

Company Name: Healthy New York  
 NY - 11354  
 # of Eligibles: 3  
 SIC Code: 5199

Broker: NELSON LAI  
 Broker Phone: (212) 484-9888

UHC Sales Rep: Munmeet Singh  
 UHC Sales Rep Phone: N/A

Effective Date: 01/01/2023  
 Creation Date: 12/9/2022, 5:21:08 PM EST

**Medical coverage minimum participation for NY = 60%**

License Plan Name ( Customized Plan Name )	Total Monthly Health Cost \$	Deductible		Coinsurance	Out of Pocket		Copay	PCP Required	Prescription Drugs		Composite Rates
		Individual (In/Out) \$	Family (In/Out) \$	(In/Out) %	Individual (In/Out) \$	Family (In/Out) \$	PCP/Spec <sup>3</sup> \$		Ded \$	T1/T2/T3/T4 \$	
<i>HNY</i>											
NY G MTRO GT 25/40/600/80 EPO HNY 23 Core Rewards	2,520.06	600 / N/A	1,200 / N/A	80 / N/A	4,750	9,500	\$25 after deductible / \$40 after deductible	Yes	\$0.00	\$10/\$35/\$70	EO: \$840.02 ES: \$1,680.03 EC: \$1,428.03 EF: \$2,394.05

<sup>3</sup>Refer to the benefit summary for the full PCP and Specialist cost share information

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Employer Information	
State	New York
Zip Code	11354
Number of Locations	1
SIC Code - Description	5199 - nondurable goods, not elsewhere classified
Average Total Number of Employees / FTE	3
Total Number of Eligible Employees	3
Total Number of Applying Active	3
Total Number of Applying COBRA	0
Total Number of Out of Area Employees	0
Primary Contact Name	Not Provided
Primary Contact Email	Not Provided

Member Counts	
Total Employees	3
Total Dependents	0
Total Members	3

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Census									Census Coverage Levels
First & Last Name	Relationship	Gender	DOB	Age	Status	Employee Class	Salary	Out of Area	M
	Employee				Active	N/A	\$0.00	No	EE
	Employee				Active	N/A	\$0.00	No	EE
	Employee				Active	N/A	\$0.00	No	EE

KEY: M - Medical  
 EE - Employee Only

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Medical Plan Name	NY G MTRO GT 25/40/600/80 EPO HNY 23	
UHC Rewards Level	Core Rewards	
Rx Option	\$0D \$10/\$35/\$70	
Product Type	Metro	
Metallic Level	Gold	
License Type	HNY	
	In-Network	Out-of-Network
Medical Deductible/Out of Pocket		
Individual/Family Deductible	\$600.00 / \$1,200.00	Does Not Apply
Individual/Family Out of Pocket	\$4,750.00 / \$9,500.00	Does Not Apply
Co-insurance (Plan Pays)		
Hospital Co-insurance	80%	N/A
Visit to Provider Office		
Primary Care Visit Co-payment <sup>4</sup>	\$25 after deductible	Does Not Apply
Specialist Visit Co-payment <sup>4</sup>	\$40 after deductible	Does Not Apply
Referral Required	See Benefit Summary	Does Not Apply
PCP Required	Yes	Does Not Apply
Visit to Urgent Care and ER		
Emergency Room	\$150 after deductible	\$150 after deductible
Urgent Care	\$60 after deductible	N/A
Pharmacy RX		
RX Deductible		\$0.00
tier1		\$10
tier2		\$35
tier3		\$70
tier4		
Premium (4-Tier Composite Rating)		
Employee Only (3)		\$2,520.06
Employee + Spouse (0)		\$0.00
Employee + Child(ren) (0)		\$0.00
Family (0)		\$0.00
Total Monthly Premium		2520.06

<sup>4</sup>Refer to the benefit summary for the full PCP and Specialist cost share information

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Census Details						Rate Details	
Name	Gender	DOB	Age	Coverage Level	OOA	NY G MTRO GT 25/40/600/80 EPO HNY 23 Gold Core Rewards	
				Employee Only	No	\$840.02	
				Employee Only	No	\$840.02	
				Employee Only	No	\$840.02	
<b>Total Monthly Premium</b>						\$2,520.06	
<b>Annual Premium</b>						\$30,240.72	

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1. Provider type varies by region.
2. For Oxford Metro Network EPO HSA plan designs, all innetwork medical and pharmacy services are subject to the innetwork deductible. Once the deductible has been satisfied, the applicable medical coinsurance and prescription drug copayment will apply based on the option selected at plan inception. No individual enrolled as a couple, parent/family deductible has been met. Each individual enrolled as a couple, parent/child(ren) or family will be capped at his or her individual out-of-pocket limit for covered services within the deductible accumulation period. The remaining family members will continue to accrue until they satisfy their individual out-of-pocket limit or the family out-of-pocket limit is reached.
3. Note: All quotes are based on the census data provided. Approval of coverage and final rates will be based on actual enrollment. Please be advised this quote is for informational purposes only. The information contained herein is subject to both state regulatory and UHC/Oxford home office approval as appropriate.
4. This premium includes state and federal taxes and fees, including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about \$1 per member per month) under the Affordable Care Act. These estimates will vary based on renewal date and reinsurance fees.
5. All data as of December 31,2002. This data represents all participating providers except ancillary providers. Dental and alternative medicine are included (~6% of the total without chiropractors who are considered specialists). Providers who are multiply boarded are counted multiple times.
6. Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.
7. Plans with non-embedded deductibles reflect family deductible, meaning no individual in the family has satisfied the deductible until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.
8. An additional charge may apply when a prescription drug on a higher tier is dispensed at the member or the member's provider's request, when a chemically equivalent prescription drug is available on a lower tier. The member will have to pay the difference between the cost of the prescription drug on the higher tier and the cost of the prescription drug on the lower tier. The cost difference must be paid in addition to the lower tier copayment or coinsurance. The member is responsible for paying the full cost (the amount the pharmacy charges the member) for any non-covered prescription drug and our contracted rates (our prescription drug cost) will not be available to the member.
9. For Oxford Metro Network EPO plan designs, once the in-network deductible has been satisfied by an individual, the applicable medical coinsurance will apply based on the selected plan. If the individual is enrolled as a couple, parent/children or family and the family deductible is met, then no further deductible is required, and the applicable medical coinsurance will apply based on the selected plan.
10. In 2018, maximum HSA contribution is \$3,450 single/\$6,900 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers aged 55 and over.
11. Note: For Pharmacy plans with a deductible, the deductible does not apply to Tier 1 medications, with the exception of New York standard pharmacy plans and HSA pharmacy plans.
12. Note: For Pharmacy plans with a deductible, the deductible does not apply to Tier 1 medications, with the exception of New York standard pharmacy plans and HSA pharmacy plans.
13. For Oxford Metro Network Primary Advantage plan designs, once the deductible has been satisfied, the applicable medical coinsurance and prescription drug copayment will apply based on the selected plan. If the individual is enrolled as a couple, parent/children or family and the family deductible is met, then no further deductible is required, and the applicable medical coinsurance and prescription drug copayment will apply based on the selected plan.
14. Cop[ri]ght © 2017 Oxford Health Plans, LLC. All rights reserved. Oxford HMO products are underwritten by Oxford Health Insurance, Inc. Administrative services provided by Oxford Health Plans, LLC. UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United Healthcare Services, Inc. or their affiants. UnitedHealthcare Dental® coverage underwritten by UnitedHealthcare Insurance Company, Located in Hartford Connecticut, or its affiliates. Administrative services provided by Dental Benefits Providers, Inc., Dental Benefit Administrative Services (CA only), United Healthcare Services, Inc. or their affiliates. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. UnitedHealthcare Life and Disability products are provided by United Healthcare Insurance Company; and in New York by Unumerica Life Insurance Company of New York.

UnitedHealthcare insurance Company is located in Hartford, CT; Unimerica Life Insurance Company of New York is located in New York, NY. This premium includes state and federal taxes and fees, including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about 1% per member per month) under the Affordable Care Act. These estimates will vary based on renewal date and state reinsurance fees.

15. Note: For HSAs, copayments will not apply until after the deductible has been satisfied.