

**HIP HEALTH PLAN OF NEW YORK**

**SMALL GROUP  
HIP PRIME  
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;"><b>NEW SMALL GROUP HIP PRIME BASE PLAN</b></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**

## NEW SMALL GROUP HIP PRIME 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

<b>OPTION 1</b>		
<b>HIP PRIME [ 5/ 5/ 0/ 35]*</b>	EE	263.77
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	490.62
\$0 Hospital Admission Copay	EE & Sp	527.54
\$35 ER Copay	Family	806.90
<b>OPTION 2</b>		
<b>HIP PRIME [ 5/ 5/ 250/ 35] *</b>	EE	261.16
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	485.77
\$250 Hospital Admission Copay	EE & Sp	522.33
\$35 ER Copay	Family	798.93
<b>OPTION 3</b>		
<b>HIP PRIME [5/ 5/ 500/ 35]*</b>	EE	258.23
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	480.31
\$500 Hospital Admission Copay	EE & Sp	516.46
\$35 ER Copay	Family	789.95
<b>OPTION 4</b>		
<b>HIP PRIME [ 5/ 5/ 0/ 50]*</b>	EE	263.49
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	490.10
\$0 Hospital Admission Copay	EE & Sp	526.98
\$50 ER Copay	Family	806.04

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

<p><b>NEW SMALL GROUP HIP PRIME BASE PLANS*</b></p>
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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

<b>OPTION 5</b>
<b>HIP PRIME [ 5/ 5/ 250/ 50]*</b>
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay
\$250 Hospital Admission Copay
\$50 ER Copay

EE	260.88
EE & Ch	485.25
EE & Sp	521.77
Family	798.07

<b>OPTION 6</b>
<b>HIP PRIME [ 5/ 5/ 500/ 50]*</b>
\$5 PCP & SPEC VISIT & DIABETIC Supplies Copay
\$500 Hospital Admission Copay
\$50 ER Copay

EE	257.95
EE & Ch	479.79
EE & Sp	515.90
Family	789.09

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

## NEW SMALL GROUP HIP PRIME BASE RATES\*

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

### \$10 OFFICE VISIT COPAY PLANS

Four Tier

<b>OPTION 1</b>			
<b>HIP PRIME [ 10/ 10/ 0/ 35]*</b>		EE	259.57
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay		EE & Ch	482.82
\$0 Hospital Admission Copay		EE & Sp	519.16
\$35 ER Copay		Family	794.08
<b>OPTION 2</b>			
<b>HIP PRIME [ 10/ 10/ 250/ 35]*</b>		EE	256.96
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay		EE & Ch	477.97
\$250 Hospital Admission Copay		EE & Sp	513.95
\$35 ER Copay		Family	786.11
<b>OPTION 3</b>			
<b>HIP PRIME [ 10/ 10/ 500/ 35]*</b>		EE	254.03
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay		EE & Ch	472.51
\$500 Hospital Admission Copay		EE & Sp	508.08
\$35 ER Copay		Family	777.13
<b>OPTION 4</b>			
<b>HIP PRIME [ 10/ 10/ 0/ 50]*</b>		EE	259.29
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay		EE & Ch	482.30
\$0 Hospital Admission Copay		EE & Sp	518.60
\$50 ER Copay		Family	793.22

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

## NEW SMALL GROUP HIP PRIME BASE PLANS\*

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>
<b>OPTION 5</b>	
<b>HIP PRIME [ 10/ 10/ 250/ 50]*</b>	
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE 256.68
\$250 Hospital Admission Copay	EE & Ch 477.45
\$50 ER Copay	EE & Sp 513.39
	Family 785.25
<b>OPTION 6</b>	
<b>HIP PRIME [ 10/ 10/ 500/ 50]*</b>	
\$10 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE 253.75
\$500 Hospital Admission Copay	EE & Ch 471.99
\$50 ER Copay	EE & Sp 507.52
	Family 776.27

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

# NEW SMALL GROUP HIP PRIME BASE RATES\*

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

## \$15 OFFICE VISIT COPAY PLANS

Four Tier

<b>OPTION 1</b>		
<b>HIP PRIME [ 15/ 15/ 0/ 35]*</b>	EE	255.57
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	475.37
\$0 Hospital Admission Copay	EE & Sp	511.14
\$35 ER Copay	Family	781.83
<b>OPTION 2</b>		
<b>HIP PRIME [ 15/ 15/ 250/ 35]*</b>	EE	252.96
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	470.52
\$250 Hospital Admission Copay	EE & Sp	505.93
\$35 ER Copay	Family	773.86
<b>OPTION 3</b>		
<b>HIP PRIME [ 15/ 15/ 500/ 35]*</b>	EE	250.03
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	465.06
\$500 Hospital Admission Copay	EE & Sp	500.06
\$35 ER Copay	Family	764.88
<b>OPTION 4</b>		
<b>HIP PRIME [ 15/ 15/ 0/ 50]*</b>	EE	255.29
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch	474.85
\$0 Hospital Admission Copay	EE & Sp	510.58
\$50 ER Copay	Family	780.97

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

## NEW SMALL GROUP HIP PRIME 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>
<b>OPTION 5</b>	
<b>HIP PRIME [ 15/ 15/ 250/ 50]*</b>	EE 252.68
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch 470.00
\$250 Hospital Admission Copay	EE & Sp 505.37
\$50 ER Copay	Family 773.00
<b>OPTION 6</b>	
<b>HIP PRIME [ 15/ 15/ 500/ 50]*</b>	EE 249.75
\$15 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE & Ch 464.54
\$500 Hospital Admission Copay	EE & Sp 499.50
\$50 ER Copay	Family 764.02

**HIP PRIME VALUE \*\* [20/ 20/ 75/ 500/ 50]**

\$20 PCP & SPEC VISIT & DIABETIC Supplies Copay	EE 238.25
\$500 Hospital Admission Copay	EE & Ch 443.11
\$50 ER Copay	EE & Sp 476.44
\$20 Dialysis Copay	Family 728.75
\$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**

<p style="text-align: center;"><b>NEW SMALL GROUP HIP PRIME HEALTHY NY</b></p>
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**FOR EFFECTIVE DATES 7/01/03 - 9/30/03  
FINAL RATES ARE SUBJECT TO UNDERWRITING APPROVAL**

**THE HEALTHY NY RATE IS INCLUSIVE OF ALL BENEFIT VARIABLE AND RIDER RATES**

Monthly Premiums

Four Tier

EMPLOYEE	214.32
EMPLOYEE & CHILD	398.62
EMPLOYEE & SPOUSE	428.62
FAMILY	655.60

# NEW SMALL GROUP HIP PRIME RIDER OPTIONS

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

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**RX Drug Riders, Contraceptives ; Includes Non-Formulary Drugs**

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GENERIC: BRAND COPAY		<u>Four Tier</u>
<b>\$5/ \$10/ 50%</b>	EE	51.40
	EE & Ch	95.59
	EE & Sp	102.78
	Family	157.20
<b>\$10/ \$15/ 50%</b>	EE	43.32
	EE & Ch	80.58
	EE & Sp	86.66
	Family	132.54
<b>\$10/ \$20/ \$50%</b>	EE	37.13
	EE & Ch	69.05
	EE & Sp	74.24
	Family	113.55
<b>\$100 DED / \$10/ \$20/ \$50%</b>	EE	25.05
	EE & Ch	46.59
	EE & Sp	50.08
	Family	76.63

**ALL OF THE ABOVE RATES INCLUDE ORAL CONTRACEPTIVE COVERAGE**

# NEW SMALL GROUP HIP PRIME RIDER OPTIONS

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

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**RX Drug Riders, Contraceptives ; Includes Non-Formulary Drugs**

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**GENERIC: BRAND  
COPAY**

Four Tier

**\$5/ \$10/ \$35**

EE	52.11
EE & Ch	96.92
EE & Sp	104.21
Family	159.39

**\$10/ \$15/ \$35**

EE	43.93
EE & Ch	81.71
EE & Sp	87.86
Family	134.39

**\$10/ \$20/ \$35**

EE	37.65
EE & Ch	70.01
EE & Sp	75.28
Family	115.14

**\$100 DED / \$10/ \$20/ \$35**

EE	25.40
EE & Ch	47.24
EE & Sp	50.78
Family	77.70

**ALL OF THE ABOVE RATES INCLUDE ORAL CONTRACEPTIVE COVERAGE**

<b>NEW SMALL GROUP HIP PRIME RIDER OPTIONS</b>
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**FOR EFFECTIVE DATES 7/01/03 - 9/30/03**  
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 Monthly Premiums

Four Tier

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**PRIVATE DUTY NURSING \***

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<b>Covered in full</b>		EE	0.28
		EE & Ch	0.52
		EE & Sp	0.56
		Family	0.86

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**APPLIANCES (DURABLE MEDICAL EQUIPMENT) \***

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<b>Covered in full</b>		EE	2.08
		EE & Ch	3.87
		EE & Sp	4.16
		Family	6.37

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

<b>NEW SMALL GROUP HIP PRIME RIDER OPTIONS</b>
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**FOR EFFECTIVE DATES 7/01/03 - 9/30/03**  
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 Monthly Premiums

Four Tier

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**OPTICAL**

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**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**

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**STUDENTS & DEPENDENTS**

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

\* Factors must be multiplied, not added.