nysoh-logo-main.png

***ADDENDUM 2* - 2015 NON-STANDARD QHP DESCRIPTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company name:** | **Metal Level:**  Platinum  Gold  Silver  Bronze | | | Nonstandard product 1  HIOS ID#s  Nonstandard product 2  HIOS ID#s  Nonstandard product 3  HIOS ID#s |
| Higher than standard product  **Premium:**  Lower than standard product | | | | |
| **Benefit/Service Addition**  **(i.e. acupuncture)** | Yes | No | Description: | |
| **Benefit/Service Substitution**  **(i.e. different wellness benefit)** | Yes | No | Description: | |
| **Benefit/Service Alteration**  **(i.e. PCP visit not subject to deductible or more PT sessions)** | Yes | No | Description: | |
| **Deductible – change from standard product** | Yes | No | Description: | |
| **Maximum out of Pocket – change from standard product** | Yes | No | Description: | |
| **Description of Network (if not offering entire available network; e.g., tiered network)** | Yes | No | Description: | |
| **Is this product being offered in 2014?** | Yes | No |  | |

Instructions: Fill out one form for each non-standard product that will be offered in 2015. Provide as much detail as possible when describing each element of the product.