

EssentialCare.

PLAN HIGHLIGHTS

- \$0 co-pay for preventive care, screenings, and immunizations.
- No referral needed to see specialist.

ADDITIONAL OFFERINGS

- Free access to Stat Doctors™, a telemedicine service that connects you with board-certified emergency room physicians any time of day or night.
- Up to \$200 gym membership reimbursement every 6 months.
- Discounted access to alternative and complementary medicine such as acupuncture, chiropractic, holistic and integrative physicians, dieticians, meditation therapy, yoga, and tai chi.

ESSENTIALCARE is our “standard” plan offering, aligning with state and federal requirements for deductibles, co-pays, and other benefits, allowing consumers to compare EssentialCare “apples to apples” with plans from other insurers. Highlights of the EssentialCare plan include set hospital co-pays and low co-pays for visits to specialists.



HEALTH REPUBLIC
INSURANCE OF NEW YORK

EssentialCare.



HEALTH REPUBLIC
INSURANCE OF NEW YORK

Deductibles and Maximums	Platinum	Gold	Silver
Deductible (Single/Family)	\$0	\$600/\$1,200	\$2,000/\$4,000
Max Out of Pocket Limit (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$5,500/\$11,000

High Deductible Plans	Bronze	Catastrophic*
HSA Qualified	Yes	No
Deductible (Single/Family)	\$3,000/\$6,000	\$6,600/\$13,200
Max Out of Pocket Limit (Single-Incl. Deductible)	\$6,350/\$12,700	\$6,600/\$13,200
Cost Sharing (All Parameters)	50%	50%
Prescription Drugs (After Deductible)	\$10/\$35/\$70	0%

*Individual Only

Cost Sharing-Medical Services – After deductible is met	Platinum	Gold	Silver
PCP	\$15	\$25	\$30
Specialist	\$35	\$40	\$50
PT/OT/ST-rehabilitative and habilitative therapies	\$25	\$30	\$30
Inpatient/SNF/Hospice-Facility (Per Admission)	\$500	\$1,000	\$1,500
Outpatient-Facility	\$100	\$100	\$100
Surgeon (Inpatient, Outpatient)	\$100	\$100	\$100
ER	\$100	\$150	\$150
Ambulance	\$100	\$150	\$150
Urgent Care	\$55	\$60	\$70
DME/Medical Supplies	10%	20%	30%

Outpatient Services – After deductible is met	Platinum	Gold	Silver
Diagnostic and Routine Lab and Pathology	\$35	\$40	\$50
Diagnostic and Routine Imaging	\$35	\$40	\$50
Chemotherapy	\$15	\$25	\$30
Radiation Therapy	\$15	\$25	\$30
Dialysis	\$15	\$25	\$30
Mental/Behavioral Healthcare	\$15	\$25	\$30
Substance Abuse Disorder Services	\$15	\$25	\$30
Home Health Care	\$15	\$25	\$30
Hospice	\$15	\$25	\$30

Prescription Drugs	Platinum	Gold	Silver
Tier I (Selected Generics)	\$10	\$10	\$10
Tier II (Other Generics)	\$30	\$35	\$35
Tier III (Brand and Specialty)	\$60	\$70	\$70

PrimarySelect.

PLAN HIGHLIGHTS

- \$0 co-pay for visits to a designated primary care physician, even before the deductible is met.
- \$0 co-pay for preventive care, screenings, and immunizations.
- No referral needed to see specialist.

ADDITIONAL OFFERINGS

- Free access to Stat Doctors™, a telemedicine service that connects you with board-certified emergency room physicians any time of day or night.
- Up to \$200 gym membership reimbursement every 6 months.
- Discounted access to alternative and complementary medicine such as acupuncture, chiropractic, holistic and integrative physicians, dieticians, meditation therapy, yoga, and tai chi.

Health Republic's signature program, **PRIMARYSELECT**, emphasizes the role of a primary care physician in our members' health. After selecting a primary care physician, visits to him or her are free of charge. With low deductibles and \$0 copay for selected generics, PrimarySelect is a popular choice among many New Yorkers.



HEALTH REPUBLIC
INSURANCE OF NEW YORK

PrimarySelect.



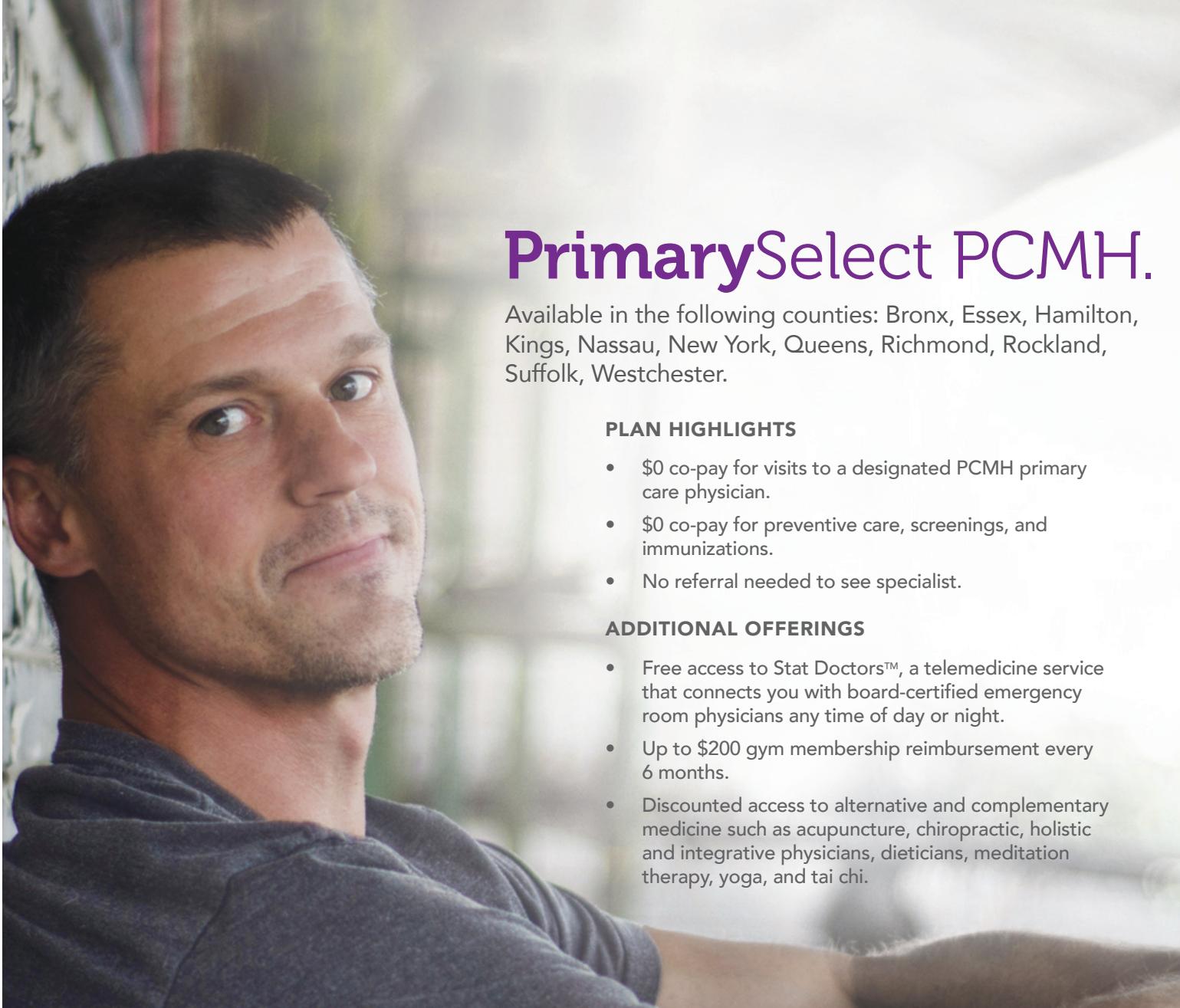
Deductibles and Maximums	Platinum	Gold	Silver	Bronze*
Deductible (Single/Family)	\$0	\$250/\$500	\$2,000/\$4,000	\$5,500/\$11,000
Max Out of Pocket (Single/Family)	\$1,400/\$2,800	\$3,500/\$7,000	\$6,350/\$12,700	\$6,350/\$12,700
Cost Sharing (Co-Insurance)	20%	20%	20%	20%

Cost Sharing-Medical Services	Platinum	Gold	Silver	Bronze*
Primary Care (Member Selected)	\$0	\$0	\$0	\$75
Specialist	\$75	\$75	\$75	\$75
PT/OT/ST (Co-Pay after Deductible)	\$30	\$30	\$30	\$75
Inpatient/SNF/Hospice-Facility (Per Admission)	20% After Deductible			
Physician/Surgeon Fee (Inpatient) (Co-Pay after Deductible)	\$100	\$150	\$150 Individual \$100 Group	\$150
Outpatient-Facility	20% After Deductible			
Surgeon (Outpatient)	20% After Deductible			
ER (Co-Pay after Deductible is Met)	\$250	\$250	\$250	\$300
Ambulance (Co-Pay after Deductible is Met)	\$100	\$150	\$150	\$150
Urgent Care (Co-Pay after Deductible is Met)	\$100	\$100	\$100	\$100

Outpatient Services	Platinum	Gold	Silver	Bronze*
Diagnostic and Routine Lab and Pathology	\$75	\$75	\$75	\$75
Diagnostic and Routine Imaging	\$75	\$75	\$75	\$75
Mental/Behavioral Healthcare (Selected)	\$0	\$0	\$0	\$75
Diabetic Care and Supplies	\$0	\$0	\$0	\$0
Chemotherapy	\$15	\$25	\$30	\$75
Radiation Therapy	\$75 Individual \$15 Group	\$75 Individual \$25 Group	\$75 Individual \$30 Group	\$75
Dialysis	\$15	\$25	\$30	\$75
Home Healthcare (After Deductible)	\$15	\$25	\$30	\$75

Prescription Drugs	Platinum	Gold	Silver	Bronze*
Tier I (Selected Generics)	\$0 Individual \$0 Group	\$10 Individual \$0 Group	\$10 Individual \$0 Group	\$10
Tier II (Other Generics) (After Deductible)	\$30 Individual \$35 Group	\$35	\$35	\$35
Tier III (Brand and Specialty) (After Deductible)	\$60 Individual \$70 Group	\$70	\$70	\$70

*Individual Only



PrimarySelect PCMH.

Available in the following counties: Bronx, Essex, Hamilton, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester.

PLAN HIGHLIGHTS

- \$0 co-pay for visits to a designated PCMH primary care physician.
- \$0 co-pay for preventive care, screenings, and immunizations.
- No referral needed to see specialist.

ADDITIONAL OFFERINGS

- Free access to Stat Doctors™, a telemedicine service that connects you with board-certified emergency room physicians any time of day or night.
- Up to \$200 gym membership reimbursement every 6 months.
- Discounted access to alternative and complementary medicine such as acupuncture, chiropractic, holistic and integrative physicians, dieticians, meditation therapy, yoga, and tai chi.

Similar to PrimarySelect, **PRIMARYSELECT** PCMH focuses on comprehensive patient care with a specialized network of patient-centered medical homes certified by the National Committee for Quality Assurance (NCQA). Only available at the Silver level, PrimarySelect PCMH is a cost-friendly option for those looking to get the most out of their health plan.



HEALTH REPUBLIC
INSURANCE OF NEW YORK



HEALTH REPUBLIC
INSURANCE OF NEW YORK

PrimarySelect PCMH.

Deductibles and Maximums	Silver
Deductible (Single/Family)	\$2,000/\$4,000
Max Out of Pocket (Single/Family)	\$6,350/\$12,700
Cost Sharing (Co-Insurance)	20%

Cost Sharing-Medical Services	Silver
Primary Care (Member Selected)	\$0
Other Primary Care	\$30
Specialist	\$75
PT/OT/ST (Co-Pay after Deductible is Met)	\$30
Inpatient/SNF/Hospice-Facility (Per Admission)	20% After Deductible
Physician/Surgeon Fee (Inpatient) (Co-Pay after Deductible)	\$150 Individual/\$100 Group
Outpatient-Facility	20% After Deductible
Surgeon (Outpatient)	20% After Deductible
ER (Co-Pay after Deductible is Met)	\$250
Ambulance (Co-Pay after Deductible is Met)	\$150
Urgent Care (Co-Pay after Deductible is Met)	\$100

Outpatient Services	Silver
Diagnostic and Routine Lab and Pathology	\$75
Diagnostic and Routine Imaging	\$75
Mental/Behavioral Healthcare (Selected)	\$0
Diabetic Care and Supplies	\$0
Chemotherapy	\$30
Radiation Therapy	\$75 Individual \$30 Group
Dialysis	\$30
Home Healthcare (After Deductible)	\$30

Prescription Drugs	Silver
Tier I (Selected Generics)	\$10 Individual \$0 Group
Tier II (Other Generics) (After Deductible)	\$35
Tier III (Brand and Specialty) (After Deductible)	\$70

TotalFreedom.

PLAN HIGHLIGHTS

- Fixed co-insurance percentages for out-of-network services.
- \$0 deductible for in-network services.
- \$0 co-pay for in-network preventive care, screenings, and immunizations.
- No referral needed to see specialist.

ADDITIONAL OFFERINGS

- Free access to Stat Doctors™, a telemedicine service that connects you with board-certified emergency room physicians any time of day or night.
- Up to \$200 gym membership reimbursement every 6 months.
- Discounted access to alternative and complementary medicine such as acupuncture, chiropractic, holistic and integrative physicians, dieticians, meditation therapy, yoga, and tai chi.

TOTALFREEDOM, available to small groups, offers all the benefits of a platinum level plan, with the added feature of out-of-network coverage. This plan is designed for small businesses who want total freedom to select any provider.



HEALTH REPUBLIC
INSURANCE OF NEW YORK

TotalFreedom.



HEALTH REPUBLIC
INSURANCE OF NEW YORK

Deductibles and Maximums	Platinum	
	In Network	Out of Network
Deductible (Single/Family)	\$0/\$0	\$4,000/\$8,000
Max Out of Pocket (Single/Family)	\$2,000/\$4,000	\$5,000/\$10,000
Cost Sharing (Co-Insurance)	50%	30%

Cost Sharing-Medical Services	In Network	Out of Network
Primary Care	\$15	30%
Specialist	\$35	30%
PT/OT/ST	\$15	30%
Inpatient/SNF/Hospice-Facility (Per Admission)	\$500	30%
Physician/Surgeon Fee (Inpatient)	\$500	30%
Outpatient-Facility	\$100	30%
Surgeon (Outpatient)	\$100	30%
ER	\$100	\$100
Ambulance	\$100	\$100
Urgent Care	\$55	\$55

Outpatient Services	In Network	Out of Network
Diagnostic and Routine Lab and Pathology	\$35	30%
Diagnostic and Routine Imaging	\$35	30%
Mental/Behavioral Healthcare	\$15	30%
Diabetic Care and Supplies	\$15	30%
Chemotherapy	\$15	30%
Radiation Therapy	\$35	30%
Dialysis	\$15	30%
Home Healthcare	\$15	30%

Prescription Drugs	In Network	Out of Network
Tier I (All Generics)	\$10	Not available
Tier II (All Preferred Brands)	\$30	Not available
Tier III (All Non-Preferred Brands)	\$60	Not available



Total Independence.

PLAN HIGHLIGHTS

- The bronze and silver levels offer 2 free visits to a selected primary care physician, even before the deductible is met.
- The gold level offers 3 free visits to a selected primary care physician, even before the deductible is met.
- \$0 co-pay for in-network preventive care, screenings, and immunizations.
- No referral needed to see specialist.

ADDITIONAL OFFERINGS

- Free access to Stat Doctors™, a telemedicine service that connects you with board-certified emergency room physicians any time of day or night.
- Up to \$200 gym membership reimbursement every 6 months.
- Discounted access to alternative and complementary medicine such as acupuncture, chiropractic, holistic and integrative physicians, dieticians, meditation therapy, yoga, and tai chi.

TOTALINDEPENDENCE, available to individuals on and off the exchange, is a simplified plan for the next generation of healthcare. This plan offers members the comfort of high-quality healthcare when it's needed, and total independence to achieve their goals.



HEALTH REPUBLIC
INSURANCE OF NEW YORK



HEALTH REPUBLIC
INSURANCE OF NEW YORK

Total Independence.

Deductibles and Maximums	Gold	Silver	Bronze
Deductible (Single/Family)	\$1,950/\$3,900	\$3,800/\$7,600	\$6,000/\$12,000
Max Out of Pocket Limit (Single/Family)	\$2,500/\$5,000	\$4,300/\$8,600	\$6,500/\$13,000
Cost Sharing (Co-Insurance)	50%	50%	50%

Cost Sharing-Medical Services	Gold	Silver	Bronze
Primary Care (Member Selected)	3 Free	2 Free	2 Free
Other Primary Care	\$0 after deductible	\$0 after deductible	\$0 after deductible
Specialist	\$0 after deductible	\$0 after deductible	\$0 after deductible
PT/OT/ST	\$0 after deductible	\$0 after deductible	\$0 after deductible
Inpatient/SNF/Hospice-Facility (Per Admission)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Physician/Surgeon Fee (Inpatient)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient-Facility	\$0 after deductible	\$0 after deductible	\$0 after deductible
Surgeon (Outpatient)	\$0 after deductible	\$0 after deductible	\$0 after deductible
ER	\$250	\$250	\$0 after deductible
Ambulance	\$250	\$250	\$0 after deductible
Urgent Care	\$50	\$75	\$75

Outpatient Services	Gold	Silver	Bronze
Diagnostic and Routine Lab and Pathology	\$20	\$20	\$0 after deductible
Diagnostic and Routine Imaging	\$0 after deductible	\$0 after deductible	\$0 after deductible
Mental/Behavioral Healthcare (Selected)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Diabetic Care and Supplies	\$0 after deductible	\$0 after deductible	\$0 after deductible
Chemotherapy	\$0 after deductible	\$0 after deductible	\$0 after deductible
Radiation Therapy	\$0 after deductible	\$0 after deductible	\$0 after deductible
Dialysis	\$0 after deductible	\$0 after deductible	\$0 after deductible
Home Health Care	\$0 after deductible	\$0 after deductible	\$0 after deductible

Prescription Drugs	Gold	Silver	Bronze
Tier I (Selected Generics)	\$20	\$20	\$30
Tier II (Other Generics) (After Deductible)	\$0 after deductible	\$0 after deductible	\$0 after deductible
Tier III (Brand and Specialty) (After Deductible)	\$0 after deductible	\$0 after deductible	\$0 after deductible