



## Health Republic of New York

November 2, 2015

Dear Valued Members,

The NY Health Alliance would like to take this opportunity to let you know about the recent actions regarding Health Republic of New York issued by the Department of Financial Services on October 30, 2015 (see attached). All groups covered by Health Republic of New York will no longer be able to continue their coverage effective 11/30/15 and are required to obtain continuous coverage elsewhere.

NYHA is working with our existing partners and will be offering replacement options through North Shore LIJ CareConnect and MVP, as applicable.

Your business is important to us and with that in mind, to ensure that all of our groups maintain continuous coverage, we will be transferring our members to similar plans offered by our other carrier partners according to the attached mapping list. Members are not required to select the mapped plan, they can instead choose a different plan option from the attached plan rate sheet. If this is the case, please complete and sign the enclosed enrollment form and submit it to us by November 30<sup>th</sup>. Please fax or email completed enrollments to Christine Urso at:

Email:

[curso@nyhealthalliance.com](mailto:curso@nyhealthalliance.com)

Fax:

631-493-3012

Effective January 1, 2016, the NYHA will be offering additional plan options that are not yet available and will allow a Special Open Enrollment Period for January 1, 2016, to those Health Republic groups that were mapped to different carriers as a result of the discontinuance. Those plan options will be available shortly and will be distributed and posted to our website.

<b>Current Plan With Health Republic</b>	<b>New Plan for Long Island/NYC Metro</b>	<b>New Plan for Rockland &amp; Westchester</b>
HR Standard EPO Platinum/HR Non Standard Platinum	CareConnect Standard EPO Platinum	MVP Health Care Liberty EPO 5/40 Platinum
HR Standard EPO Gold	CareConnect Standard EPO Gold	MVP Health Care Liberty 5/15/1400 Gold
HR Non Standard Primary Select Gold	CareConnect Traditional EPO Gold	MVP Liberty EPO 15/45/850
HR Standard EPO Silver	CareConnect Standard EPO Silver	MVP Liberty EPO 25/50/1500 Silver
HR Non Standard Primary Select & Primary Select PCMH Silver	CareConnect Traditional EPO 40/60/4000 HRX Silver	MVP Liberty EPO 35/60/1500 Silver
HR Standard EPO Essential Care Bronze	CareConnect Standard EPO 50%/50%/3000 Bronze	MVP Health Care Liberty EPO 30/50/4000 Bronze
HR Total Freedom PPO	none	none

Note: MVP plans and rates only apply to groups domiciled in Westchester & Rockland counties.

## Press Release

October 30, 2015

Contact: Matt Anderson, 212-709-1691

### **NYDFS, NYSOH, CMS ANNOUNCE ADDITIONAL ACTIONS REGARDING HEALTH REPUBLIC INSURANCE OF NEW YORK**

The New York State Department of Financial Services (NYDFS), the New York State of Health Marketplace (NYSOH), and the Centers for Medicare and Medicaid Services (CMS) today announced additional actions regarding Health Republic Insurance of New York (“Health Republic”) and a transition plan for Health Republic customers.

On September 25, 2015, NYDFS directed Health Republic to cease writing new health insurance policies and announced that the co-op will commence an orderly wind down after the expiration of its existing policies. However, a subsequent NYDFS and CMS-led review of Health Republic’s finances has found that the company’s financial condition is substantially worse than the company previously reported in its filings to NYDFS. In light of these developments, NYDFS and the NYSOH Marketplace have determined that it is in the best interest of consumers to end all Health Republic policies – both individual and small group – on **November 30, 2015** so that customers can transition to new coverage after that date.

#### ***Information Regarding Individual Plans***

Individual policies run on a calendar-year basis. Individuals who purchased a Health Republic plan on the New York State of Health (NYSOH) Marketplace must take action to choose a new plan for the remainder of 2015 on or **before November 15, 2015**. For assistance with this process, NYSOH has established a special Customer Service helpline at 1-855-329-8899. Customer Service hours are from 8 am to 8 pm on Monday through Friday and 9 am to 1 pm on Saturday.

Coverage issued with a December 1, 2015 effective date will be effective through December 31, 2015. Consumers can also enroll for 2016 coverage on the NYSOH Marketplace during the Open Enrollment Period which starts on November 1, 2015. To be covered on January 1, 2016, consumers must select a plan by December 15, 2015. A total of 15 health insurers will offer individual coverage for 2016 on New York State of Health. An interactive county map that shows the health plans offered on the Marketplace by county can be found at **<http://info.nystateofhealth.ny.gov/PlansMap>**.

Starting in 2016, lower income New Yorkers will be able to enroll in the new Essential Plan at a cost of \$20 per person per month or nothing depending on income. The Essential Plan has no annual deductible, preventive care is free and other services have only a small copayment. Individuals can enroll in the Essential Plan only through the NY State of Health Marketplace. For more information on the Essential Plan visit, **[link](#)**. Consumers may also choose to buy a new health insurance policy outside the Marketplace directly from another insurance

company or with the help of an agent or broker. However, if a consumer qualifies for financial assistance, they can only obtain that coverage through the Marketplace.

### ***Information Regarding Small Group Plans***

Employers with small group plans through Health Republic should act as soon as possible to choose a new policy from another insurer for its employees to ensure continuity of coverage after November 30, 2015. Small group plans typically run on a one-year basis from their effective date rather than on a calendar-year basis. Employers can choose to buy a small group plan either through the NYSOH marketplace or with the help of an agent or broker. If the employer purchases coverage through the Marketplace, they may be eligible for a small business health care tax credit for qualified employers that can cover as much as 50 percent of their contribution toward employee premium costs.

### ***DFS Consumer Hot Line***

For questions not related to enrollment through the NYSOH Marketplace Customer Service helpline, consumers can contact the New York State Department of Financial Services Consumer Hot Line with questions regarding Health Republic by calling 1-800-342-3736. The Hot Line hours are weekdays (Monday through Friday) from 8:00 a.m. to 8:00 p.m., and Saturday from 9:00 a.m. to 1:00 p.m.



**DOWNSTATE REGION: NEW BUSINESS ENROLLMENT / CHANGE FORM**

Rate: \$

Group Use Only

LIA #:

**A. EMPLOYEE INFORMATION**

Employee Name (Last) (First) (Middle) Home Phone ( ) ( ) ( ) Work Phone ( ) ( ) ( )

Date of Hire (Month) (Day) (Year) Address (Street No.) (City) (State) (Zip)

**B. OTHER INSURANCE**

Do you or any of your dependents have coverage under any other medical plan?  YES  NO

If yes, provide the information — here

Were you covered by another medical/hospital/dental plan within the last 12 months?  YES  NO

If yes, provide the information in Section E.

Name of Insured: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Health Insurer Name: \_\_\_\_\_ Dental Insurer Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Individual Coverage  Family Coverage

**C. TYPE OF COVERAGE (Please select one of the following)**

**MVP HealthCare (all EPO)**  
 Rockland & Westchester Only

**CareConnect (all EPO)**

Non Standard Plans:  Platinum 1  Silver 3 HDHP  Gold 1  Gold 2 HDHP  Silver 2

Standard:  Platinum  Silver  Gold  Gold 1  Silver  Bronze

**Colonial Supplemental Insurance**

Medical Bridge \$1000 Benefit  
 Medical Bridge \$2000 Benefit

**Shelter Point**

Hospital Cash \$200

**GUARDIAN**

**PEDIATRIC DENTAL**

**DENTAL**  DHMO  PPO  EHB Ped Dental DHMO  EHB Ped Dental PPO

MDG U20M10  MDG U40M5  ZZ  VP  EHB Ped Dental PPO

**MULTI-COVERAGE\***  Vision  Davis Vision  Full Feature  Option 1  Option 2

\* Beneficiary Designation/Change Form must be completed.

**D. EMPLOYER INFORMATION**

Employer Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Is employee currently working at least 20 hours per week?  Yes  No

**E. ENROLLMENT INFORMATION**

Name (Indicate if Last Name is Different)	Birth Date (Mo / Day / Yr)	Social Security No.	Sex	Relationship Code	Former Health Insurance Coverage (Previous 12 months)	Date of Former Coverage FROM - TO	Primary Care Physician ID # or Name (Choose for each family member)	✓ if current Patient
Employee								
Spouse								
Dependent								
Dependent								
Dependent								
Dependent								
Relationship Codes:	001 Spouse	002 Child	003 Student**	004 Disabled**	005 Stepchild**	006 Legal Guardianship**	007 Domestic Partner**	**Documentation Required

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed the thousand dollars, and the stated value of the claim for each violation.

**EMPLOYER AUTHORIZATION**

This form must be signed and dated by an authorized company employee. By signing this form, I verify that to the best of my knowledge, the information contained herein, is true and complete. I also certify that the person(s) are eligible employees (or dependents) and work for the employer identified on this form.

Signature-Authorized Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Employee/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_ Date \_\_\_\_\_

The following plans are available for New Business for the small group off exchange. Please visit our website, [www.LJHealthAlliance.com](http://www.LJHealthAlliance.com), and read the benefit summaries before finalizing your selection.

NB RATE SHEET PLAN#	COPAY & DEDUCTIBLE	RX BENEFIT	NETWORK	DENTAL	Monthly Four Tier Rates					
					EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY		
<b>Platinum</b>										
<b>CareConnect Standard Plan EPO 15/35 Platinum Long Island</b>										
1	\$15 PCP Copay \$35 Specialist Copay \$100 ER Copay	\$500 Hospital Copay Per Admission No Deductible with 10% to \$2,000/4,000 OOP max	No Referral	\$10 T1 / \$30 T2 / \$60 T3 (no ded)	CareConnect Health System	Age 25 Age 29	620.00 624.00	1221.00 1229.00	1041.00 1048.00	1732.00 1743.00
<b>CareConnect Standard Plan EPO 15/35 Platinum NYC Metro</b>										
1	\$15 PCP Copay \$35 Specialist Copay \$100 ER Copay	\$500 Hospital Copay Per Admission No Deductible with 10% to \$2,000/4,000 OOP max	No Referral	\$10 T1 / \$30 T2 / \$60 T3 (no ded)	CareConnect Health System	Age 25 Age 29	583.00 587.00	1147.00 1155.00	978.00 988.00	1626.00 1638.00
<b>MVP Health Care Liberty Plan EPO 5/40 Platinum 1 Embedded NYC Region (Rockland &amp; Westchester)</b>										
1	3 Visits \$0/\$5 PCP Copay \$40 Specialist Copay \$100 ER Copay	\$300 Hospital Copay Per Admission No Deductible to \$3,000/6,000 OOP max	No Referral	\$5 T1 / \$30 T2 / \$50 T3 (no ded)	National	No Ped Dental Ped Dent >= 19	842.50 842.50	1666.00 1688.66	1418.95 1462.00	2365.98 2409.03
<b>Gold</b>										
<b>CareConnect Standard EPO 25/40/600 Gold Long Island</b>										
2	\$25 PCP Copay (after deductible) \$40 Specialist Copay (after deductible) \$160 ER Copay (after deductible)	\$1000 Hospital Copay Per Admitt after ded) \$600/1,200 Annual Deductible to \$4,000/8,000 OOP max	No Referral	\$10 T1 / \$35 T2 / \$70 T3 (no ded)	CareConnect Health System	Age 25 Age 29	539.00 543.00	1059.00 1067.00	903.00 910.00	1501.00 1512.00
<b>CareConnect Standard EPO 25/40/600 Gold NYC Metro</b>										
2	\$25 PCP Copay (after deductible) \$40 Specialist Copay (after deductible) \$150 ER Copay (after deductible)	\$1000 Hospital Copay Per Admitt after ded) \$600/1,200 Annual Deductible to \$4,000/8,000 OOP max	No Referral	\$10 T1 / \$35 T2 / \$70 T3 (no ded)	CareConnect Health System	Age 25 Age 29	504.00 508.00	989.00 997.00	844.00 850.00	1401.00 1413.00
<b>CareConnect Tradition Plan EPO 30/50 Gold Long Island</b>										
3	\$30 PCP Copay \$50 Specialist Copay \$350 ER Copay	\$500 Per Day Hospital Copay \$1,500 Max Per Admitt No Deductible to \$6,350/12,700 OOP max	No Referral	\$15 T1 / \$35 T2 / \$75 T3 (after \$100 RX deductible)	CareConnect Health System	Age 25 Age 29	532.00 535.00	1045.00 1051.00	891.00 896.00	1481.00 1490.00
<b>CareConnect Tradition Plan EPO 40/60 HRX Gold 1 Long Island</b>										
4	\$40 PCP to Copay \$60 Specialist Copay \$300 ER Copay	\$1000 Hospital Copay Per Admission No Deductible to \$6,000/12,000 OOP max	No Referral	\$15 T1 / \$35 T2 / \$75 T3 (after \$100 RX deductible) (ded waived for tier 1)	CareConnect Health System	Age 25 Age 29	546.00 549.00	1073.00 1079.00	915.00 920.00	1521.00 1530.00
<b>CareConnect Tradition Plan EPO 30/50 Gold NYC Metro</b>										
3	\$30 PCP Copay \$50 Specialist Copay \$350 ER Copay	\$500 Per Day Hospital Copay \$1,500 Max Per Admitt No Deductible to \$6,350/12,700 OOP max	No Referral	\$15 T1 / \$35 T2 / \$75 T3 (with \$100 RX deductible)	CareConnect Health System	Age 25 Age 29	497.00 500.00	975.00 981.00	832.00 837.00	1381.00 1390.00
<b>CareConnect Tradition Plan EPO 40/60 HRX Gold 1 NYC Metro</b>										
4	\$40 PCP to Copay \$60 Specialist Copay \$300 ER Copay	\$1000 Hospital Copay Per Admission No Deductible to \$6,000/12,000 OOP max	No Referral	\$15 T1 / \$35 T2 / \$75 T3 (with \$100 RX deductible) (ded waived for tier 1)	CareConnect Health System	Age 25 Age 29	510.00 513.00	1001.00 1007.00	854.00 859.00	1418.00 1427.00
<b>MVP Health Care Liberty Plan EPO 15/45/850 Gold 1 Embedded NYC Region (Rockland &amp; Westchester)</b>										
2	3 Visits \$0/\$15 PCP Copay (no deductible) \$45 Specialist Copay (after deductible) \$300 ER Copay (no deductible)	\$500 Hospital Copay Per Admission (after ded) \$650/1,700 Annual Deductible to \$6,350/12,700 OOP max	No Referral	\$5 T1 / \$35 T2 / \$70 T3 (after ded of \$100/\$200)	National	No Ped Dental Ped Dent >= 19	705.41 705.41	1391.82 1414.48	1185.90 1228.95	1975.27 2018.32
<b>MVP Health Care Liberty Plan EPO 5/15/1400 Gold 2 HDHP Aggregate NYC Region (Rockland &amp; Westchester)</b>										
3	\$5 PCP Copay (after deductible) \$15 Specialist Copay (after deductible) \$75 ER Copay (after deductible)	\$200 Hospital Copay Per Admission (after ded) \$1,400/2,800 Annual Deductible to \$6,350/12,700 OOP max	No Referral HSA Compliant	\$5 T1 / \$15 T2 / \$25 T3 (after ded) Preventive Drugs - No Deductible (ded waived with medical)	National	No Ped Dental Ped Dent >= 19	678.82 678.82	1338.64 1361.30	1140.69 1183.74	1899.49 1942.54

\*See notes on Page 3

DOWNSTATE COMBINED NEW BUSINESS OFF EXCHANGE PLANS  
(Small Group 2-50 Employees)

4th Quarter 2015 Rates

The following plans are available for New Business for the small group off exchange. Please visit our website, [www.LIHealthAlliance.com](http://www.LIHealthAlliance.com), and read the benefit summaries before finalizing your selection.

NB RATE SHEET PLAN#	COPAY & DEDUCTIBLE	RX BENEFIT	NETWORK	DENTAL	Monthly Four Tier Rates			
					EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILD(REN)	FAMILY
<b>Silver</b>								
<b>CareConnect Standard Plan EPO 30/50/2000 Silver Long Island</b>								
2	\$30 PCP Copay (after deductible) \$50 Specialist Copay (after deductible) \$150 ER Copay (after deductible)	\$1500 Hospital Copay Per Admit (after ded) \$2,000/4,000 Annual Deductible with 30% to \$5,500/11,000 OOP max	No Referral	CareConnect Health System	Age 25 476.00	927.00 933.00	791.00 796.00	1313.00 1321.00
<b>CareConnect Tradition Plan EPO 40/60/4000 HRx Silver Long Island</b>								
5	\$40 PCP Copay \$60 Specialist Copay \$360 ER Copay	20% Hospital Coins (after deductible) \$4,000/8,000 Annual Deductible with 20% to \$6,600/13,200 OOP max	No Referral	CareConnect Health System	Age 25 496.00 500.00	973.00 981.00	830.00 837.00	1378.00 1390.00
<b>CareConnect Standard Plan EPO 30/50/2000 Silver NYC Metro</b>								
2	\$30 PCP Copay (after deductible) \$50 Specialist Copay (after deductible) \$150 ER Copay (after deductible)	\$1500 Hospital Copay Per Admit (after ded) \$2,000/4,000 Annual Deductible with 30% to \$5,500/11,000 OOP max	No Referral	CareConnect Health System	Age 25 448.00	871.00 877.00	743.00 748.00	1233.00 1242.00
<b>CareConnect Tradition Plan EPO 40/60/4000 HRx Silver NYC Metro</b>								
5	\$40 PCP Copay \$60 Specialist Copay \$360 ER Copay	20% Hospital Coins (after deductible) \$4,000/8,000 Annual Deductible with 20% to \$6,600/13,200 OOP max	No Referral	CareConnect Health System	Age 25 486.00 470.00	913.00 921.00	779.00 786.00	1293.00 1304.00
<b>MVP Health Care Liberty Plan EPO 35/60/1500 Silver 2 Embedded NYC Region (Rockland &amp; Westchester)</b>								
4	3 Visits \$0/\$35 PCP Copay (no deductible) \$60 Specialist Copay (after deductible) \$350 ER Copay (no deductible)	20% Hospital Coins Per Admit (after ded) \$1,500/3,000 Annual Deductible to \$6,350/12,700 OOP max	No Referral	National	No Ped Denial Ped Dent >= 19 601.73 601.73	1184.46 1207.12	1009.64 1052.69	1679.78 1722.83
<b>MVP Health Care Liberty Plan EPO 25/50/1500 Silver 3 HDHP Aggregate NYC Region(Rockland &amp; Westchester)</b>								
5	\$25 PCP Copay (after deductible) \$50 Specialist Copay (after deductible) \$300 ER Copay (after deductible)	\$500 Hospital Copay Per Admission (after ded) \$1,500/3,000 Annual Deductible to \$6,350/12,700 OOP max	No Referral	National	No Ped Denial Ped Dent >= 19 602.52 602.52	1186.04 1208.70	1010.98 1054.03	1682.03 1725.08
<b>Bronze</b>								
<b>CareConnect Standard EPO 50%/50%/3000 Bronze Long Island</b>								
4	50% PCP Coins (after deductible) 50% Specialist Coins (after deductible) 50% ER Coins (after deductible)	50% Hospital Coins Per Admit (after ded) \$3,000/6,000 Annual Deductible to \$6,350/12,700 OOP max	No Referral	CareConnect Health System	Age 25 408.00 411.00	797.00 803.00	680.00 685.00	1128.00 1136.00
<b>CareConnect Standard EPO 50%/50%/3000 Bronze NYC Metro</b>								
4	50% PCP Coins (after deductible) 50% Specialist Coins (after deductible) 50% ER Coins (after deductible)	50% Hospital Coins Per Admit (after ded) \$3,000/6,000 Annual Deductible to \$6,350/12,700 OOP max	No Referral	CareConnect Health System	Age 25 384.00 386.00	749.00 753.00	640.00 643.00	1059.00 1065.00
<b>CareConnect Tradition Plan EPO 100% Bronze Long Island</b>								
6	PCP Covered in Full (after deductible) Specialist Covered in Full (after deductible) ER Covered in Full (after deductible)	Hospital Covered in Full (after deductible) \$6,000/12,000 Annual Deductible to \$6,600/12,000 OOP max	No Referral	CareConnect Health System	Age 25 393.00 396.00	767.00 773.00	655.00 660.00	1085.00 1093.00
<b>CareConnect Tradition Plan EPO 100% Bronze NYC Metro</b>								
6	PCP Covered in Full (after deductible) Specialist Covered in Full (after deductible) ER Covered in Full (after deductible)	Hospital Covered in Full (after deductible) \$6,000/12,000 Annual Deductible to \$6,600/12,000 OOP max	No Referral	CareConnect Health System	Age 25 370.00 372.00	721.00 725.00	616.00 619.00	1019.00 1025.00
<b>MVP Health Care Liberty Plan EPO 35/60/4000 Bronze 2 Embedded NYC Region (Rockland &amp; Westchester)</b>								
6	3 Visits \$0/\$35 PCP Copay (no deductible) \$60 Specialist Copay (after deductible) \$360 ER Copay (no deductible)	30% Hospital Coins Per Admit (after ded) \$4,000/8,000 Annual Deductible to \$6,350/12,700 OOP max	No Referral	National	No Ped Denial Ped Dent >= 19 512.56 512.56	1006.12 1028.78	858.05 901.10	1425.65 1468.70
<b>MVP Health Care Liberty Plan EPO 30/50/4000 Bronze 3 HDHP Embedded NYC Region (Rockland &amp; Westchester)</b>								
7	\$30 PCP Copay (after deductible) \$50 Specialist Copay (after deductible) \$300 ER Copay (after deductible)	30% Hospital Coins Per Admit (after ded) \$4,000/8,000 Annual Deductible to \$6,300/12,600 OOP max	No Referral	National	No Ped Denial Ped Dent >= 19 495.64 495.64	972.28 994.94	829.29 872.34	1377.42 1420.47

See notes on Page 3

**GENERAL NOTES FOR ALL CARRIERS:**

- 1) An administrative fee of \$19.00 has been added to your premium.
- 2) Deductibles are based on a contract year.

**CARRIER SPECIFIC NOTES:**

**CareConnect Long Island & NYC Metro Notes:**

- 1) For complete information on deductibles and coinsurance, please refer to carrier SBC's located on our website ([www.LAHealthAlliance.com](http://www.LAHealthAlliance.com)).
- 2) Rates above include pediatric dental and vision through age 19.
- 3) Employer groups buying off-exchange for Long Island region must be domiciled in Nassau or Suffolk counties.
- 4) Employer groups buying off-exchange for NYC Metro region must be domiciled in Queens, Richmond, New York, Kings, Bronx or Westchester counties.

**\*Long Island includes the following counties:**

Nassau and Suffolk

**\*NYC Metro includes the following counties:**

Queens, Richmond, New York, Kings, Bronx and Westchester

**MVP Health Care Notes:**

- 1) For groups purchasing Medical & Pediatric Dental, only subscribers with dental eligible spouse/dependents will be enrolled in/billed for the Dental Plan. All other subscribers with no dental eligible dependents will pay only the medical rate.
- 2) All High Deductible Health Plans (HDHP) are HSA compliant.
- 3) MVP's Custodian HSA Bank is Bancorp. Individual Banking Fees apply. See fee schedule. Employer setup fee is waived.
- 4) Embedded Deductible: Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits. The family deductible is a family maximum.
- 5) Aggregate Deductible: In some of the High Deductible Health Plans, for family coverage, the entire family annual deductible must be met before co-pay or coinsurance is applied for any individual family member. One person or multiple family members' claims can accumulate towards the family deductible.
- 6) This is a brief summary of benefits and should be used as a guide only.
- 7) Please refer to the LAHA's website [www.LAHealthAlliance.com](http://www.LAHealthAlliance.com) for subscriber agreement, complete description of requirements for coverage, covered services, limitations and exclusions.

**\*NYC Region includes the following counties:**

Rockland & Westchester