

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

lpalumbo@liahealthalliance.com

Fax:

631-493-3012



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

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

NY HA LIA HEALTH ALLIANCE NIWYORK STRATTHINSCRANG ROTHNOG

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

4th Quarter 2015 Rates

CarcConnect Standard Plan EPO 1535 Platinum North Baland S100 Hospital Coops Per Admission S15 EPC Copps S100 Hospital Coops Per Admission S15 EPC Copps S100 Hospital Coops Per Admission S15 EPC Copps S100 Hospital Coops Per Admission	NBRATE	The following plans are available for New Business for	The following plans are available for New Business for the small group off exchange. Please visit our website, www.LiAHealthAlliance.com, and read the finalizing your selection.	w LiAHealth	Wiance.com, and read the benefit sunin	benefit summaries before		yl.		Four 1	Four 1
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NY HA LIA HEALTH ALLIANCE NIW YORK'S HEALTH KILLIANCE EXCENSES

DOWNSTATE COMBINED NEW BUSINESS OFF EXCHANGE PLANS

4th Quarter 2015 Rates

(Small Group 2-50 Employees)

	The following plans are available for New Business for the small group off exchange. Please visit our website, www.LIAHealthAlliance.com, and read the finalizing your selection.	ll group off exchange. Please visit our website, www.	LIAHealthA	liance.com, and read the benefit summaries before	aries before			Monthly Four Tier Rates	Monthly r Tier Rates	
SHEET	COPAY & DEBUCTIBLE			RX BENEFIT	NETWORK	DENTAL	EMPLOYEE .	EMPLOYEE .	EMPLOYEE +CHILD(REN)	FAMILY
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	CareConnect Standard Plan EPO 30/56/2000 Silver Long Island							i :	!	
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7	\$50 Specialist Copay (after deductible)	\$2,000/4,000 Annual Deductible		\$10 T1 / \$35 T2 / \$70 T3 (no ded)	Heaith System	Age 29	476.00	933,00	/96.00	1321.00
	CareConnect Tradition Plan EPO 40/60/4000 HRx Silver Long Island									
•	\$40 PCP Copay	20% Hospital Coins (after deductible)	No Referral	\$15 T1 / \$35 T2 / \$75 T3	CareConnect	Age 25	496.00	973.00	830.00	1378.00
U	S60 Specialist Copay	\$4,000/8,000 Annual Deductible		(after \$100 RX deductible)	Health System	Age 29	500.00	981,00	837.00	1390.00
	\$350 ER Copay	with 20% to \$6,600/13,200 OOP max		(ded waived for tier 1)						
	CareConnect Standard Plan EPO 30/50/2000 Silver NYC Metro								:	
v,		\$1500 Hospital Copay Per Admit after ded)	No Referral		CareConnect	Age 25	445.00	871.00	743.00	1233.00
-	\$50 Specialist Copay (after deductible)	\$2,000/4,000 Annual Deductible		\$10 11 / \$35 12 / \$70 13 (no ded)	Health System	×3e ×3	448,00	07.70	140.00	1242.00
Γ	\$150 ER Copay (after deductible)	with 30% to \$5,500/11,000 OOP max								
	CareConnect Tradition Plan EPO 40/60/4000 HRx Silver NYC Metro						3	3	20 025	200
h	\$40 PCP Copay	20% Hospital Coins (after deductible)	No Referrat	\$15 T1 / \$35 T2 / \$75 T3	CareConnect	Age 25	486.00	913.00	7/9.00	1293.00
	\$60 Specialist Copay	\$4,000/8,000 Annual Deductible		(with \$100 RX deductible)	Health System	Age 29	4/0.00	971.78	786,00	1304.00
T	S350 ER Copay	With 20% to so,500/13,200 COP Hax		(ded walked for set 1)				-		
	Silver 2 Embedded N	YC Region (Nockland & Westchester)			200	No Doct Doctor	504 72	1124	1000 84	1679 78
4	3 Visits 50/S35 PCP Copay (no deductible)	20% Hospital Coins Per Admit (after ded) S1 500/3,000 Annual Deductible	No Referral	integrated with medical	Naccia	Ped Dent >= 19	601.73	1207.12	1052.69	1722.83
	\$350 ER Copay (no deductible)	to \$6,350/\$12,700 OOP max		•						
	MVP Health Care Liberty Plan EPO 25/50/1500 Silver 3 HDHP Aggregate NYC Region(Rockland & Westchester)	gate NYC Region(Rockland & Westchester)	No Referral							
J1	\$25 PCP Copay (after deductible) \$50	\$500 Hospital Copay Per Admission (after ded)	į	\$10 T1 / \$40 T2 / \$60 T3 (after ded)	National	No Ped Dental	602.52	1186.04	1010.98	1682.03
	\$50 Specialist Copay (after deductible)	51,500/3,000 Amuai Deducible	Compliant	integrated with medical		The Color of the	300	200.10	1004.00	
	Bronze			法人生法安全教会						
	CareConnect Standard EPO 50%/50%/3000 Brossze Long Island									
<u>.</u>		50% Hospital Coins Per Admit after ded)	No Referral	S10 T1 / S35 T2 / S70 T3	CareConnect	Age 25	408.00	797.00	680.00	1128.00
	50% Specialist Coins (after deductible)	\$3,000/6,000 Annual Deductible		(after deductible)	Health System	Age 29	411.00	803.00	685.00	1136,00
T	OCA DA Como (ana) deducadas)	20,000 12,100 COT 118A					-			
-	G Bronze NYC Metro	CON III - III O A A A A A A A A A A A A A A A A A		\$40 T4 (\$35 T2 (\$70 T2	CareConnect	20a 25	382	749 00	640.00	1059.00
		some nospital Collis Per Adritt after ded)	No Referral	(after deductible)	Health System	Age 29	386.00	753.00	643.00	1065.00
	50% FB Coins (after deductible)	to S6 350/12 700 COP max		(entrol sections)c)	- Janes			-		
T	CareConnect Tradition Plan EPO 100% Bronze Long Island		No Referral							
•		Hospital Covered in Full (after deductible)		Formulary Rx covered 100%	CareConnect	Age 25	393.00	767.00	655.00	1085.00
σ	ie)	\$6,000/12,000 Annual Deductible	HSA	(after deductible)	Health System	Age 29	396.00	773,00	660.00	1093.00
	ER Covered in Full (after deductible)	to \$6,600/12,000 OOP max	Compliant							
	CareConnect Tradition Plan EPO 100% Bronze NYC Metro	**************************************	No Referral							
))		Hospital Covered in Full (after deductible)	}	Formulary Rx covered 100%	CareConnect	Age 25	370.00	721.00	616.00	1019,00
	Specialist Covered in Full (after deductible)	\$6,000/12,000 Annual Deductible	HSA	(after deductible)	Health System	Age 29	372.00	725.00	619.00	1025.00
Γ	ER Covered in Full (after deductible)	to \$6,600/12,000 OOP max	Compilation							
	Bronze 2 Embedded	NYC Region (Rockland & Westchester))	2			2
ത	e)	30% Hospital Coins Per Admit (after ded)	No Referral	\$8 T1 / \$40 T2 / 60 T3 (after ded)	National	No Ped Dental	512,56	1006.12	858.05	1425.65
	\$60 Specialist Copay (after deductible)	\$4,000/8,000 Annual Deductible		integrated with medical		Ped Dent >= 39	512.56	1028.78	901.10	1468.70
Ī	9350 EX Copay (no deductions)	(0 30,330/12,700 OOF IIIdx	;							
	1000 Bronze 3 HDHP Emb	edded NYC Region (Rockland & Westchester)	No Referral	or the following to the state of	No.	No Deat Deated	À C	072.28	6,000	1377 /2
7		30% Hospital Coins Per Admit (after ded)	H SA	SS 11 /S40 12 /S0 13 (aner ded)	National	Day Dent 27 19	70 YOY 64	904.04	877.34	1420.47
	S50 Specialist Copay (after deductible)	to S6 300/S12 600 OOP may	Compliant	integrated with medical		Led Cell 7- 1a	+0.06	94.94	10.77.0	14:0247
n ses.	*See notes on Page 3									



DOWNSTATE COMBINED NEW BUSINESS OFF EXCHANGE PLANS

(Small Group 2-50 Employees)

GENERAL NOTES FOR ALL CARRIERS:

An administrative fee of \$19.00 has been added to your premium.

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)

- Rates above include pediatric dental and vision through age 19.
 Employer groups buying off-exchange for Long Island region must be domiciled in Nassau or Suffolk counties.
 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 inbitled 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
- 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.LIAHeathAlliance.com for subscriber agreement, complete description of requirements for coverage, covered services, limitations and exclusions.

*NYC Region includes the following counties:

Rockland & Westchester