

GHI Healthy NY EPO

AFFORDABLE HEALTH COVERAGE

Healthy NY is a state-sponsored plan designed to make health care coverage more affordable. It covers basic in-network-only* health care services, such as regular medical checkups, inpatient and outpatient hospital care, diagnostic X-ray and lab services, and offers optional limited prescription drug coverage, and more.

WHO IS ELIGIBLE?

Healthy NY is available to certain businesses and individuals who meet the eligibility guidelines, including:

- Small businesses with 50 or fewer employees.
- Sole proprietors.
- Working individuals who do not have health insurance.

See the enclosed Instructions for Healthy NY Small Employer Program Application or Instructions for Healthy NY Application for Individuals and Sole Proprietors for full details about eligibility.

HOW DOES GHI'S HEALTHY NY EPO COVERAGE WORK?

Under GHI's Healthy NY EPO Plan, members may access care for covered services from 142,000 network providers who have agreed to GHI's standards and payment rates. Members can receive covered services from any of these providers, without a referral. Visit www.ghi.com for an up-to-date provider listing. Or you can call **1-888-447-9119** Monday to Friday, from 8:30 am to 5:00 pm, for a printed provider directory.

See the enclosed Benefit Summary for additional information about coverage under GHI's Healthy NY EPO plan. Full coverage details are set forth in the GHI EPO contract and/or Certificate of Coverage.

WHEN WILL COVERAGE BEGIN?

All required paperwork must be received by GHI by the 20th of the month in order for your coverage to go into effect on the first of the following month.

If you need more information about Healthy NY, please call GHI's Healthy NY Hotline at **1-888-447-9119**, Monday to Friday, from 8 am to 5 pm (EST).

Healthy NY EPO is underwritten and administered by GHI, an EmblemHealth company.

*GHI Healthy NY EPO will provide benefits for covered services received from network providers. No coverage is available for services received out of network, except for certain emergency care services.



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GHI and HIP are EmblemHealth companies

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



HOW TO ENROLL

To enroll in GHI's Healthy NY EPO coverage:

- **Small business (50 or fewer employees):**
 - Complete the enclosed Healthy NY Small Employer Application.
 - Complete the GHI Transaction Form for each employee.
 - Return the completed application with required tax documentation along with a company check for the first month's premium to the address listed below.
- **Sole proprietor or individual:**
 - Complete the enclosed Healthy NY Application for Individuals and Sole Proprietors.
 - Complete the GHI Transaction Form. (Sole proprietories only)
 - Return the application with required documentation and a check for the first month's premium in the enclosed envelope.

Mail documentations and completed applications to:

GHI Healthy NY
55 Water Street, 8th floor
New York NY 10041-8190

For questions call **1-888-447-9119** Monday to Friday, from 8:30 am to 5:00 pm.

Summary of Benefits

GHI HEALTHY NY EPO HDHP

This is a high deductible health plan. With the exception of (1) well-baby and well-child care (up to the age of 19) including immunizations; and (2) adult preventive services (including a physical examination once every three years, mammography, pap smear, prostate screening exam and immunizations); and (3) pre-natal care, the deductible must be satisfied before GHI will provide coverage for covered services.

The individual deductible amount for 2010-2011* is \$1,200; the family deductible amount for 2010-2011* is \$2,400. Family coverage applies if the policy covers more than one person. The family deductible may be satisfied by one individual family member or by expenses incurred by various family members. However, the entire plan year deductible must be satisfied before services will be covered for any member of the family.

The Out-of-pocket maximum amount for an individual for 2010-2011 is \$5,250; the out-of-pocket maximum amount for a family for 2010-2011 is \$10,500. Family coverage applies if the policy covers more than one person. Out-of-pocket expenses include the deductible and copayments paid for Healthy NY benefits covered by this plan. Once the out-of-pocket maximum for the plan year is reached, no further copayments will apply and covered benefits will be covered in full. For more information about high deductible plans, please see your certificate.

COST SHARING

Annual Plan Deductible	\$1,200 Individual for plan year 2010-2011* \$2,400 Family for plan year 2010-2011* *Treasury guidelines indicate that each year, the deductible amounts required for a high deductible health plan may be increased to reflect a cost-of-living adjustment. In order for this plan to continue to meet Healthy NY high deductible health plan requirements, and for this plan to continue to qualify as a high deductible health plan for use with a health savings account, the deductible amounts set forth above for plan years 2012 – 2021 may automatically increase to the new deductible amounts established in the Treasury guidelines.
Annual Out-of-Pocket Maximum	\$5,250 individual \$10,500 family

PHYSICIANS SERVICES

Diagnostic & treatment services	\$20 copayment per visit
Consultant & referral services	
Anesthesia services	
Second surgical opinion	
Second opinion for cancer	
Physical therapy and occupational therapy	
Surgical services (including breast reconstruction following a mastectomy)	20% or \$200, whichever is less

EMERGENCY SERVICES

\$50 copayment per visit (waived if hospital admission results from visit)

ADULT PREVENTIVE HEALTH CARE

Mammography screening	Covered in full
Cervical cytology screening	
Prostate Screening	

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Refer to GHI policy form number HNY PLA 90-10, et al.

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Summary of Benefits

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ADULT PREVENTIVE HEALTH CARE (CONTINUED)	
Periodic physical examinations Adult immunizations	Covered in full
MATERNITY CARE	
Prenatal care	\$10 copayment per visit (prenatal)
Postnatal care	\$10 copayment per visit (postnatal)
Delivery	20% or \$200, whichever is less
Home visit	No copayment
CHILD PREVENTIVE HEALTH SERVICES	
Preventive and primary care immunization	Covered in full
Scheduled well-care visits	Covered in full
PRE-ADMISSION TESTING	
	\$20 copayment per visit
INPATIENT HOSPITAL SERVICES (INCLUDING INPATIENT MATERNITY CARE)	
Daily room & board General nursing care Special diets Miscellaneous hospital services & supplies	\$500 copayment per continuous confinement
OUTPATIENT HOSPITAL SERVICES	
Diagnostic & treatment services Home Health Care	\$20 copayment per visit
Outpatient surgery	\$75 facility copayment
DIABETIC EQUIPMENT & SUPPLIES AND SELF-MANAGEMENT EDUCATION	
	\$20 copayment per visit for self-education \$20 copayment per each item of equipment \$20 copayment per 34-day supply of insulin, hypoglycemics and supplies
DIAGNOSTIC X-RAY & LAB SERVICES	
	\$20 copayment per visit
THERAPEUTIC SERVICES	
Radiological services Chemotherapy Renal Dialysis	\$20 copayment per visit
BLOOD AND BLOOD PRODUCTS	
	\$20 copayment per visit
PRESCRIPTION DRUGS (OPTIONAL)	
	Copayment: \$10 per generic drug per 34-day supply \$20 per brand name drug plus difference in cost between the brand name drug and its generic equivalent per 34-day supply Mail order program: \$20 per generic drug per 90-day supply \$40 per brand name drug per 90-day supply plus the difference in cost between the brand name drug and its generic equivalent Benefit Maximum: Unlimited

NOT COVERED: Ambulance, Dental Care, Durable Medical Equipment, External Prosthetics, Ostomy Supplies, Mental Health Services, Advance Infertility Services, Chiropractic Care, Skilled Nursing Facility, Substance Abuse Diagnoses and Treatment Detoxification and Rehabilitation.

This chart is intended to provide a general outline of GHI EPO Healthy NY HDHP/HSA benefits.

GHI Healthy NY EPO

ELIGIBILITY REQUIREMENTS

Small Employers

- A small employer must have 50 or fewer employees.
- The small employer must not have provided medical and hospital health insurance coverage during the past 12 months. However, the business may still qualify if it had health insurance but did not contribute more than \$75 per member per month toward the premium, or if the business only provided catastrophic coverage (high-deductible minimum coverage).
- The small employer must enroll a minimum of 50% of full-time eligible employees. Full-time eligible employees enrolled in health insurance through other sources, such as a spouse or another government program, will count toward the 50% participation requirement for Healthy NY EPO.
- The employer may enroll part-time and seasonal workers who work less than 20 hours a week, but is not required to do so. If the employer offers coverage to these employees, it may contribute toward the cost of the employee's premium, but is not required to do so. In addition, the employer may count the annual wages for these employees in determining the employer's eligibility.
- 30% of the eligible employees must earn \$40,000 or less annually.
- The business must contribute at least 50% of the employee premium.
- Coverage for certain pre-existing conditions will be excluded for up to 12 months beginning with the coverage effective date.
- Members must live or work within GHI EPO's 9-county service area: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk or Westchester.

More detailed information about this program, including instructions for applying for coverage, is available at www.HealthyNY.com or from the GHI Sales Department at 1 (800) 444-2333.



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EmblemHealth Healthy NY EPO High Deductible Health Plan (“HDHP”) - underwritten by GHI

Public Program Plan
Rates for New York City Region
 Rate Effective Date: 1/1/2012

High Deductible Plan	2012 Monthly Rates for New Groups
Healthy NY EPO HDHP with full Prescription Drug coverage	
Individual	\$282.54
Employee and Child(ren)	\$536.81
Employee and Spouse	\$621.56
Employee, Spouse and Child(ren)	\$833.43
Healthy NY EPO HDHP without Drug coverage	
Individual	\$227.74
Employee and Child(ren)	\$432.71
Employee and Spouse	\$501.04
Employee, Spouse and Child(ren)	\$671.86

All rates and benefits are underwritten by Group Health Incorporated (GHI).

Refer to GHI policy form number HNY PLA-90-10, et al.

Healthy NY Application Instructions

Individuals and sole proprietors looking to purchase Healthy NY must complete a different application.

Confidentiality Statement: The information provided on this application will remain confidential and will only be disclosed to the staff at health plans and state agencies operating this program.

Section A: Small Business Information

In this section, we ask how to contact you. Your business must be located in New York State in order to participate.

Section B: Coverage Options

1. Benefits

Healthy NY offers a standardized benefits package, with an optional prescription benefit. Choose if you want Healthy NY with a prescription drug benefit or without a prescription drug benefit.

Once you choose the benefit option, you will not be able to change your selection until your annual recertification or at the time of a premium rate change.

2. Deductible

All plans are subject to an annual deductible. The deductible amount is the amount you must spend out-of-pocket before services are covered. Preventive care can be accessed prior to meeting the deductible. For 2012, the deductible is \$1,200 for individuals and \$2,400 for families. The deductible amount may change annually and we encourage you to visit our website at www.healthyny.com for more information.

Section C: Insurance Information

Healthy NY is available to small business employers who have not provided comprehensive health insurance to their employees or a class of their employees during the last 12 months. If you provided health benefits within the last 12 months, your business may still qualify if:

- Your business provided only “limited” health insurance benefits.
- Your business did not contribute more than \$50 per employee per month towards the premium (or \$75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties).
- The coverage was offered through Healthy NY.

- Your business has a class of employees that you have not offered health insurance to during the last 12 months but would now like to cover. The class must pertain to geographic location or employees’ earnings, method of payment, hours, or job duties.

Section D: Eligibility Requirements

The business must be able to answer “Yes” to each question in Section D to be eligible.

Section E: Participation Requirements

In order to be eligible, your business must meet the participation rules concerning employees who will purchase Healthy NY.

Section F: Employee Information

Please answer the questions in Section F about your employees who will be enrolling in Healthy NY. You do not need to include information about their dependents. If necessary, photocopy the chart and attach additional sheets.

Section G: Certification

The certification must be completed by a duly authorized officer of the business.

Submitting Your Application

Detach and send your completed application directly to the HMO or participating insurer selected by your business. For a list of HMOs and participating insurers, go to www.HealthyNY.com and select the link “HMOs and Rates by County.” Please note that the HMO or participating insurer may require additional paperwork in order to complete the enrollment process. If you have questions, or to check the status of your application, please call the HMO or participating insurer directly.

Section A: Small Business Information

Company Name: _____

Telephone: (____) _____ Fax: (____) _____

Street Address of Business: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Person: _____ Title: _____

Telephone: (____) _____ Today's Date: _____

Section B: Coverage Options

Healthy NY is available with or without prescription drug coverage. Premiums are higher for the coverage with the drug benefit. All Healthy NY coverage options have a deductible of \$1,200 for individual coverage (\$2,400 for family coverage) for 2012. Preventive services are covered before meeting the deductible.

Please select your coverage option:

Healthy NY
with drug coverage

Healthy NY
without drug coverage

Section C: Insurance Information

You may offer Healthy NY to all of your employees or a class of your employees if you have not offered health insurance to them in the last 12 months. Please answer the following questions to assist us in determining your eligibility to purchase Healthy NY.

1. Within the last 12 months, has your business provided health insurance that included both medical and hospital benefits (other than Healthy NY) to the class of employees that you are looking to cover? Yes No

2. If the answer to question 1 above is "Yes," did your business contribute more than \$50 per employee per month towards the premium (or \$75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties)? Yes No

If the answer to both questions 1 and 2 above is "Yes," then your business is not eligible for Healthy NY.

Section D: Eligibility Requirements

Eligibility requirements were designed to reach those small businesses most in need. Please answer the following questions about your business. Please note that you must be able to check “Yes” to each question in this section in order to be eligible to purchase Healthy NY.

1. Does your business have 1-50 employees? Yes No
2. Do at least 30% of the employees who will be offered coverage earn annual wages of \$40,000* or less? Yes No
3. Will your business contribute at least 50% of the Healthy NY premium on behalf of full-time employees? Yes No
4. Will your business offer Healthy NY coverage to all employees working 20 hours or more per week who earn annual wages of \$40,000* or less? Yes No

Section E: Participation Requirements

Please answer these questions about who will be accepting Healthy NY coverage. Please note that you must be able to check “Yes” to each question in this section in order to be eligible to purchase Healthy NY.

1. Will at least 50% of the class of employees who are offered Healthy NY coverage through your business actually accept enrollment or have health insurance through another source? Yes No
2. Will at least one employee earning annual wages of \$40,000* or less enroll in Healthy NY? Yes No

Section F: Employee Information

1. Employers may offer Healthy NY coverage to their employees' dependents, including spouses, domestic partners, and children. Employers are not required to contribute towards the Healthy NY premium for dependents. Will your business be offering Healthy NY coverage to the dependents of your employees? Yes No
2. Employers may choose to make Healthy NY available to their part-time workers (those who work less than 20 hours weekly). You do not have to contribute towards the premiums for part-time workers. Will your business be offering Healthy NY coverage to part-time workers? Yes No

* Updated annually

Section G: Certification

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this certification are true and accurate to the best of my knowledge. I further certify that I am duly authorized to execute this certification on behalf of the business.

I understand that any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Print name of person completing certification

Signature

Title

Date

If a broker assisted you with completing this application, please include:

Broker's Name

License #

Company

Address

Phone

E-mail

Detach and send your completed application directly to the HMO or participating insurer of your choice. For the names and addresses of HMOs and participating insurers in your area, please call 1-866-HEALTHY NY (1-866-432-5849) or visit www.HealthyNY.com.

IMPORTANT INFORMATION ABOUT PRE-EXISTING CONDITIONS

A pre-existing condition is any physical or mental condition for which medical advice, diagnosis, care, or treatment was recommended or received within the six-month period ending on the first day of your coverage under a new contract. Pregnancy is not a pre-existing condition in small group contracts. If you have employees with pre-existing conditions at the time they enroll in Healthy NY, the policy will exclude coverage for those conditions for up to 12 months. However, this 12-month period may be reduced or eliminated if those employees are enrolling in Healthy NY within 63 days of the termination of other health insurance coverage. There are no pre-existing condition exclusions for anyone under 19. Advise your employees to review their Healthy NY certificate or to contact the health plan for a full explanation of what constitutes a pre-existing condition and how this restriction may affect them.

The 12-month exclusion period mentioned above is shorter if you have been determined to be eligible Under the Federal Trade Adjustment Act of 2002. Please notify your HMO.



TRANSACTION FORM FOR GROUP ACCOUNTS

MEMBERSHIP / P.O. BOX 2820 • NEW YORK, NY 10116-2820

(Please read important information on back before completing this form)

CAI-HNY 11 631LC654GL0600

INTERNAL USE ONLY	
CONTROL NUMBER	

I. SUBSCRIBER INFORMATION

LAST NAME		FIRST NAME		M.I.	TELEPHONE NUMBERS HOME WORK FAX		
HOME ADDRESS (Include Apartment Number)					SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____	
CITY	STATE	ZIP CODE	EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Not-Employed <input type="checkbox"/> Retired <input type="checkbox"/> COBRA <input type="checkbox"/> RETIREE/RDS - EFFECTIVE DATE _____			PRIMARY LANGUAGE SPOKEN	

II. ENROLLMENT INFORMATION

NAME	DATE OF BIRTH MO/DAY/YR	SOCIAL SECURITY NUMBER	SEX	RELATION- SHIP	MAILING ADDRESS (If different from above)	EMAIL ADDRESS	FULL TIME STUDENT (✓)	ADD (✓)	DELETE (✓)	RACE/ETHNICITY (CODES BELOW)
SUBSCRIBER				SELF						
SPOUSE										
DEPENDENT										
DEPENDENT										
DEPENDENT										

III. OTHER CARRIER INFORMATION Do you or any of your dependents have other health care coverage? Yes Please complete this section No GO TO SECTION IV

NAME OF OTHER INSURANCE CARRIER		TYPE OF CONTRACT <input type="checkbox"/> Group <input type="checkbox"/> Individual		NAME OF POLICY HOLDER		LAST NAME		FIRST NAME		M.I.
CARRIER'S ADDRESS		CITY	STATE	ZIP CODE	POLICY NUMBER		EFFECTIVE DATE			

IV. DID YOU HAVE PRIOR HEALTH COVERAGE YES Please provide a 12-month history of all coverage in this section NO GO TO SECTION V

	NAME AND ADDRESS OF INSURER	TELEPHONE NUMBER OF INSURER	NAME OF POLICYHOLDER	POLICY I.D. NUMBER	EFFECTIVE DATE OF CURRENT OR PRIOR POLICY	TERMINATION DATE OF CURRENT OR PRIOR POLICY
HOSPITAL						
MEDICAL						

V. EMPLOYER INFORMATION

GHI CERTIFICATE NUMBER OR EMPLOYEE SOCIAL SECURITY NUMBER	DATE OF HIRE	EMPLOYEE WAITING PERIOD <input type="checkbox"/> YES NUMBER OF WAITING PERIOD DAYS _____ <input type="checkbox"/> NOT APPLICABLE	NUMBER OF ACTIVE EMPLOYEES IN YOUR GROUP _____
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Check one: New Enrollment Reinstatement Termination

STATUS CHANGE: Add Dependent Remove Dependent Address Change Name Change Reason for Change: _____

TRANSFER: To Another Carrier GHI Group # Change: From _____ To _____ Is applicant currently working at least 20 hours per week? Yes No

VI. SUBSCRIBER AUTHORIZATION

GROUP AUTHORIZATION

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

Subscriber Signature _____	Date _____	Authorized Signature _____	Date _____	Phone Number _____
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VII. GROUP NAME AND ADDRESS

EFFECTIVE DATE OF TRANSACTION

GHI GROUP NUMBER

MEDICAL	MEDICAL
HOSPITAL	HOSPITAL
DENTAL	DENTAL

RACE/ETHNICITY CODES: (Optional) A = ASIAN I = NATIVE AMERICAN OR ALASKAN NATIVE B = BLACK OR AFRICAN AMERICAN P = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER C = CAUCASIAN O = OTHER H = HISPANIC OR LATINO

SEE INFORMATION/ EXPLANATION ON REVERSE SIDE

IMPORTANT INFORMATION

- 1- The subscriber must complete sections I through IV. The group plan administrator must complete section V. Both the subscriber and the administrator must complete section VI.
- 2- All effective dates of transactions may not exceed thirty (30) days retroactive from the next billing date.
- 3- For group accounts with student dependent coverage: A full-time dependent student is a person who meets all of the following conditions:
He/she is at least 19 years of age, unmarried, receives at least half of his/her support from the employee or member, and is enrolled full-time in an accredited educational institution. The institution must grant a degree or diploma. The student must be listed as a dependent when you enroll for coverage.
To enroll the dependent as a full-time student, attach a complete Student Dependent Certification Form or attach a copy of the most recent Bursar's receipt. See your group plan administrator for a Dependent Student Certification Form.
- 4- Failure to complete any part of this form (e.g., group number, reason for submission, certificate number, etc.) will delay the processing of the transaction.
- 5- Failure to have the proper signatures and authorization will require GHI to return this transaction form to the employer group administrator.

Why We Ask You for Race/ Ethnicity Information

National studies show that differences in access to health care occur along ethnic lines. In our effort to ensure that everyone we serve receives appropriate care, GHI, along with other health insurers, is collecting data on ethnicity with the goal of improving access to care and outcomes for groups who often have poorer results. Information will only be used by our Medical Department to improve access to needed care and will not be available to any other staff. Answering this question is voluntary.

GHI Web Site

For fast, convenient access to the latest claim status, eligibility, and benefits information, visit GHI's secure Web site at www.ghi.com. Available around the clock, on the site you can also find provider listings, order ID cards, view an online Explanation of Benefits, access wellness information, and much more.

Translation Services

If English is not your primary language and translation services are needed when calling GHI Customer Service, a representative can help you.