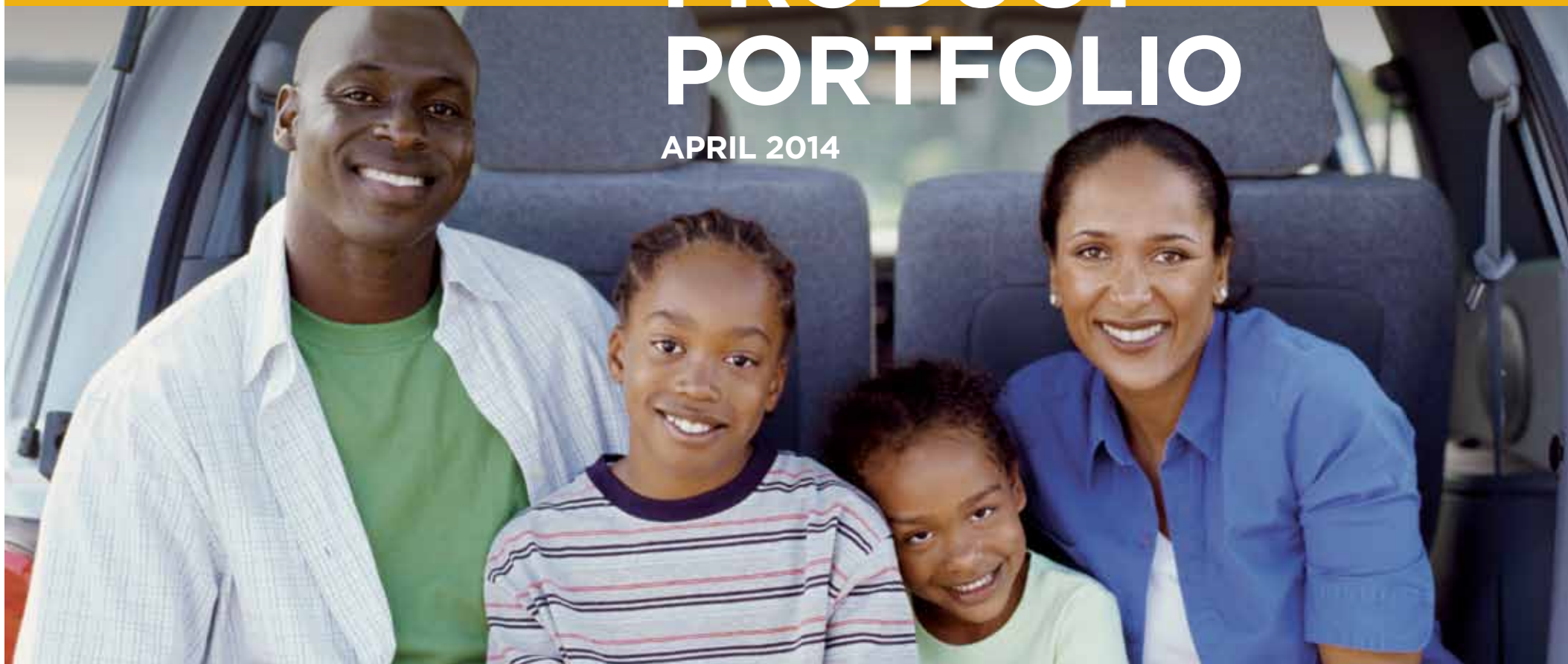




**EmblemHealth**<sup>®</sup>  
WHAT CARE FEELS LIKE.

# COMMERCIAL PRODUCT PORTFOLIO

APRIL 2014





# THE EMBLEMHEALTH COMMERCIAL PRODUCT PORTFOLIO

EmblemHealth's Commercial Product Portfolio consists of medical and dental products for large groups, small groups and individuals.

The large group products offer choice — of benefit design, cost-sharing options and provider networks. We also offer leased networks, funding arrangements and administrative services only (ASO) plans to fit the specific needs of large businesses.

The small group and individual products are designed to meet Affordable Care Act standards, such as offering 10 categories of essential health benefits. EmblemHealth offers individual plans both on and off the NY State of Health marketplace, as well as small group plans off the marketplace.

In addition to the features listed, all EmblemHealth commercial plans offer:

- Coverage for a wide range of medical, hospital and pharmacy benefits
- Preventive care covered at 100%
- Wellness and disease management programs
- Healthy discounts, for services such as acupuncture and weight-management programs
- Emergency care covered nationwide, no matter a provider's network status

We also offer Medicare, Medicare-supplement and New York State-sponsored plans, as well as plans for New York City, New York State and federal employees. For more details about all of EmblemHealth's product offerings, visit [emblemhealth.com/Our-Plans](http://emblemhealth.com/Our-Plans).

Note: The information in this brochure is current as of April 2014. It may not reflect changes made after publication.

## EMBLEMHEALTH LARGE GROUP PLANS (FOR GROUPS WITH 51 OR MORE ELIGIBLE EMPLOYEES)

Plan Type	Plan Name	Underwriting Company	Out-of-Network Coverage	Network	Referrals for Specialist Care Required	PCP Required	Copay	Annual Deductible	Coinsurance	Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option
EPO	EmblemHealth ConsumerDirect EPO	GHI		National				✓	Select services	\$6,350 / \$12,700	✓
	EmblemHealth EPO	GHI		National			✓				
	EmblemHealth InBalance EPO	GHI		National			✓	Select FS	Select FS		
	Health Essentials EPO Plus*	GHI		National			✓				
	HIP Prime® EPO	HIPIC		Prime or Premium			✓				
	HIP Select® EPO	HIPIC		Prime or Premium			✓	Select FS	Select FS		
HMO	HIPaccess® I	HIP/HIPIC		Prime or Premium		✓	✓			\$6,350 / \$12,700	
	HIP Prime® HMO	HIP		Prime or Premium	✓	✓	Select services				
POS	HIPaccess® II	HIP	✓	Prime or Premium		✓	IN	OON	OON	\$6,350 / \$12,700	
	HIP Prime® POS	HIP/HIPIC	✓	Prime or Premium	✓	✓	IN	OON	OON		
PPO	EmblemHealth ConsumerDirect PPO	GHI	✓	National				OON & select IN (includes Rx)	OON & select IN (includes Rx)**	\$6,350 / \$12,700	✓
	EmblemHealth InBalance PPO	GHI	✓	National			IN	OON & select INF	OON & select INF		
	EmblemHealth PPO	GHI	✓	National			IN	OON	OON		
	HIP Prime® PPO	HIPIC	✓	Prime or Premium			IN	OON	OON		
	HIP Select® PPO	HIPIC	✓	Prime or Premium			IN	OON & select INF	OON & select INF		

\*Health Essentials EPO Plus is on file with New York State. EmblemHealth expects this plan to be available for sale in the latter half of 2014.

\*\*Coinsurance may apply to certain covered services after deductible is met.

## **COST-SAVING STRATEGIES FOR LARGE GROUPS**

### **Funding Options**

Groups control expenses and lock in rates. Full-service funding choices include prospective, retrospective, minimum or deferred premiums.

### **Administrative Services Only**

Groups save money by reimbursing EmblemHealth based on paid claims and administrative fees. Self-insured businesses have access to the National network of providers, claims processing and customer service.

### **Network Access**

Groups get cost-effective access to practitioners through leasing arrangements. Self-insured businesses can choose medical or hospital providers, or both. EmblemHealth offers various claims pricing methods.

### **Shared Administrative Advantage (SAA)**

Groups can customize their own health plan to their employees' needs. EmblemHealth coordinates care, adjudicates claims and processes in-network claims payments at discounted rates.

### **Premium Rewards**

Groups have a unique opportunity to earn back a percentage of their premium dollars. At the end of the year, if their actual claims costs are lower than expected, EmblemHealth will credit their premium payment for the following year when they renew with us. By staying year after year, the business will share in a larger percentage of the savings. And, if claims costs are higher than expected in a given year, no deficit payment will be due.

Coverage is subject to all terms, conditions, limitations and exclusions set forth in the contract and certificate of insurance. The following plans are underwritten by Group Health Incorporated (GHI). Refer to the policy numbers in parenthesis: EmblemHealth ConsumerDirect (EPO HCR-EPO 100, et al.), EmblemHealth ConsumerDirect PPO (PLH-SGC-1000, et al.), EmblemHealth EPO (PLH-EPO-100A, et al.), EmblemHealth InBalance (HCR-EPO 100, et al.), EmblemHealth InBalance PPO (PLH-SGC-991, et al.) and EmblemHealth PPO (PLH-SGC-976-2, et al.). The following plans are underwritten by HIP Insurance Company of New York (HIPIC). Refer to the policy numbers in parenthesis: HIP Prime® EPO (151-23-EPO, et al.), and HIP Prime® PPO (151-23-PPO, et al.). The following plans are underwritten by HIP Health Plan of New York (HIP); refer to the HIP policy form numbers in parentheses: HIPaccess® I and HIPaccess® II (155-23-GRPOAHMO, et al.), HIP Prime® HMO (155-23-GRPHMO, et al.), HIP Select® EPO (151-23-EPOPOL, et al.) and HIP Select® PPO (151-23-PPOPOL, et al.). HIP Prime® POS is underwritten by HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC). Refer to the HIP policy form number 200-23-POS, et al. Health Essentials EPO Plus is on file with New York State. No policy form number is currently available.



## EMBLEMHEALTH SMALL GROUP PLANS (FOR GROUPS WITH UP TO 50 ELIGIBLE EMPLOYEES)

Plan Type	Plan Name	Underwriting Company	Out-of-Network Coverage	Network	Referrals for Specialist Care Required	PCP Required	Cost-Sharing			Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option	Essential Health Benefits	Gym Reimbursement
							PCP/ Specialist/ ER Copay	Annual Deductible (Individual/Family)	Coinsurance (For Select Services)				
HMO	EmblemHealth HMO 40/60 (Gold)	HIP		Select Care	✓	✓	\$40 / \$60 / \$200 copay	\$0 / \$0 medical and hospital; \$100 Rx (per person)	10%	\$4,000 / \$8,000		✓	✓
	EmblemHealth HMO 35/55 (Silver)	HIP		Select Care	✓	✓	\$35 / \$55 / \$200 copay	\$2,000 / \$4,000 medical and hospital; \$100 Rx (per person)	30%	\$6,000 / \$12,000		✓	✓
	EmblemHealth HMO HD6300 (Bronze)	HIP		Select Care	✓	✓	0% cost-sharing (after deductible)	\$6,300 / \$12,600 medical, hospital and Rx		\$6,300 / \$12,600	✓	✓	✓
	EmblemHealth Healthy NY HMO (Gold)	HIP		Select Care	✓	✓	\$25 / \$40 / \$150 copay	\$600 / \$1,200	20%	\$4,000 / \$8,000		✓	✓
EPO	EmblemHealth EPO Select 35/55 (Silver)	HIPIC		Prime			\$35 / \$55 / \$200 copay	\$2,000 / \$4,000 medical and hospital; \$100 Rx (per person)	30%	\$6,000 / \$12,000		✓	✓
	EmblemHealth EPO HD6300 (Bronze)	GHI		EPO National			0% cost-sharing (after deductible)	\$6,300 / \$12,600 medical, hospital and Rx		\$6,300 / \$12,600	✓	✓	✓

EmblemHealth HMO 40/60, EmblemHealth HMO 35/55 and EmblemHealth HMO HD6300 are underwritten by HIP Health Plan of New York. Refer to HIP policy form number 155-23-SGOFFHIXCERT, et al. EmblemHealth Healthy NY Plan is underwritten by HIP Health Plan of New York. Refer to HIP policy form number 155-23-SGOFFHIXHNYCERT, et al. EmblemHealth EPO HD6300 is underwritten by Group Health Incorporated (GHI). Refer to GHI policy form number HCR-OX-100, et al. EmblemHealth EPO Select 35/55 is underwritten by HIP Insurance Company of New York. Please refer to HIP policy form number 151-23-SGOFFHIXCERT, et al.



## EMBLEMHEALTH INDIVIDUAL PLANS (FOR INDIVIDUALS AND FAMILIES)

Available **On** the NY State of Health Marketplace (NYSOH)

- Tax credits and cost-sharing reductions are available to qualifying individuals and families.
- The Silver plans that appear under the Standard Silver plan are provided to show the member cost-sharing responsibilities that apply once the cost-sharing reductions are accounted for.

Plan Type	Plan Name	Underwriting Company	Out-of-Network Coverage	Network	Referrals for Specialist Care Required	PCP Required	Cost-Sharing			Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option	Essential Health Benefits	Gym Reimbursement
							PCP/ Specialist/ER Copay	Annual Deductible (Individual/Family)	Coinsurance (For Select Services)				
HMO	Select Care Platinum	HIP		Select Care	✓	✓	\$15 / \$35 / \$100 copay	\$0 / \$0		\$2,000 / \$4,000		✓	✓
	Select Care Gold	HIP		Select Care	✓	✓	\$25 / \$40 / \$150 copay	\$600 / \$1,200		\$4,000 / \$8,000		✓	✓
	Select Care Silver (Standard)	HIP		Select Care	✓	✓	\$30 / \$50 / \$150 copay*	\$2,000 / \$4,000*		\$5,500 / \$11,000*		✓	✓
	Select Care Silver (200–250% FPL)	HIP		Select Care	✓	✓	\$30 / \$50 / \$150 copay	\$1,750 / \$3,500		\$4,000 / \$8,000		✓	✓
	Select Care Silver (150–200% FPL)	HIP		Select Care	✓	✓	\$15 / \$35 / \$75 copay	\$250 / \$500		\$2,000 / \$4,000		✓	✓
	Select Care Silver (100–150% FPL)	HIP		Select Care	✓	✓	\$10 / \$20 / \$50 copay	\$0 / \$0		\$1,000 / \$2,000		✓	✓
	Select Care Bronze	HIP		Select Care	✓	✓	50% cost-sharing (after deductible)	\$3,000 / \$6,000 (includes Rx)	50% cost-sharing (after deductible)	\$6,350 / \$12,700	✓	✓	✓
	Select Care Basic	HIP		Select Care	✓	✓	\$0 cost-sharing (after deductible)	\$6,350 / \$12,700	0% cost-sharing (after deductible)	\$6,350 / \$12,700	✓	✓	✓

\*Enrollees may be eligible for added cost-sharing reductions that can lower these costs.

## EMBLEMHEALTH INDIVIDUAL PLANS (FOR INDIVIDUALS AND FAMILIES)

Available **Off** the NY State of Health Marketplace

Plan Type	Plan Name	Underwriting Company	Out-of-Network Coverage	Network	Referrals for Specialist Care Required	PCP Required	Cost-Sharing			Annual Out-of-Pocket Maximum (Individual/Family)	HSA Option	Essential Health Benefits	Gym Reimbursement
							PCP/ Specialist/ ER Copay	Annual Deductible (Individual/Family)	Coinsurance (For Select Services)				
HMO	Select Care Platinum D HMO	HIP		Select Care	✓	✓	\$15 / \$35 / \$100 copay	\$0 / \$0		\$2,000 / \$4,000		✓	✓
	Select Care Gold D HMO	HIP		Select Care	✓	✓	\$40 / \$60 / \$200 copay	\$0 / \$0 medical and hospital; \$100 Rx (per person)		\$4,000 / \$8,000		✓	✓
	Select Care Silver D HMO	HIP		Select Care	✓	✓	\$30 / \$50 / \$150 copay	\$2,000 / \$4,000		\$5,500 / \$11,000		✓	✓
	Select Care Bronze D HMO	HIP		Select Care	✓	✓	50% cost-sharing (after deductible)	\$3,000 / \$6,000 (includes Rx)	✓	\$6,350 / \$12,700	✓	✓	✓

Select Care Platinum, Select Care Gold, Select Care Silver, Select Care Bronze and Select Care Basic are underwritten by HIP Health Plan of New York. Refer to HIP policy form number 155-23-IONHIXHMO, et al.

Select Care Platinum D HMO, Select Care Gold D HMO, Select Care Silver D HMO and Select Care Bronze D HMO are underwritten by HIP Health Plan of New York (HIP). Refer to HIP policy form number 155-23-IOFFHIX, et al.



## EMBLEMHEALTH DENTAL PLANS

Product Name	Underwriting Company	Out-of-Network Coverage	Network	Membership Type	Rollover Feature for Unused Annual Maximum Benefit	Approvals or Referrals Required	Features
Preferred	GHI	✓	Over 8,000 dentists and specialists in NY and NJ	Large groups	✓		100% coverage for all in-network preventive, basic and major services. Deductibles apply to basic and major services. Out-of-network benefits for covered services paid at the in-network fee level.
Preferred Plus	GHI	✓	All of the providers in the Preferred network plus national coverage	Large groups	✓		100% coverage for all in-network preventive services, with member cost-sharing for basic and major services. Out-of-network benefits for covered services paid at the in-network fee level or at the 80th percentile of reasonable and customary fees. One option that includes orthodontic coverage.
Dental Access	GHI	✓	7,000 dentists and specialists in NY and NJ	Large groups		✓	100% coverage for all in-network preventive and diagnostic services and for crown, bridge and denture repair. Out-of-network benefits for covered services paid at the in-network fee level. In-network discounts for non-covered services.
FirstSmiles**	HIP		Healthplex providers in the Select Care coverage area	Individuals		✓	\$36 office visit copay for access to preventive, routine and emergency care and for endodontics, prosthodontics and orthodontics. A primary care dentist is required.

\*These benefits are for (1) members enrolled through a group or an organization, such as an employer, labor union, association or welfare fund, that acts as a remitting agent and sends HIP and CompreHealth the premium for the member's coverage and (2) members enrolled through a HIP/HMO direct payment contract before 1/1/96.

\*\*A pediatric dental plan that centers on the oral health of children up to age 19. FirstSmiles is available as a standalone product on the NY State of Health marketplace and with the purchase of an individual EmblemHealth plan offered off the NY State of Health marketplace.

Preferred, Preferred Plus and Dental Access are underwritten by Group Health Incorporated (GHI). EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC). Refer to GHI policy form numbers PLD-1103-C, PLD-1104-C, et al. The discount program is not insured and its terms are set forth under the discount program contract. FirstSmiles is underwritten by HIP Health Plan of New York (HIP). Refer to policy form number 155-23-IDHIX, et al.

## KEY

### Plan Type

- EPO** Characterized by network-only coverage and freedom to see specialists without a PCP referral
- HMO** Characterized by in-network coverage, required PCP selection and required PCP referrals for specialist visits
- POS** Differs from PPO only in that members must choose a PCP and must get referrals to see specialists
- PPO** Characterized by in- and out-of-network coverage and freedom to see specialists without a PCP referral

### EmblemHealth Medical/Hospital Networks

- EPO National** **EPO National network:** Private and group practice practitioners, facilities and acclaimed hospitals in New York, and covered access to physicians and hospitals across all 50 states.
- National** **National network:** Private and group practice practitioners, facilities and acclaimed hospitals in New York, and covered access to physicians and hospitals across all 50 states.
- Prime** **Prime network:** Private and group practice practitioners, facilities and hospitals in all five boroughs of New York City (the Bronx, Brooklyn, Manhattan, Queens and Staten Island) and in Nassau, Orange, Rockland, Suffolk and Westchester counties.
- Premium** **Premium network:** The Prime network with expanded network coverage. Includes private and group practitioners, facilities and hospitals in all five boroughs of New York City (the Bronx, Brooklyn, Manhattan, Queens and Staten Island) and in Nassau, Suffolk and Westchester counties.
- Select Care** **Select Care network:** Private and group practice practitioners, facilities and hospitals in all five boroughs of New York City (the Bronx, Brooklyn, Manhattan, Queens and Staten Island) and in Nassau, Orange, Rockland, Suffolk and Westchester counties.

All networks include AdvantageCare Physicians — one of the largest physician practices in the New York metropolitan area.

### Services

- Annual Out-of-Pocket Maximum (OOP Max):** The highest dollar amount an insured individual or family will have to pay per year in out-of-pocket costs (i.e., deductibles, copays and coinsurance). The insurer is responsible for all out-of-pocket costs that exceed the OOP max. The gym reimbursement benefit does not apply towards the OOP max.
- ER** Emergency room
- FPL** Federal poverty level
- FS** Facility-based services
- HSA** Health savings account (or a health reimbursement account, HRA). A fund to which employers contribute a limited dollar amount and that employees use to pay tax-free medical expenses.
- IN** In-network services
- INF** In-network facility-based services
- OON** Out of network
- PCD** Primary care dentist
- PCP** Primary care physician
- Rx** Prescription drugs



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

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