and other locations to serve members. Representatives are fluent in the languages commonly spoken in the surrounding communities and provide the following services for members:

- Renewing or re-certifying health insurance
- Providing information about the health services and benefits offered by Managed Health
- Addressing general member questions or needs, such as changing Primary Doctor (PCP), changing address or other personal information, or requesting a new member ID card;
- Providing tips, brochures, and other information to help live a healthier life

- Linking members to other helpful community organizations

Managed Health hosts and/or supports over 600 community events per year. Examples of events that Managed Health has supported in the last year include:

- Health Literacy Events
- Health Fairs / Street Fairs
- Nutrition Workshop / Healthy Cooking Contest
- Breast Cancer / HIV / Blood Pressure / A1C Screenings
- Diabetes Prevention & Health Awareness Days
- Infant Immunization Events
- Men's Health Awareness Events
- Healthy Heart Day Events
- Healthy Kids & Baby Showers
- Chronic Care Workshops
- Physical Wellness and Exercise Workshops
- Brown Bag Workshops (Pharmacist review medications with attendees)
- World Health Day Events
- Gospel Health Fairs & Gospel Concerts
- Community Running Events
- Holiday celebrations (e.g., Lunar Chinese New Year, Three Kings Day, Dominican Heritage, Black History Month, Women's History Month, Veterans Day, Vaisakhi South Asian Festival).
- Family Day Events (NYCHA)

<u>Cultural Competency Trainings</u>

Managed Health has a comprehensive cultural competency training program. The objective of this program is to support the organization in its aims to (1) deliver the highest-quality service to every member regardless of race, ethnicity, culture, or language proficiency and (2) eliminate racial/ethnic disparities in health care.

Managed Health's Member Services department serves as the front line staff for member questions and concerns. All member services representatives participate in an interactive, instructor-led cultural sensitivity training when they are hired. In subsequent years, Member Services representatives are required to take an annual refresher course on cultural sensitivity.

In addition, all Managed Health employees have access to several online training courses that focus on cultural competency. These courses include:

- Diversity Awareness (Second Edition)
- Diversity for Managers (Second Edition)
- Intercultural Business Etiquette (Second Edition)
- Communicating Across Cultures (Includes Simulation)
- Writing for a Global Audience

F. Behavioral Health Services

The behavioral health program provides a full continuum of care, utilizing acute inpatient services, partial hospitalization and intensive outpatient programs along with ambulatory outpatient care. The program is designed to assist members in finding the appropriate provider to meet their needs and to facilitate timely access to treatments and services including emergency, urgent and routine office care. Managed Health is ready to work with members to determine a specific provider and, where necessary and desired, assist the member in obtaining an appointment.

The program includes diagnostic-specific programs such as intensive outpatient programs that target substance use and eating disorders. Managed Health is exploring the potential use of services that make access easier for members such as the use of tele-mental health as a vehicle for those who have difficulty attending appointments in offices to receive care closer to or in their homes.

Members who have been hospitalized not only receive an agreed upon specific discharge plan but Managed Health also provides support within the community during the initial post-hospital period to improve the potential success of connection to the next treatment component. These activities serve to increase the likelihood of the member maintaining and enhancing progress made in the hospital and also to decrease the risks of readmission.

Managed Health recognizes that many of those suffering from a mental illness or substance use disorder also have significant physical illnesses and psychosocial issues such as homelessness, poverty and illiteracy. Through its care management program, Managed Health provides case management, care coordination and navigation assistance to reduce gaps in care and disparity in outcomes by facilitating access to preventive care, treatment and support services. Managed Health care managers with medical and behavioral health expertise work closely with members, families, providers, social service agencies and community based organizations to provide a unique, member-centric, integrated and holistic approach to care.

Appendix B

Description of Cost Sharing Features and Benefits

MHI HMO B Small Group Plan - Gold		
Standard Benefits		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit

MHI HMO B Small Group Plan - Gold Standard Benefits		
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	$25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	$25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	$25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding	$25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year

MHI HMO B Small Group Plan - Gold		
Standard Benefits		
Center or Specialist Office Setting • Performed as Outpatient Hospital Services	$25 Copayment	
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered

Appendix C

Actuarial Value Calculations

MHI

Small Groups

Gold Plan

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	
Apply Inpatient Copay per Day?	
Apply Skilled Nursing Facility Copay per Day?	
Use Separate OOP Maximum for Medical and Drug Spending?	
Indicate if Plan Meets CSR Standard?	
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?		Blended Network/POS Plan?	
Annual Contribution Amount		1st Tier Utilization	
		2nd Tier Utilization	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00	$0.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	100.00%			
OOP Maximum ($)	$4,000.00		$6,400.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

	Tier 1				Tier 2			
Type of Benefit	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**	**Subject to Deductible?**	**Subject to Coinsurance?**	**Coinsurance, if different**	**Copay, if separate**
Medical	✓ All	✓ All			✓ All	✓ All		
Emergency Room Services	✓	✓		$150.00	✓	✓		
All Inpatient Hospital Services (inc. MHSA)	✓	✓		$1,000.00	✓	✓		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓		$25.00	✓	✓		
Specialist Visit	✓	✓		$40.00	✓	✓		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	✓	✓		$25.00	✓	✓		
Imaging (CT/PET Scans, MRIs)	✓	✓		$40.00	✓	✓		
Rehabilitative Speech Therapy	✓	✓		$30.00	✓	✓		
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	✓		$30.00	✓	✓		
Preventive Care/Screening/Immunization			100%	$0.00			100%	$0.00
Laboratory Outpatient and Professional Services	✓	✓		$40.00	✓	✓		
X-rays and Diagnostic Imaging	✓	✓		$40.00	✓	✓		
Skilled Nursing Facility	✓	✓	0%	$1,000.00	✓	✓		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓	96.1200%		✓	✓		
Outpatient Surgery Physician/Surgical Services	✓	✓	93.2200%		✓	✓		
Drugs	All	All			All	All		
Generics	✓	✓		$10.00	✓	✓		
Preferred Brand Drugs	✓	✓		$35.00	✓	✓		
Non-Preferred Brand Drugs	✓	✓		$70.00	✓	✓		
Specialty Drugs (i.e. high-cost)	✓	✓		$70.00	✓	✓		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10)	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10)	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	
# Copays (1-10)	

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	79.0%
Metal Tier	Gold

May 15, 2013

[redacted]

RE: Managed Health, Inc. – Small Group Off-Exchange Plans
Submission Effective January 1, 2014
Rates and Forms Application Under New York State Insurance Law Section 4308(c)

Dear [redacted]

Managed Health, Inc. is pleased to submit its HMO small group premium rates and forms for an effective date of January 1, 2014.

Pursuant to the Review Standards for Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups Checklist, dated April 22, 2013, enclosed please find the rate manual for this submission, which includes the requested elements and sections.

These rates and forms are for participation in New York, Richmond, Kings, Queens, Bronx, Nassau, and Suffolk counties. There are no broker/agent commissions associated with this product, therefore a commission schedule was intentionally not included in this rate manual.

If you have any questions regarding this rates and forms submission please feel free to contact [redacted]

Thank you for your time and consideration. We look forward to working with you.

Sincerely,

[redacted]

Managed Health, Inc. D/B/A Healthfirst

Rate Manual Pursuant to New York Insurance Law Section 4308(c)

Small Group Off-Exchange HMO Rates and Forms Submission

Effective January 1, 2014

TABLE OF CONTENTS

SECTION I –

Small Group Off-Exchange HMO

Standard Plan Rates

Section I.A – Rate Pages

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, FAMILY PLANNING, AND DOMESTIC PARTNER COVERAGE)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$644.64	$665.91
Single + spouse	$1,289.28	$1,331.82
Single + child(ren)	$1,095.88	$1,132.05
Single + spouse + child(ren)	$1,837.22	$1,897.85

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, WITH FAMILY PLANNING AND WITH DOMESTIC PARTNER COVERAGE)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$640.12	$661.24
Single + spouse	$1,280.24	$1,322.49
Single + child(ren)	$1,088.20	$1,124.11
Single + spouse + child(ren)	$1,824.34	$1,884.54

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, NO DOMESTIC PARTNER, WITH FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$640.12	$661.24
Single + spouse	$1,280.24	$1,322.49
Single + child(ren)	$1,088.20	$1,124.11
Single + spouse + child(ren)	$1,824.34	$1,884.54

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, NO DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$637.96	$659.01
Single + spouse	$1,275.92	$1,318.03
Single + child(ren)	$1,084.53	$1,120.32
Single + spouse + child(ren)	$1,818.19	$1,878.19

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, NO DOMESTIC PARTNER, WITH FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$644.64	$665.91
Single + spouse	$1,289.28	$1331.82
Single + child(ren)	$1,095.88	$1132.05
Single + spouse + child(ren)	$1,837.22	$1897.85

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, NO DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$642.46	$663.67
Single + spouse	$1,284.93	$1,327.33
Single + child(ren)	$1,092.19	$1,128.23
Single + spouse + child(ren)	$1,831.02	$1,891.45

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, WITH DOMESTIC PARTNER, NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$637.96	$659.01
Single + spouse	$1,275.92	$1,318.03
Single + child(ren)	$1,084.53	$1,120.32
Single + spouse + child(ren)	$1,818.19	$1,878.19

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, WITH DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$642.46	$663.67
Single + spouse	$1,284.93	$1,327.33
Single + child(ren)	$1,092.19	$1,128.23
Single + spouse + child(ren)	$1,831.02	$1,891.45

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NFP-14-OFF
MHI-DPR-14-OFF
MHI-A29R-14-OFF

Section I.B – Description of Rating Classes, Factors, & Premium Discounts

Managed Health, Inc.'s rates have been developed in accordance with New York State's community rating laws. Premiums for every member covered under the same policy are the same regardless of age, sex, health status or occupation. The risk for on-Exchange and off-Exchange plans, in accordance with the Patient Protection and Affordable Care Act of 2010 and its associated regulations, is pooled into a single risk pool. As illustrated below, these rates within the community rated pool vary based on only several factors: dependent age limit, the inclusion of a pediatric dental benefit, the inclusion of family planning benefits, and family/census tier.

Family/Census Tier

Census Tiers	Cost Factor
Single	**1.000**
Single + Spouse	**2.000**
Single + Child(ren)	**1.700**
Single + Spouse + Child(ren)	**2.850**

Rating Region

Rating Region	Counties Included	Area Factor
New York City	Bronx, Kings, New York, Queens, Richmond	1.000
Long Island	Nassau, Suffolk	1.000

Pediatric Dental Benefit

Pediatric Dental Benefit	Cost Factor
Included	**1.000**
Not Included	**0.993**

Family Planning Benefits

Family Planning Rider	Cost Factor
Included	1.000
Not Included	0.997

Dependent Age Limit

Dependent Age Limit	Cost Factor
26	1.000
29	1.033

Domestic Partner Coverage

Domestic Partner	Cost Factor
Covered	1.000
Not Covered	1.000

Section I.C – Rate Calculation Examples

The entirety of premium rates for Managed Health, Inc.'s Small Group off-Exchange plans is listed above in the rate tables in section I.A (pages 5-8 of this rate manual). An example of how to look up a particular premium rate is below.

EXAMPLE:

Consumer Profile: A married employee (subscriber), of a Queens County-based employer, who is electing to cover his spouse and two children as dependents is choosing the Gold Standard Plan with pediatric dental benefits, and not choosing the Age 29 Rider.

Rate Look-Up Solution: There are no differences in premium rates for the two different rating regions included in this product (Regions 4 and 8), therefore the subscriber is advised to proceed to page 5 and refer to the first table under the heading "Proposed HMO Premium Rates – Standard Plans (With Pediatric Dental, Family Planning, and Domestic Partner Coverage)." Next, the consumer would refer to the column labeled, "Healthfirst HMO B Small Group" and cross-reference the row labeled, "Single + Spouse + Child(ren)." The rate for this plan is $1,824.34 per month.

Section I.D – Expected Loss Ratios

For the plans listed in this rate manual, the projected loss ratio using the Federally prescribed medical loss ratio (MLR) methodology is 86.1%. The expected loss ratio under New York State's MLR methodology is 82.1%. These projected loss ratios are greater than the Federally prescribed 80% minimum for Individual products, as well as the 82% minimum prescribed by New York State for Individual products.

SECTION II –

Description of Benefits, Types of Coverage, Limitations, Exclusions, Issue Limits, & Renewal Conditions

Section II.A – Small Group Gold Standard Plan Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic	• Member must be between ages of 21 and 44

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
	Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Therapeutic Radiology Services		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	$25 Copayment $25 Copayment	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply) • Diabetic Education	 $25 Copayment $25 Copayment	No limit
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
		only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription	30 day supply per month

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Plan (with Pediatric Dental & Family Planning)		
	drug tier cost-sharing	
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC DENTAL &VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Dental Care • Preventive/Routine Dental Care • Major Dental (Endodontics & Prosthodontics) • Orthodontia	 $25 Copayment $25 Copayment $25 Copayment	 One Dental Exam & Cleaning Per 6-Month Period
Pediatric Vision Care • Exams • Lenses & Frames	 $25 Copayment 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Contact Lenses	20% Coinsurance	Covered when medically necessary

Section II.B – Small Group Gold Standard Plan, without Pediatric Dental, Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental & with Family Planning		
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy,	$30 Copayment	60 visits per condition, per lifetime

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental & with Family Planning		
Occupational Therapy or Speech Therapy)		combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding	 $25 Copayment $40 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services	$40 Copayment	
Therapeutic Radiology Services • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	$25 Copayment $25 Copayment	No limit
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
• Diabetic Equipment, Supplies and Insulin (30-Day Supply) • Diabetic Education	$25 Copayment $25 Copayment	
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription drug tier cost-sharing	30 day supply per month
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Vision Care • Exams • Lenses & Frames • Contact Lenses	 $25 Copayment 20% Coinsurance 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period Covered when medically necessary

Section II.C – Small Group Gold Standard Plan, without Pediatric Dental and without Family Planning, Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	Not covered	No limit
Vasectomy	Not covered	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Not covered	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	 $40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding Radiology Facility or Specialist Office	 $25 Copayment $40 Copayment $40 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental and without Family Planning		
• Performed as Outpatient Hospital Services		
Therapeutic Radiology Services • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	 $25 Copayment $25 Copayment	No limit
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply)	 $25 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental and without Family Planning		
• Diabetic Education	$25 Copayment	
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription drug tier cost-sharing	30 day supply per month
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Vision Care • Exams • Lenses & Frames • Contact Lenses	 $25 Copayment 20% Coinsurance 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period Covered when medically necessary

SECTION III – Underwriting Guidelines

For the Small Group line of business, Managed Health, Inc. accepts any small group, and it's employees and dependents, that applies and is eligible for coverage under an approved small group HMO plan, pursuant to New York State's guaranteed issue laws and their related regulations. With respect to premium rating, Managed Health, Inc. offers coverage at the same premium rate (excluding permissible rating region and rating tier adjustments pursuant to New York State law) for any small group that applies and is eligible for coverage under an approved individual HMO plan, pursuant to New York State's community rating laws and their related regulations. In addition, Managed Health, Inc.'s small group off-Exchange HMO standard plans comply with all applicable federal laws, including the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148) (124 Stat. 119) and the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (124 Stat. 1029).

New York Readability Certification

This is to certify that the forms listed below are in compliance with New York's Insurance Policy Readability Law.

A. Scoring Option *(select one)*

◯ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____ .

◉ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

◉ 1. Test was applied to entire policy form(s).

◯ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

◯ 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

◉ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

◉ 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

◉ 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

◉ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

◉ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

◉ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score
MHI-SG-GD-NDPNFP-14-OFF	35223	1308	60603	33.6
MHI-A29R-14-OFF	194	6	280	51.6
MHI-DPR-14-OFF	490	7	560	38.9
MHI-FPR-14-OFF	276	12	491	32.7
MHI-SG-GEC-14-OFF	2186	73	3620	36.0

(Insert signature, name of officer, title of officer, and name of insurer)

[redacted]

(To list more forms, complete and submit the 'Additional Sheet(s)' attached to the requirement for Readability Certification. If submitting multiple sheets complete and attach them individually.)

Reset Form

Data Collection Template

Company Legal Name: **Managed Health, Inc** State: **NY**
HIOS Issuer ID: **83744** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2012 to 12/31/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$162,735	$314.77	100.00%
Incurred Claims in Experience Period	$76,615	148.19	47.08%
Allowed Claims:	$88,486	171.15	54.37%
Index Rate of Experience Period		$171.15	
Experience Period Member Months	517		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	73.16	$4,794.26	$29.23	1.000	1.000	1.265	1.000	73.16	$7,667.87	$46.75	80.00	$14,091.50	$93.94
Outpatient Hospital	Services	1,511.95	200.58	25.27	1.000	1.000	1.265	1.000	1,511.95	320.80	40.42	1186.40	886.99	87.69
Professional	Services	16,143.73	65.43	88.02	1.000	1.000	1.265	1.000	16,143.73	104.64	140.78	24049.08	117.81	236.11
Other Medical	Services	0.00	0.00	0.00	1.000	1.000	1.265	1.000	0.00	0.00	0.00	656.27	214.03	11.71
Capitation	Services	487.73	45.15	1.83	1.000	1.000	1.265	1.000	487.73	72.21	2.93	0.00	0.00	0.00
Prescription Drug	Prescriptions	5,384.91	59.72	26.80	1.000	1.000	1.265	1.000	5,384.91	95.51	42.86	13746.60	66.16	75.79
Total				$171.15							$273.74			$505.24

Section III: Projected Experience:			**After Credibility**	**Projected Period Totals**
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	$505.24	$36,377
Paid to Allowed Average Factor in Projection Period			0.771	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$389.62	$28,053
Projected Risk Adjustments PMPM			0.00	0
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$389.62	$28,053
Projected ACA reinsurance recoveries, net of rein prem, PMPM			-5.25	(378)
Projected Incurred Claims			$394.87	$28,431
Administrative Expense Load		12.09%	57.35	4,129
Profit & Risk Load		2.00%	9.49	683
Taxes & Fees		2.66%	12.63	909
Single Risk Pool Gross Premium Avg. Rate, PMPM			$474.33	$34,152
Index Rate for Projection Period			$505.24	
% increase over Experience Period			50.69%	
% Increase, annualized			22.76%	
Projected Member Months				72

Product-Plan Data Collection

Company Legal Name	**Managed Health, Inc**	State	**NY**
HIOS Issuer ID	**83744**	Market	**Small Group**
Effective Date of Rate Change(s)	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		HMO B Small Group																
Product ID:		83744NY001																
Metal:		Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value		0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
AV Pricing Value		1.000	1.033	0.993	1.026	0.993	1.026	0.990	1.022	1.000	1.033	0.997	1.030	0.990	1.022	0.997	1.030	
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Dependent Age 26 & Dental & DP & Family Planning	Dependent Age 29 & Dental & DP & Family Planning	Dependent Age 26 & No Dental & DP & Family Planning	Dependent Age 29 & No Dental & DP & Family Planning	Dependent Age 26 & No Dental & No DP & Family	Dependent Age 29 & No Dental & No DP & Family	Dependent Age 26 & No Dental & No DP & No Family	Dependent Age 29 & No Dental & No DP & No Family	Dependent Age 26 & Dental & No DP & Family Planning	Dependent Age 29 & Dental & No DP & Family Planning	Dependent Age 26 & Dental & No DP & No Family	Dependent Age 29 & Dental & No DP & No Family	Dependent Age 26 & No Dental & DP & No Family	Dependent Age 29 & No Dental & DP & No Family	Dependent Age 26 & Dental & DP & No Family	Dependent Age 29 & Dental & DP & No Family	
Plan ID (Standard Component ID):		83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016	
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2		0.00%																
Historical Rate Increase - Calendar Year - 1		0.00%																
Historical Rate Increase - Calendar Year 0		0.00%																
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	
Rate Change % (over prior filing)		0 00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0 00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0 00%	0.00%	
Cum'tive Rate Change % (over 12 mos prior)		-999 00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999 00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999 00%	-999.00%	
Proj'd Per Rate Change % (over Exper. Period)		50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	50.69%	
Product Threshold Rate Increase %		0.00%																

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33
Projected Member Months	1 152	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72

Section III: Experience Period Information

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
OK	$ 314.77		Average Rate PMPM	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77	$314.77
WARNING	517		Member Months	8 272	517	517	517	517	517	517	517	517	517	517	517	517	517	517	517	517
WARNING	$162 735		Total Premium (TP)	$2 603 777	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736	$162 736
		Premium Information	EHB basis or full portion of TP [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	$88 486		Total Allowed Claims (TAC)	$1 415 783	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486	$88 486
		Claims Information	EHB basis or full portion of TAC [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Allowed Claims which are not the issuer's obligation:	$189 944	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871	$11 871
			Portion of above payable by HHS's funds on behalf of insured person in dollars	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Portion of above payable by HHS on behalf of insured person as %	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	$76 615		Total Incurred claims payable with issuer funds	$1 225 839	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615	$76 615
			Net Amt of Rein	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			Net Amt of Risk Adj	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OK	$ 148.19		Incurred Claims PMPM	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19	$148.19
OK	$ 171.15		Allowed Claims PMPM	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15
			EHB portion of Allowed Claims PMPM	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15	$171.15

Section IV: Projected (12 months following effective date)

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	83744NY0010001	83744NY0010002	83744NY0010003	83744NY0010004	83744NY0010005	83744NY0010006	83744NY0010007	83744NY0010008	83744NY0010009	83744NY0010010	83744NY0010011	83744NY0010012	83744NY0010013	83744NY0010014	83744NY0010015	83744NY0010016
OK	$ 474.33	Premium Information	Average Rate PMPM	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33	$474.33
WARNING	72		Member Months	1 152	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72
WARNING	$34 152		Total Premium (TP)	$546 428	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152	$34 152
			EHB basis or full portion of TP [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	36 755	Claims Information	Total Allowed Claims (TAC)	$582 033	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377	$36 377
			EHB basis or full portion of TAC [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Allowed Claims which are not the issuer's obligation	$127 144	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946	$7 946
			Portion of above payable by HHS's funds on b h lf of n u ed r dollar	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			insured person as %	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	28 431		Total Incurred claims payable with issuer funds	$454 890	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431	$28 431
#DIV/0!	(378)		Net Amt of Rein	$0																
			Net Amt of Risk Adj	$0																
OK	$ 394.87		Incurred Claims PMPM	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87	$394.87
OK	$ 505.24		Allowed Claims PMPM	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24
			EHB portion of Allowed Claims PMPM	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24	$505.24

healthfirst℠

May 15, 2013

[redacted] Review
Health Bureau
New York State Department of Financial Services
One State Street
New York, NY 10004

RE: Form Readability Certification
Managed Health, Inc. – Off-Exchange Small Group HMO Plans
Submission Effective January 1, 2014
Rates and Forms Application Under New York State Insurance Law Section 4308(c)

Dear Mr. [redacted]

As part of Managed Health, Inc.'s (Healthfirst) premium rates and forms submission for an effective date of January 1, 2014, and pursuant to the Review Standards for Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups Checklist, dated April 22, 2013, we have included a policy and form Readability Certification.

Although the forms filed as part of this submission use Model Language – and do not contain language that varies beyond the permitted bracketed variations – made available by the Department of Financial Services's Health Bureau, the Flesch reading ease test score does not meet the minimum score of 45. The Readability Certification we have submitted indicates that this standard has not been met, while also noting the actual Flesch reading ease score of each policy/form we are submitting in this filing.

If you have any questions regarding this matter please feel free to contact [redacted]. Thank you for your time and consideration.

[redacted]

May 15, 2013

[redacted]
Director, Rate Review
Health Bureau
New York State Department of Financial Services
One State Street
New York, NY 10004

RE: Managed Health, Inc. – Small Group Off-Exchange Plans
Submission Effective January 1, 2014
Rates and Forms Application Under New York State Insurance Law Section 4308(c)

Dear Mr. [redacted]

Managed Health, Inc. is pleased to submit its HMO small group premium rates and forms for an effective date of January 1, 2014.

Pursuant to the Review Standards for Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups Checklist, dated April 22, 2013, enclosed please find the rate manual for this submission, which includes the requested elements and sections.

These rates and forms are for participation in New York, Richmond, Kings, Queens, Bronx, Nassau, and Suffolk counties. There are no broker/agent commissions associated with this product, therefore a commission schedule was intentionally not included in this rate manual.

If you have any questions regarding this rates and forms submission please feel free to contact [redacted] with inquiries relating to forms or [redacted] respectively.
Thank you for your time and consideration. We look forward to working with you.

[redacted]

[redacted]

Managed Health, Inc. D/B/A Healthfirst

Rate Manual Pursuant to New York Insurance Law Section 4308(c)

Small Group Off-Exchange HMO Rates and Forms Submission

Effective January 1, 2014

TABLE OF CONTENTS

SECTION I –

Small Group Off-Exchange HMO

Standard Plan Rates

Section I.A – Rate Pages

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, FAMILY PLANNING, AND DOMESTIC PARTNER COVERAGE)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$644.64	$665.91
Single + spouse	$1,289.28	$1,331.82
Single + child(ren)	$1,095.88	$1,132.05
Single + spouse + child(ren)	$1,837.22	$1,897.85

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, WITH FAMILY PLANNING AND WITH DOMESTIC PARTNER COVERAGE)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$640.12	$661.24
Single + spouse	$1,280.24	$1,322.49
Single + child(ren)	$1,088.20	$1,124.11
Single + spouse + child(ren)	$1,824.34	$1,884.54

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, NO DOMESTIC PARTNER, WITH FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$640.12	$661.24
Single + spouse	$1,280.24	$1,322.49
Single + child(ren)	$1,088.20	$1,124.11
Single + spouse + child(ren)	$1,824.34	$1,884.54

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, NO DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$637.96	$659.01
Single + spouse	$1,275.92	$1,318.03
Single + child(ren)	$1,084.53	$1,120.32
Single + spouse + child(ren)	$1,818.19	$1,878.19

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, NO DOMESTIC PARTNER, WITH FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$644.64	$665.91
Single + spouse	$1,289.28	$1331.82
Single + child(ren)	$1,095.88	$1132.05
Single + spouse + child(ren)	$1,837.22	$1897.85

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-FPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, NO DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$642.46	$663.67
Single + spouse	$1,284.93	$1,327.33
Single + child(ren)	$1,092.19	$1,128.23
Single + spouse + child(ren)	$1,831.02	$1,891.45

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-A29R-14-OFF

MANAGED HEALTH, INC. D/B/A Healthfirst
OFF-EXCHANGE SMALL GROUP HMO STANDARD PLANS
RATE PAGES - EFFECTIVE JANUARY 1, 2014
AREAS: NEW YORK, KINGS, QUEENS, RICHMOND, BRONX, NASSAU, AND SUFFOLK COUNTIES

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (NO PEDIATRIC DENTAL, WITH DOMESTIC PARTNER, NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$637.96	$659.01
Single + spouse	$1,275.92	$1,318.03
Single + child(ren)	$1,084.53	$1,120.32
Single + spouse + child(ren)	$1,818.19	$1,878.19

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NDPNFP-14-OFF
MHI-DPR-14-OFF
MHI-A29R-14-OFF

PROPOSED HMO PREMIUM RATES – STANDARD PLAN (WITH PEDIATRIC DENTAL, WITH DOMESTIC PARTNER, AND NO FAMILY PLANNING)

PLAN NAME	Healthfirst HMO B Small Group	With Dependent to Age 29 Rider
METAL LEVEL	Gold	Gold
Single	$642.46	$663.67
Single + spouse	$1,284.93	$1,327.33
Single + child(ren)	$1,092.19	$1,128.23
Single + spouse + child(ren)	$1,831.02	$1,891.45

Form Numbers of policies to which these rates apply:

Healthfirst HMO B Small Group
MHI-SG-GD-NFP-14-OFF
MHI-DPR-14-OFF
MHI-A29R-14-OFF

Section I.B – Description of Rating Classes, Factors, & Premium Discounts

Managed Health, Inc.'s rates have been developed in accordance with New York State's community rating laws. Premiums for every member covered under the same policy are the same regardless of age, sex, health status or occupation. The risk for on-Exchange and off-Exchange plans, in accordance with the Patient Protection and Affordable Care Act of 2010 and its associated regulations, is pooled into a single risk pool. As illustrated below, these rates within the community rated pool vary based on only several factors: dependent age limit, the inclusion of a pediatric dental benefit, the inclusion of family planning benefits, and family/census tier.

Family/Census Tier

Census Tiers	Cost Factor
Single	**1.000**
Single + Spouse	**2.000**
Single + Child(ren)	**1.700**
Single + Spouse + Child(ren)	**2.850**

Rating Region

Rating Region	Counties Included	Area Factor
New York City	Bronx, Kings, New York, Queens, Richmond	1.000
Long Island	Nassau, Suffolk	1.000

Pediatric Dental Benefit

Pediatric Dental Benefit	Cost Factor
Included	**1.000**
Not Included	**0.993**

Family Planning Benefits

Family Planning Rider	Cost Factor
Included	1.000
Not Included	0.997

Dependent Age Limit

Dependent Age Limit	Cost Factor
26	1.000
29	1.033

Domestic Partner Coverage

Domestic Partner	Cost Factor
Covered	1.000
Not Covered	1.000

Section I.C – Rate Calculation Examples

The entirety of premium rates for Managed Health, Inc.'s Small Group off-Exchange plans is listed above in the rate tables in section I.A (pages 5-8 of this rate manual). An example of how to look up a particular premium rate is below.

EXAMPLE:

Consumer Profile: A married employee (subscriber), of a Queens County-based employer, who is electing to cover his spouse and two children as dependents is choosing the Gold Standard Plan with pediatric dental benefits, and not choosing the Age 29 Rider.

Rate Look-Up Solution: There are no differences in premium rates for the two different rating regions included in this product (Regions 4 and 8), therefore the subscriber is advised to proceed to page 5 and refer to the first table under the heading "Proposed HMO Premium Rates – Standard Plans (With Pediatric Dental, Family Planning, and Domestic Partner Coverage)." Next, the consumer would refer to the column labeled, "Healthfirst HMO B Small Group" and cross-reference the row labeled, "Single + Spouse + Child(ren)." The rate for this plan is $1,824.34 per month.

Section I.D – Expected Loss Ratios

For the plans listed in this rate manual, the projected loss ratio using the Federally prescribed medical loss ratio (MLR) methodology is 86.1%. The expected loss ratio under New York State's MLR methodology is 82.1%. These projected loss ratios are greater than the Federally prescribed 80% minimum for Individual products, as well as the 82% minimum prescribed by New York State for Individual products.

SECTION II –

Description of Benefits, Types of Coverage, Limitations, Exclusions, Issue Limits, & Renewal Conditions

Section II.A – Small Group Gold Standard Plan Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic	• Member must be between ages of 21 and 44

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
	Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Therapeutic Radiology Services		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	$25 Copayment $25 Copayment	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply) • Diabetic Education	 $25 Copayment $25 Copayment	No limit
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
		only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription	30 day supply per month

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Plan (with Pediatric Dental & Family Planning)		
	drug tier cost-sharing	
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC DENTAL &VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Dental Care • Preventive/Routine Dental Care • Major Dental (Endodontics & Prosthodontics) • Orthodontia	 $25 Copayment $25 Copayment $25 Copayment	 One Dental Exam & Cleaning Per 6-Month Period
Pediatric Vision Care • Exams • Lenses & Frames	 $25 Copayment 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Plan (with Pediatric Dental & Family Planning)		
• Contact Lenses	20% Coinsurance	Covered when medically necessary

Section II.B – Small Group Gold Standard Plan, without Pediatric Dental, Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	• Covered in full • $40 Copayment	No limit
Vasectomy	• Covered in full • $40 Copayment	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Covered in full/0% cost-sharing	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental & with Family Planning		
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy,	$30 Copayment	60 visits per condition, per lifetime

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental & with Family Planning		
Occupational Therapy or Speech Therapy)		combined therapies
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding	 $25 Copayment $40 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services	$40 Copayment	
Therapeutic Radiology Services • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	$25 Copayment $25 Copayment	No limit
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education		No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
• Diabetic Equipment, Supplies and Insulin (30-Day Supply) • Diabetic Education	$25 Copayment $25 Copayment	
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental & with Family Planning		
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription drug tier cost-sharing	30 day supply per month
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Vision Care • Exams • Lenses & Frames • Contact Lenses	 $25 Copayment 20% Coinsurance 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period Covered when medically necessary

Section II.C – Small Group Gold Standard Plan, without Pediatric Dental and without Family Planning, Benefit Description

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Deductible	**Individual - $600; Family - $1,200**	
Max. Out of Pocket Limit	**Individual - $4,000; Family - $8,000**	
OFFICE VISITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	$25 Copayment	No limit
Specialist Office Visits (or Home Visits)	$40 Copayment	No limit
PREVENTIVE CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Well Child Visits and Immunizations	Covered in full/0% cost-sharing	No limit
Adult Annual Physical Examinations	Covered in full/0% cost-sharing	No limit
Adult Immunizations	Covered in full/0% cost-sharing	No limit
Routine Gynecological Services/Well Woman Exams	Covered in full/0% cost-sharing	No limit
Mammography Screenings	Covered in full/0% cost-sharing	No limit
Sterilization Procedures for Women	Not covered	No limit
Vasectomy	Not covered	No limit
Bone Density Testing	Covered in full/0% cost-sharing	No limit
Screening for Prostate Cancer	• Covered in full • $40 Copayment	Annual for men age 50 and over; age 40 and over if family history or risk factors; any age if prior history.
Family Planning Services for Women	Not covered	No limit
All other preventive services required by USPSTF and HRSA under the Affordable Care Act.	Covered in full/0% cost-sharing	No limit
EMERGENCY CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Pre-Hospital Emergency Medical Services (Ambulance Services)	$150 Copayment	No limit
Non-Emergency Ambulance Services	$150 Copayment	No limit
Emergency Department	• $150 Copayment • Copayment waived if Hospital admission	No limit
Urgent Care Center	$60 Copayment	No limit
PROFESSIONAL SERVICES AND OUTPATIENT CARE		
Benefit Type	**In-Network Cost-Sharing**	**Limits**

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	 $40 Copayment $40 Copayment	No limit
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	No limit
Ambulatory Surgical Center Facility Fee	$100 Copayment	No limit
Anesthesia Services (all settings)	Covered in full/0% cost-sharing	No limit
Autologous Blood Banking	20% Coinsurance	No limit
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	 $25 Copayment $25 Copayment $1,000 Copayment per admission	No limit
Chemotherapy • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	No limit
Chiropractic Services	$40 Copayment	No limit
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	 $25 Copayment $25 Copayment $25 Copayment	Dialysis Performed by Non-Participating Providers is Covered Only Outside the Service Area and is Limited to 10 Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Home Health Care	$25 Copayment	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	• Member must be between ages of 21 and 44 • Advanced infertility not covered
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	 $25 Copayment $25 Copayment $25 Copayment $25 Copayment	No limit Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	Covered in full/0% cost-sharing	No limit
Laboratory Procedures • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services	 $25 Copayment $40 Copayment $40 Copayment	No limit
Maternity & Newborn Care • Prenatal & Postnatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump	 Covered in full/0% cost-sharing $1,000 Copayment per admission $100 Copayment Covered in full/0% cost-sharing	 No limit 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early No limit Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	$100 Copayment	No limit
Preadmission Testing	Covered in full/0% cost-sharing	No limit
Diagnostic Radiology Services • Performed in a PCP Office • Performed in a Freestanding Radiology Facility or Specialist Office	 $25 Copayment $40 Copayment $40 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental and without Family Planning		
• Performed as Outpatient Hospital Services		
Therapeutic Radiology Services • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Service	 $25 Copayment $25 Copayment	No limit
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	$30 Copayment	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	$40 Copayment	• One second surgical opinion on the need for surgery • For cancer specialist – second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	 $100 Copayment $100 Copayment $100 Copayment $40 Copayment	• No limit • Transplants – Solely for transplants for surgeries determined to be non-experimental and non-investigational. • Oral Surgery due to injury is limited to sound and natural teeth only.
Elective Termination of Pregnancy	$100 Copayment	• 1 Treatment per Year • Therapeutic termination of pregnancy unlimited
ADDITIONAL SERVICES, EQUIPMENT & DEVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	$25 Copayment	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	$25 Copayment	Limited to dedicated devices
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply)	 $25 Copayment	No limit

Managed Health Inc. D/B/A Healthfirst HMO B Small Group Standard Benefits, without Pediatric Dental and without Family Planning		
• Diabetic Education	$25 Copayment	
Durable Medical Equipment & Braces	20% Coinsurance	Coverage for standard equipment only.
External Hearing Aids	20% Coinsurance	• Single Purchase Once Every 3 Years
Cochlear Implants	20% Coinsurance	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	$1000 Copayment per admission $25 Copayment	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	20% Coinsurance	
Prosthetic Devices • External • Internal	20% Coinsurance 20% Coinsurance	One prosthetic device, per limb, per lifetime No limit
INPATIENT SERVICES & FACILITIES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	$1000 Copayment per admission	No limit
Observation Stay	$150 Copayment	No limit
Bariatric Surgery	$100 Copayment per admission	No limit
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	$1000 Copayment per admission	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	$1000 Copayment per admission	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	$25 Copayment	No limit
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	$1000 Copayment per admission	No limit
Outpatient Substance Use Services	$25 Copayment	No limit; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**

Managed Health Inc. D/B/A Healthfirst HMO B Small Group		
Standard Benefits, without Pediatric Dental and without Family Planning		
Enteral Formula	Use appropriate prescription drug tier cost-sharing	No limit
Off Label Cancer Drugs	Use appropriate prescription drug tier cost-sharing	30 day supply per month
Retail Pharmacy		
30 Day Supply Tier 1 Tier 2 Tier 3	 $10 Copayment $35 Copayment $70 Copayment	No limit
Up to a 90 Day Supply For Maintenance Drugs Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
Mail Order Pharmacy		
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 $25 Copayment $87.50 Copayment $175 Copayment	No limit
WELLNESS BENEFITS		
Benefit Type	**In-Network Cost-Sharing**	**Limits**
Gym Reimbursement	Not Applicable	• Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse • Partial reimbursement for facility fees every 6 months if member attains at least 50 visits
PEDIATRIC VISION CARE		
	In-Network Cost-Sharing	**Limits**
Pediatric Vision Care • Exams • Lenses & Frames • Contact Lenses	 $25 Copayment 20% Coinsurance 20% Coinsurance	 One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period Covered when medically necessary

SECTION III – Underwriting Guidelines

For the Small Group line of business, Managed Health, Inc. accepts any small group, and it's employees and dependents, that applies and is eligible for coverage under an approved small group HMO plan, pursuant to New York State's guaranteed issue laws and their related regulations. With respect to premium rating, Managed Health, Inc. offers coverage at the same premium rate (excluding permissible rating region and rating tier adjustments pursuant to New York State law) for any small group that applies and is eligible for coverage under an approved individual HMO plan, pursuant to New York State's community rating laws and their related regulations. In addition, Managed Health, Inc.'s small group off-Exchange HMO standard plans comply with all applicable federal laws, including the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148) (124 Stat. 119) and the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (124 Stat. 1029).