

ANCILLARY COMBINED OFF EXCHANGE PLANS

Small Group 2-50 Employees

2015 Rates

The following plans are available for the small group off exchange. Please visit our website, www.NYHealthAlliance.com , and read the benefit summaries before finalizing your selection.		Monthly Four Tier Rates			
COPAY & DEDUCTIBLE		EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY
Guardian Rates Effective May 1, 2015 - December 1, 2015					
DHMO PLAN MDG U40M5					
\$5 Office Copay Orthodontic Benefits for Adults & Children No Annual Max		26.29	52.60	62.39	84.43
DHMO PLAN MDG U20M10					
\$10 Office Copay Orthodontic Benefits for Adults & Children No Annual Max		19.31	38.64	45.33	61.59
PPO PLAN ZZ					
\$50 In Network Ded Percentage Paid 100/80/50 \$75 Out of Network Ded Percentage Paid 80/80/50 \$1000 Annual Max / Deferred Services		51.12	100.30	118.94	168.11
PPO PLAN VP					
\$50 In Network Ded Percentage Paid 100/80/50 \$75 Out of Network Ded Percentage Paid 80/80/50 \$1000 Annual Max / Orthodontic Benefits Max Rollover / No Deferred Services		55.98	109.85	141.56	195.40
Vision Plans					
\$10 Copay Exams / \$25 Copay Materials In & Out of Network Benefits		6.71	11.29	11.51	18.22
Multi-Coverage Plan Option 1					
LTD - \$1500 / AD&D - \$50,000 / Term Life - \$50,000 Age 18-39 Age 40-54 Age 55+		10.87 28.04 74.40			
Multi-Coverage Plan Option 2					
STD - \$250 / LTD - \$1,000 / Term Life - \$20,000 Age 18-39 Age 40-54 Age 55+		18.32 26.48 57.26			
Colonial - Group Medical Bridge 1.0					
Plan 3A					
Diagnostic Procedures - \$500 - Covered Person / Calendar Year	Hospital Confinement - \$1000 - Covered Person / Calendar Year Daily Hospital Confinement Benefit: \$165.00 per day up to 60 days per confinement	31.20	62.40	43.94	75.14
ER Visit - \$150 - Covered Person / Calendar Year	Outpatient Surgery - Tier 1 - \$500 / Tier 2 - \$1000 / Calendar Year Max \$1500				
Plan 3B					
Diagnostic Procedures - \$1000 - Covered Person / Calendar Year	Hospital Confinement - \$2000 - Covered Person / Calendar Year Daily Hospital Confinement Benefit: \$165.00 per day up to 60 days per confinement	49.07	98.14	65.84	117.61
ER Visit - \$150 - Covered Person / Calendar Year	Outpatient Surgery - Tier 1 - \$750 / Tier 2 - \$1500 / Calendar Year Max \$2500				

ShelterPoint - Exclusive offer through NYHA!

Hospital Cash Insurance - NY Metro Area				
Hospital Stay benefit / Skilled Nursing Facility Stay benefit - \$200 / day		16.00	32.00	32.00
				48.00
Hospital Cash Insurance - Non- Metro NY				
Hospital Stay benefit / Skilled Nursing Facility Stay benefit - \$165 / day		13.29	26.55	26.55
				39.85

CARRIER SPECIFIC NOTES:

Guardian

- Employers with 2 or more eligible employees may participate in and offer any Dental and Vision Plans
- Employers with 3 or more eligible employees may participate in the Guardian Multi Guard Protection Plans.
- One or more employees may participate in ANY of the Guardian plans offered as long as the employer meets the requirements set forth in 1 and 2 above.
- Rates are updated May 1st and Nov 1st of each year.
- The Guardian PPO ZZ plan -- Waiting periods will be waived on all cases transferred.
- Employer groups of 3 or more eligible lives will be provided with an EAP program when a dental and Multi-Coverage plan is selected.
- MDG plans must select a dentist.
- Individual terminations for MDG Products must be submitted no later than the 15th of the month prior to the requested termination date.

ShelterPoint

- Hospital Stay benefit - Pays a fixed daily amount, as long as covered individual is continuously confined to the hospital and under the care of a doctor.
(Hospital stay must be for a least 24 hours.)
- Skilled Nurse Facility Stay benefit - Pays a fixed daily amount, while a covered individual is confined to a skilled nursing facility.
(Must immediately follow a hospital stay pf at least 24 hours. Benefit is paid for a maximum of 5 days.)
- Benefits are paid for an unlimited continuous number of days per hospital stay.
- Benefits paid are independent of any other insurance.
- Cash benefit paid directly to covered individuals. Use it for any expenses - for hospital bills or co-pays to food, clothing, or the cable bill.
- Metro New York area: Bronx, Kings (Brooklyn), Manhattan, Nassau, Queens, Richmond (Staten Island), Rockland, Suffolk, and Westchester Counties.
No other New York counties are included in the Metro New York area.
- Treatment in an emergency room is not hospitalization and is not covered under this policy unless the individual is admitted to the hospital for a period of a least 24 hours immediately following the emergency room visit.