

HIP HEALTH PLAN OF NEW YORK

**SMALL GROUP
HIP ACCESS I
RATE MANUAL**

**FOR NEW BUSINESS EFFECTIVE
JULY 1, 2003 THRU SEPTEMBER 30, 2003**

FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL

<p style="text-align: center;">NEW SMALL GROUP HIP ACCESS I BASE PLAN</p>
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The base plan rates in this manual include the following standard benefits:

- *SKILLED NURSING FACILITY - UNLIMITED DAYS**
- *HOME HEALTH CARE - 200 VISITS**
- *INPATIENT THERAPIES - 90 DAYS**
- *OUTPATIENT THERAPIES - 90 DAYS**
- *DURABLE MEDICAL EQUIPMENT - COVERED IN FULL**
- *PRIVATE DUTY NURSING - COVERED IN FULL**
- *INPATIENT MENTAL HEALTH CARE - 30 DAYS**
- *INPATIENT ALCOHOL/SUBSTANCE ABUSE DETOXIFICATION - 7 DAYS**
- *OUTPATIENT ALCOHOL/SUBSTANCE ABUSE REHABILITATION - 60 VISITS**
- *OUTPATIENT MENTAL HEALTH CARE - \$25 COPAY, 20 VISIT LIMIT**
- *DIALYSIS TREATMENT - COPAY VARIES BASED ON PHYSICIAN COPAY**
- *DIABETIC SUPPLIES - COPAY VARIES BASED ON PHYSICIAN COPAY**
- *OPTICAL BENEFIT - EYEGLASSES - \$45 EVERY 24 MONTHS**
- *DEPENDENT CHILDREN TO END OF MONTH IN WHICH THEY TURN 19**
- *STUDENTS TO END OF YEAR IN WHICH THEY TURN 23**

SMALL GROUP HIP ACCESS I AND ACCESS II PRODUCTS

Please note the following when selling Access I and Access II:

- * Groups eligible for dual choice must offer either **all PRIME** plans or **all Access** plans. A group cannot have a mix of **PRIME** and **ACCESS** plans.
- * These products cannot be offered to Associations of Individuals, Associations of Small Businesses or any other 1 life groups.
- *
Small Groups 20-50 eligible lives can only adopt both *Access I* AND *Access II* if those plans are the only plans being offered. HIP must be a **total replacement** to existing coverage.

NEW SMALL GROUP HIP ACCESS I BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

\$5 OFFICE VISIT COPAY PLANS

Four Tier

OPTION 1		
HIP ACCESS I [5/ 5/ 0/ 35]*	EE	281.93
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	524.43
\$0 Hospital Admission Copay	EE & Sp	563.88
\$35 ER Copay	Family	862.49
OPTION 2		
HIP ACCESS I [5/ 5/ 250/ 35] *	EE	279.14
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	519.25
\$250 Hospital Admission Copay	EE & Sp	558.31
\$35 ER Copay	Family	853.97
OPTION 3		
HIP ACCESS I [5/ 5/ 500/ 35]*	EE	276.01
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	513.41
\$500 Hospital Admission Copay	EE & Sp	552.04
\$35 ER Copay	Family	844.37
OPTION 4		
HIP ACCESS I [5/ 5/ 0/ 50]*	EE	281.64
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	523.88
\$0 Hospital Admission Copay	EE & Sp	563.28
\$50 ER Copay	Family	861.57

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP OFFICE VISIT COPAY**

NEW SMALL GROUP HIP ACCESS I BASE PLANS*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

\$5 OFFICE VISIT COPAY PLANS

Four Tier

OPTION 5		
HIP ACCESS I [5/ 5/ 250/ 50]*	EE	278.85
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	518.70
\$250 Hospital Admission Copay	EE & Sp	557.71
\$50 ER Copay	Family	853.05
OPTION 6		
HIP ACCESS I [5/ 5/ 500/ 50]*	EE	275.72
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	512.86
\$500 Hospital Admission Copay	EE & Sp	551.44
\$50 ER Copay	Family	843.45

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP OFFICE VISIT COPAY**

NEW SMALL GROUP HIP ACCESS I BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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\$10 OFFICE VISIT COPAY PLANS

Four Tier

OPTION 1		
HIP ACCESS I [10/ 10/ 0/ 35]*	EE	277.45
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	516.09
\$0 Hospital Admission Copay	EE & Sp	554.92
\$35 ER Copay	Family	848.79
OPTION 2		
HIP ACCESS I [10/ 10/ 250/ 35]*	EE	274.66
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	510.91
\$250 Hospital Admission Copay	EE & Sp	549.35
\$35 ER Copay	Family	840.27
OPTION 3		
HIP ACCESS I [10/ 10/ 500/ 35]*	EE	271.53
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	505.07
\$500 Hospital Admission Copay	EE & Sp	543.08
\$35 ER Copay	Family	830.67
OPTION 4		
HIP ACCESS I [10/ 10/ 0/ 50]*	EE	277.16
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	515.54
\$0 Hospital Admission Copay	EE & Sp	554.32
\$50 ER Copay	Family	847.87

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP OFFICE VISIT COPAY**

NEW SMALL GROUP HIP ACCESS I BASE PLANS*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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<u>Plan</u>	<u>Four Tier</u>
OPTION 5 HIP ACCESS I [10/ 10/ 250/ 50]* \$10 PCP & SPEC VISIT & DIABETIC Supplies Copay \$250 Hospital Admission Copay \$50 ER Copay	EE 274.37 EE & Ch 510.36 EE & Sp 548.75 Family 839.35
OPTION 6 HIP ACCESS I [10/ 10/ 500/ 50]* \$10 PCP & SPEC VISIT & DIABETIC Supplies Copay \$500 Hospital Admission Copay \$50 ER Copay	EE 271.24 EE & Ch 504.52 EE & Sp 542.48 Family 829.75

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP OFFICE VISIT COPAY**

NEW SMALL GROUP HIP ACCESS I BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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\$15 OFFICE VISIT COPAY PLANS

Four Tier

OPTION 1		
HIP ACCESS I [15/ 15/ 0/ 35]*	EE	273.18
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	508.12
\$0 Hospital Admission Copay	EE & Sp	546.34
\$35 ER Copay	Family	835.69
OPTION 2		
HIP ACCESS I [15/ 15/ 250/ 35]*	EE	270.39
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	502.94
\$250 Hospital Admission Copay	EE & Sp	540.77
\$35 ER Copay	Family	827.17
OPTION 3		
HIP ACCESS I [15/ 15/ 500/ 35]*	EE	267.26
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	497.10
\$500 Hospital Admission Copay	EE & Sp	534.50
\$35 ER Copay	Family	817.57
OPTION 4		
HIP ACCESS I [15/ 15/ 0/ 50]*	EE	272.89
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	507.57
\$0 Hospital Admission Copay	EE & Sp	545.74
\$50 ER Copay	Family	834.77

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP OFFICE VISIT COPAY**

NEW SMALL GROUP HIP ACCESS I BASE RATES*

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL
Monthly Premiums

<u>Plan</u>	<u>Four Tier</u>
OPTION 5	
HIP ACCESS I [15/ 15/ 250/ 50]*	EE 270.10
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch 502.39
\$250 Hospital Admission Copay	EE & Sp 540.17
\$50 ER Copay	Family 826.25
OPTION 6	
HIP ACCESS I [15/ 15/ 500/ 50]*	EE 266.97
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch 496.55
\$500 Hospital Admission Copay	EE & Sp 533.90
\$50 ER Copay	Family 816.65

HIP ACCESS I VALUE ** [20/ 20/ 75/ 500/ 50]

\$20 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE 254.67
\$500 Hospital Admission Copay	EE & Ch 473.64
\$50 ER Copay	EE & Sp 509.25
\$20 Dialysis Copay	Family 778.94
\$75 Ambulatory/OP Surgery Copay	
Durable Medical Equipment - Not Covered	
Private Duty Nursing - Not Covered	
Skilled Nursing Facility - 30 Day Limit	
Home Health Care - 40 Visits	
Inpatient Therapies - Not Covered	
Outpatient Therapies - 30 Visits	
Outpatient Mental Health Care - \$35 Copay, 20 Visits	
Refractive Eye Exam - \$15 Copay	

****NOTE: This plan LIMITS CERTAIN BENEFITS included in other HIP products.**

***NOTE: THE SPECIALIST COPAY MUST BE THE SAME AS PCP OFFICE VISIT COPAY**

NEW SMALL GROUP HIP ACCESS I RIDER OPTIONS

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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RX Drug Riders, Contraceptives ; Includes Non-Formulary Drugs

**GENERIC: BRAND
COPAY**

Four Tier

\$5/ \$10/ 50%

EE	54.95
EE & Ch	102.19
EE & Sp	109.87
Family	168.05

\$10/ \$15/ 50%

EE	46.31
EE & Ch	86.14
EE & Sp	92.64
Family	141.69

\$10/ \$20/ \$50%

EE	39.69
EE & Ch	73.81
EE & Sp	79.36
Family	121.38

ALL OF THE ABOVE RATES INCLUDE ORAL CONTRACEPTIVE COVERAGE

NEW SMALL GROUP HIP ACCESS I RIDER OPTIONS

FOR EFFECTIVE DATES 7/01/03 - 9/30/03
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Monthly Premiums

RX Drug Riders, Contraceptives ; Includes Non-Formulary Drugs

**GENERIC: BRAND
COPAY**

Four Tier

\$5/ \$10/ \$35

EE	55.71
EE & Ch	103.61
EE & Sp	111.40
Family	170.39

\$10/ \$15/ \$35

EE	46.96
EE & Ch	87.35
EE & Sp	93.92
Family	143.66

\$10/ \$20/ \$35

EE	40.25
EE & Ch	74.84
EE & Sp	80.47
Family	123.08

ALL OF THE ABOVE RATES INCLUDE ORAL CONTRACEPTIVE COVERAGE

NEW SMALL GROUP HIP ACCESS I RIDER OPTIONS

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 Monthly Premiums

Four Tier

PRIVATE DUTY NURSING *

Covered in full		EE	0.30
		EE & Ch	0.56
		EE & Sp	0.60
		Family	0.92

APPLIANCES (DURABLE MEDICAL EQUIPMENT) *

Covered in full		EE	2.22
		EE & Ch	4.14
		EE & Sp	4.46
		Family	6.81

***THESE RATES CAN BE USED TO REMOVE PDN AND DME COVERAGE FROM THE BASE PLAN**

NEW SMALL GROUP HIP ACCESS I RIDER OPTIONS

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Four Tier

OPTICAL

One pair of eyeglasses every 24 months and Contacts with \$70 copay

EE	1.29
EE & Ch	2.40
EE & Sp	2.58
Family	3.95

One pair of eyeglasses every 12 months and Contacts with \$70 copay

EE	2.07
EE & Ch	3.85
EE & Sp	4.14
Family	6.33

RATES AND BENEFITS ARE SUBJECT TO NYSID APPROVAL

STUDENTS & DEPENDENTS

	Covered to Age {Covered the <u>Entire Year</u> }	Percentage Increase in Premium for <u>ALL RATE TIERS</u>
Student Dependents	25	1.0%
Dependent Children	19	0.4%
	23	3.3%
	25	4.2%

* Factors must be multiplied, not added.