



## **Health Republic of New York**

Dear Valued Members,

The NY Health Alliance would like to take this opportunity to let you know that based upon the recent actions regarding Health Republic of New York, 11/1/15 and 12/1/15 renewal groups covered by Health Republic of New York will no longer be able to continue their coverage 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. All transactions will require a completed and signed enrollment form, which is enclosed, and must be received by October 20, 2015 in order to secure a November 1, 2015 effective date or by November 20, 2015 to secure a December 1, 2015 effective date. Please fax or email completed enrollments to Christine Urso or Linda Palumbo at:

Email:

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

[lpalumbo@liahealthalliance.com](mailto:lpalumbo@liahealthalliance.com)

Fax:

631-493-3012



# NY HEALTH ALLIANCE

NEW YORK'S HEALTH INSURANCE EXCHANGE

Current Plan With Health Republic	New Plan for Long Island/NYC Metro	New Plan for Rockland & Westchester
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.

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 of exchange. Please visit our website, [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com), and read the benefit summaries before finalizing your selection.

NB RATE SHEET PLAN#	COPAY & DEDUCTIBLE	RX BENEFIT	NETWORK	DENTAL	Monthly				
					EMPLOYEE ONLY	EMPLOYEE +SPOUSE	EMPLOYEE +CHILDREN	FAMILY	
<b>Platinum</b>									
CareConnect Standard Plan EPO 15/35 Platinum Long Island									
1	\$15 PCP Copay \$35 Specialist Copay \$100 ER Copay	\$500 Hospital Copay Per Admission No Deductible with 70% 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 1229.00	1221.00 1041.00 1732.00	1041.00 1048.00 1743.00
CareConnect Standard Plan EPO 15/35 Platinum NYC Metro									
1	\$15 PCP Copay \$35 Specialist Copay \$100 ER Copay	\$500 Hospital Copay Per Admission No Deductible with 70% 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 1155.00	1147.00 976.00 1626.00	986.00 1638.00
MVP Health Care Liberty Plan EPO 5/40 Platinum 1 Embedded NYC Region (Rockland & Westchester)									
1	3 Visits \$0/\$5 PCP Copay \$40 Specialist Copay \$100 ER Copay	\$300 Hospital Copay Per Admission No Deductible to \$3,000/6000 OOP max	No Referral	\$5 T1 / \$30 T2 / \$60 T3 (no ded)	National	No Ped Dental Ped Dent >= 19	842.50 842.50 1688.65	1666.00 1418.95 2365.98	1688.65 1462.00 2409.03
<b>Gold</b>									
CareConnect Standard EPO 25/40/60 Gold Long Island									
2	\$25 PCP Copay (after deductible) \$40 Specialist Copay (after deductible) \$150 ER Copay (after deductible)	\$1000 Hospital Copay Per Admit after ded) \$600/1,200 Annual Deductible to \$4,000/6,000 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	1059.00 903.00 1501.00	1059.00 910.00 1512.00
CareConnect Standard EPO 25/40/60 Gold NYC Metro									
2	\$25 PCP Copay (after deductible) \$40 Specialist Copay (after deductible) \$150 ER Copay (after deductible)	\$1000 Hospital Copay Per Admit after ded) \$600/1,200 Annual Deductible to \$4,000/6,000 OOP max	No Referral	\$10 T1 / \$35 T2 / \$70 T3 (no ded)	CareConnect Health System	Age 25 Age 29	504.00 508.00 997.00	989.00 844.00 1401.00	997.00 850.00 1413.00
CareConnect Tradition Plan EPO 30/50 Gold Long Island									
3	\$30 PCP Copay \$50 Specialist Copay \$350 ER Copay	\$500 Per Day Hospital Copays; \$1,500 Max Per Admit 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 1051.00	1045.00 891.00 1481.00	1051.00 896.00 1490.00
CareConnect Tradition Plan EPO 40/60 HRX Gold 1 Long Island									
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	915.00 915.00 1521.00	1073.00 920.00 1530.00
CareConnect Tradition Plan EPO 30/50 Gold NYC Metro									
3	\$30 PCP Copay \$50 Specialist Copay \$350 ER Copay	\$500 Per Day Hospital Copays; \$1,500 Max Per Admit 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	497.00 506.00 975.00	832.00 837.00 1381.00	975.00 837.00 1390.00
CareConnect Tradition Plan EPO 40/60 HRX Gold 1 NYC Metro									
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 1007.00	854.00 859.00 1418.00	1007.00 859.00 1427.00
MVP Health Care Liberty Plan EPO 15/45/850 Gold 1 Embedded NYC Region (Rockland & Westchester)									
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) \$850/1,700 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	1185.90 1185.90 1975.27	1414.48 1228.95 2018.52
MVP Health Care Liberty Plan EPO 5/41/400 Gold 2 HDHP Aggregate NYC Region (Rockland & Westchester)									
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 / \$35 T3 (after ded) Preventive Drugs - No Deductible Integrated with medical	National	No Ped Dental Ped Dent >= 19	678.82 678.82 1338.64	1140.69 1183.74 1999.49	1361.30 1183.74 1942.54

See notes on Page 3

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

PART PLAN	COPAY & DEDUCTIBLE	RX BENEFIT	NETWORK	DENTAL	Monthly Four Tier Rates				
					EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE (CHILDREN)	FAMILY	
2	CareConnect Standard Plan EPO 30/50/2000 Silver Long Island \$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 Age 29	473.00 478.00	927.00 933.00	791.00 796.00	1313.00 1321.00
	CareConnect Tradition Plan EPO 40/60/4000 HRX Silver Long Island \$40 PCP Copay \$60 Specialist Copay \$350 ER Copay	20% Hospital Coins (after deductible) \$4,000/8,000 Annual Deductible with 20% to \$6,600/13,200 OOP max	No Referral (after \$100 RX deductible) (ded waived for tier 1)	CareConnect Health System	Age 25 Age 29	496.00 500.00	973.00 981.00	830.00 837.00	1378.00 1390.00
2	CareConnect Standard Plan EPO 30/50/2000 Silver NYC Metro \$30 PCP Copay (after deductible) \$50 Specialist 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 Age 29	445.00 448.00	871.00 877.00	743.00 748.00	1233.00 1242.00
	CareConnect Tradition Plan EPO 40/60/4000 HRX Silver NYC Metro \$40 PCP Copay \$60 Specialist Copay \$350 ER Copay	20% Hospital Coins (after deductible) \$4,000/8,000 Annual Deductible with 20% to \$6,600/13,200 OOP max	No Referral (ded waived for tier 1)	CareConnect Health System	Age 25 Age 29	466.00 470.00	913.00 921.00	779.00 786.00	1293.00 1304.00
4	MVP Health Care Liberty Plan EPO 35/60/1500 Silver 2 Embedded NYC Region (Rockland & Westchester) 3 Visits \$0/\$35 PCP Copay (no deductible) \$60 Specialist Copay (after deductible)	20% Hospital Coins Per Admit (after ded) with 20% to \$6,600/13,200 OOP max \$1,500/3,000 Annual Deductible to \$6,350/12,700 OOP max	No Referral	National	No Ped Dental Ped Dent >= 19	601.73 601.73	1184.46 1207.12	1009.64 1052.69	1679.78 1722.83
	MVP Health Care Liberty Plan EPO 26/50/1500 Silver 3 HDHP Aggregate NYC Region (Rockland & Westchester) \$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 HSA Preventive Drugs - No Deductible Integrated with medical	National	No Ped Dental Ped Dent >= 19	602.52 602.52	1186.04 1208.70	1010.96 1054.03	1682.03 1725.08
<b>Bronze</b>									
4	CareConnect Standard EPO 50%/50%/3000 Bronze Long Island 50% PCP Coins (after deductible) 50% Specialist 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 Age 29	408.00 411.00	797.00 803.00	680.00 685.00	1128.00 1136.00
	CareConnect Standard EPO 50%/50%/3000 Bronze NYC Metro 50% PCP Coins (after deductible) 50% Specialist 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 Age 29	384.00 386.00	749.00 753.00	640.00 643.00	1059.00 1065.00
6	CareConnect Tradition Plan EPO 100% Bronze Long Island 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 HSA Compliant	CareConnect Health System	Age 25 Age 29	393.00 396.00	767.00 773.00	655.00 660.00	1085.00 1093.00
	CareConnect Tradition Plan EPO 100% Bronze NYC Metro 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 HSA Compliant	CareConnect Health System	Age 25 Age 29	370.00 372.00	721.00 725.00	616.00 619.00	1019.00 1025.00
6	MVP Health Care Liberty Plan EPO 35/60/4000 Bronze 2 Embedded NYC Region (Rockland & Westchester) 3 Visits \$0/\$35 PCP Copay (no deductible) \$60 Specialist Copay (after 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 Dental Ped Dent >= 19	512.56 512.56	1006.12 1028.78	856.05 901.10	1425.65 1468.70
	MVP Health Care Liberty Plan EPO 30/50/4000 Bronze 3 HDHP Embedded NYC Region (Rockland & Westchester) \$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 \$6,350/12,700 OOP max	No Referral HSA Compliant	National	No Ped Dental 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.LIAHealthAlliance.com](http://www.LIAHealthAlliance.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 (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 LIAHA's website [www.LIAHealthAlliance.com](http://www.LIAHealthAlliance.com) for subscriber agreement, complete description of requirements for coverage, covered services, limitations and exclusions.

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

Rockland & Westchester