

Healthplex PPO Rates & Benefits – First Quarter 2017

PPO NETWORK	DIAGNOSTIC & PREVENTIVE (IN/OUT)	BASIC (IN/OUT)	MAJOR (IN/OUT)	ANNUAL MAXIMUM	DEDUCTIBLE (IND/FAM)	OUT-OF-NETWORK REIMBURSEMENT
METRO PPO 1	100%	80%	50%	\$1,000	\$50/\$150	MAC
METRO PPO 2	100%	100%	50%	\$1,000	\$50/\$150	MAC
METRO PPO 3	100%	100%	100%	\$1,000	\$50/\$150	MAC
CAPITAL PPO 1	100%	80%	50%	\$1,000	\$50/\$150	MAC
CAPITAL PPO 2	100%	100%	50%	\$1,000	\$50/\$150	MAC
CAPITAL PPO 3	100%	100%	100%	\$1,000	\$50/\$150	MAC
NATIONAL PPO 1 (MAC)	100%	80%	50%	\$1,000	\$50/\$150	MAC
NATIONAL PPO 2 (MAC)	100%	100%	50%	\$1,000	\$50/\$150	MAC
NATIONAL PPO 1 (UCR)	100%	80%	50%	\$1,000	\$50/\$150	80 th UCR
NATIONAL PPO 2 (UCR)	100%	100%	50%	\$1,000	\$50/\$150	80 th UCR

3 – 9 LIVES			
PLAN NAME	SINGLE	TWO PARTY	FAMILY
METRO PPO 1	\$12.93	\$25.53	\$39.58
METRO PPO 2	\$14.72	\$29.07	\$44.99
METRO PPO 3	\$19.53	\$38.60	\$59.52
CAPITAL PPO 1	\$21.40	\$42.30	\$65.18
CAPITAL PPO 2	\$24.25	\$47.94	\$73.78
CAPITAL PPO 3	\$31.54	\$62.37	\$95.81
NATIONAL PPO 1 (MAC)	\$25.51	\$48.96	\$74.56
NATIONAL PPO 2 (MAC)	\$28.81	\$55.50	\$84.54
NATIONAL PPO 1 (UCR)	\$40.18	\$77.99	\$118.86
NATIONAL PPO 2 (UCR)	\$45.44	\$88.42	\$134.78

10 – 24 LIVES		
SINGLE	TWO PARTY	FAMILY
\$11.92	\$23.54	\$36.54
\$13.59	\$26.84	\$41.58
\$18.08	\$35.72	\$55.14
\$18.76	\$37.08	\$57.21
\$21.29	\$42.08	\$64.85
\$27.76	\$54.89	\$84.39
\$23.91	\$45.79	\$69.72
\$27.02	\$51.96	\$79.14
\$37.32	\$72.34	\$110.24
\$42.23	\$82.06	\$125.07

25 – 49 LIVES		
SINGLE	TWO PARTY	FAMILY
\$11.10	\$21.91	\$34.05
\$12.67	\$25.01	\$38.79
\$16.89	\$33.38	\$51.56
\$17.23	\$34.05	\$52.59
\$19.57	\$38.68	\$59.66
\$25.57	\$50.55	\$77.77
\$22.78	\$43.57	\$66.32
\$25.76	\$49.47	\$75.33
\$35.56	\$68.86	\$104.93
\$40.25	\$78.15	\$119.10

Annual Maximum (Impact on Premium)	
To vary annual maximum, multiply rates by:	
\$1,500	1.08
\$2,000	1.14
\$2,500	1.19
\$3,000	1.23

Voluntary* (Impact on Premium)	
For voluntary groups, multiply rates by:	
Metro PPO	1.15
Capital PPO	1.15
National PPO (MAC)	1.15
National PPO (UCR)	1.15

* Plans for voluntary groups will not exceed a \$2,000 Annual Maximum.

Virgin – No Prior Coverage** (Impact on Premium)	
For virgin groups, multiply rates by:	
Metro PPO	1.17
Capital PPO	1.17
National PPO (MAC)	1.17
National PPO (UCR)	1.17

** Plans for virgin groups will not exceed a \$2,000 Annual Maximum.

\$1,000 Orthodontic Maximum (Impact on Premium)			
To apply a \$1,000 orthodontic maximum, add:	Single	Two Party	Family
3 – 9 Lives	\$7.78	\$15.39	\$23.70
10 – 24 Lives	\$6.82	\$13.49	\$20.80
25 – 49 Lives	\$6.34	\$12.53	\$19.34

For more information, please contact us at 1-800-468-0466, or email salesinfo@healthplex.com.

Healthplex PPO Product and Underwriting Information – First Quarter 2017

Diagnostic & Preventive Services	Basic Services	Major Services
<ul style="list-style-type: none"> Cleanings Exams X-Rays Sealants 	<ul style="list-style-type: none"> Restorative Endodontics Periodontics Oral Surgery 	<ul style="list-style-type: none"> Crowns Bridges Dentures

Rating Example: Capital PPO 2 (3 – 9 Lives), \$2,000 Annual Maximum, Voluntary, Virgin, \$1,000 Orthodontic Maximum

	Single	Two Party	Family
Step # 1 – Capital PPO 2 (3 – 9 Lives) Premiums:	\$24.25	\$47.94	\$73.78
Step # 2 – Multiply Annual Maximum Factor (if applicable):	X 1.14	X 1.14	X 1.14
Step # 3 – Multiply Voluntary Factor (if applicable):	X 1.15	X 1.15	X 1.15
Step # 4 – Multiply Virgin Factor (if applicable):	<u>X 1.17</u>	<u>X 1.17</u>	<u>X 1.17</u>
Step # 5 – Calculate Result without Orthodontic Maximum:	\$37.20	\$73.53	\$113.17
Step # 6 – Add Orthodontic Maximum Fee (if applicable):	<u>+\$7.78</u>	<u>+\$15.39</u>	<u>+\$23.70</u>
Step # 7 – Calculate Final Premium:	\$44.98	\$88.92	\$136.87

- Rates above assume a complete replacement of the incumbent carrier with Healthplex, Inc., along with standard Exclusions and Limitations.
- All plans/options require a minimum of three (3) enrollees. Dual option will be made available to groups with 10 or more eligible employees in accordance with Healthplex Inc.'s underwriting guidelines.
- All contributory plans require 50% employer participation and 50% employer contribution.
- All voluntary plans require 25% employee participation.
- All plans are ACA compliant and are underwritten by Healthplex Insurance Company (HIC).
- Plans without orthodontic coverage will have access to the following discounted fees (In-Network only):
 - Reduced fee of \$2,195 for the initial insertion and 24-months of adjustments at a Metro PPO plan specialist.
 - Reduced fee of \$2,910 for the initial insertion and 24-months of adjustments at a Capital PPO plan specialist.
 - Negotiated charges for the initial insertion and 24-months of adjustments at a National PPO plan specialist.
- Plans with orthodontic coverage will be covered at 50% up to a \$1,000 Lifetime Orthodontic Maximum.
- Virgin groups are required to have a 12-month waiting period for all covered prosthetic and orthodontic services.
- MAC: The Out-of-Network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by an In-Network provider (MAC = Maximum Allowable Charge).
- UCR: The Out-of-Network percentage of benefits is based on the Healthplex's 80th percentile schedule of usual and customary fees in the geographic area in which the expenses are incurred (UCR = Usual Customary and Reasonable).
- Deductible is waived for Diagnostic & Preventive Services.
- Dependent children are covered up to age 26.
- All groups must be situs in New York, and are required to have at least 50% of its eligible population reside in the state of New York.
- Final rates are determined by Healthplex Inc. in accordance with its underwriting guidelines/policies/procedures.
- The information provided in this document is intended for informational purposes only and is subject to change without notice. Information may be changed or updated without notice. Healthplex Inc. may also make improvements and/or changes in the products, pricing and/or the programs described in this information at any time without notice.

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