

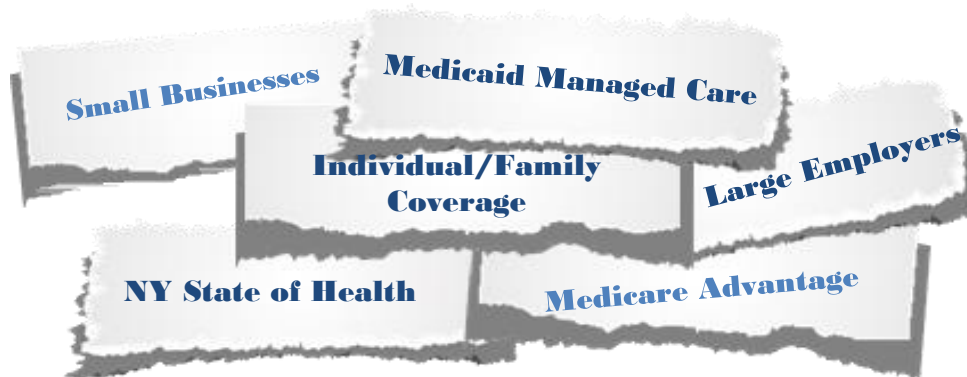
Who We Are

The New York Health Plan Association (HPA) is an industry voice for health care plans across the state. HPA's 28 member health plans share a commitment to meeting the health care needs of New York's residents.

HPA is an advocate for plans and for quality health care for all New Yorkers. Our members provide comprehensive health care services to more than seven million adults, children and seniors. These people include those enrolled through their employers or a variety of government-sponsored programs and individuals who shop for coverage through the state's official Marketplace or directly from plans.

HPA membership represents all types of health plans and includes for-profit and non-profit companies offering commercial coverage as well as Medicaid, Medicare and Managed Long Term Care. HPA also has a number of Affiliate members that include dental and behavioral health plans, pharmaceutical companies and other companies that contract with health plans.

HPA's 28 Member Plans Offer Coverage Through



Partnering With New York State

Medicaid managed care plans have been a strong partner with the state for more than 20 years. Together, the state and plans have worked to expand coverage and improve quality of care. With plans' leadership, New York's Medicaid managed care program routinely meets or exceeds the national average on quality measures. Plans have continued this commitment as the state Medicaid Redesign Team (MRT) works to reform the Medicaid program, increasing the use of managed care to provide care for a growing number of Medicaid beneficiaries including various special needs populations. The MRT's expansion of managed care is providing more comprehensive care that leads to improved quality outcomes while helping New York achieve the highest value for its Medicaid investment. While helping New York control the growth of its Medicaid program—annual spending growth has dropped from 13% to less than 1%—plans have also been instrumental in improving patient satisfaction.

Plans have also played an integral role in the development and success of the NY State of Health (NYSOH), the official health plan marketplace, created under the federal Affordable Care Act (ACA). As more than two million New Yorkers have signed up for health coverage through the NYSOH in its first two years of operations, plans continue to work with the state to ensure this marketplace continues as a viable avenue for New Yorkers to obtain affordable coverage. Of the 16 health plans offering coverage on the exchange, 13 are HPA members, as are two of the stand-alone dental plans.

For more information, please go to www.nyhpa.org

By the #s

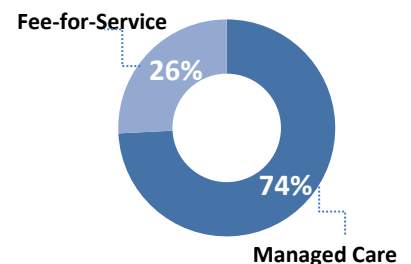
HPA's Health Plans are responsible for:

- ✓ \$4.4 Billion Health Care Taxes
- ✓ 10.9 Million Lives Covered
- ✓ 70+ Offices/Locations
- ✓ 52,000+ Employees
- ✓ 224,403+ Physician/Provider Contracts
- ✓ 1,003+ Hospital Contracts

Thirteen of the 16 health plans offering coverage through the NY State of Health are members of HPA.



NY Medicaid Enrollment



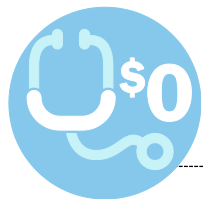
Sources: NYS DOH Medicaid Enrollment; Kaiser State Health Facts

Partnering With Communities

HPA's member health plans are a vital part of communities throughout the state. Year after year, plans are active participants in community activities and generous supporters of various organizations in the neighborhoods they serve.

Plans are also significant contributors to New York's economy. They provide jobs to tens of thousands of New Yorkers, invest in community-based organizations and pay hundreds of millions in property and payroll taxes.

Through these contributions, health plans make a positive impact on New York's bottom line each year.



Value of Managed Care:

QUALITY CARE AT LOWER COST

Unlike the fragmented fee-for-service system of healthcare delivery—which pays doctors based on quantity rather than quality of care provided—managed care provides comprehensive, coordinated care. Managed care also places an emphasis on “value,” using a variety of “value-based-payment” structures that reward appropriate care and promote accountability.

In addition, managed care plans work to build on the traditional doctor-patient relationship, focusing on clinical quality improvement programs designed to improve health outcomes and overall quality of life.

Benefits of Managed Care

Health plans in New York are regulated by the Department of Health and the Department of Financial Services. As such, they provide enrollees:



Improved Access to Care

- ✓ Guaranteed Access to a Network of Providers
- ✓ Timely Appointments and 24/7 Advice Lines
- ✓ Language Assistance

Care Coordination

- ✓ Patient-Centered Medical Homes
- ✓ Prevention and Wellness Programs
- ✓ Innovations in Chronic Care and Disease Management

Quality Assurance

- ✓ Evidence-Based Medicine
- ✓ Pay-for-Performance
- ✓ State and Federal Standards for Quality Measurement

Cost Savings

- ✓ Free Preventive Services such as Check-Ups and Immunizations
- ✓ Fixed Monthly Premiums and Out-of-Pocket Costs

HPA Members

Full Members

- ▶ Aetna
- ▶ CareConnect Ins. Co./NS-LIJ
- ▶ Capital District Physicians' Health Plan
- ▶ EmblemHealth
- ▶ HealthNow NY
- ▶ Independent Health
- ▶ MVP Health Care
- ▶ Oscar Health Insurance
- ▶ UnitedHealthcare

PHSP Members

- ▶ Affinity Health Plan
- ▶ Empire BlueCross BlueShield HealthPlus
- ▶ Fidelis Care
- ▶ Healthfirst
- ▶ Hudson Health Plan
- ▶ MetroPlus
- ▶ Universal American (Total Care)
- ▶ WellCare

Associate Members

- ▶ AgeWell New York
- ▶ AlphaCare of New York
- ▶ CenterLight Healthcare
- ▶ Centers Plan for Healthy Living
- ▶ Elderplan
- ▶ HomeFirst
- ▶ Integra
- ▶ Prime Health Choice
- ▶ Senior Health Partners
- ▶ Senior Whole Health
- ▶ VNS CHOICE

Affiliate Members

- ▶ Beacon Health Options
- ▶ CVS Health
- ▶ DentaQuest
- ▶ Eli Lilly Oncology
- ▶ Express Scripts
- ▶ HealthPlex
- ▶ Magellan Health Services
- ▶ MagnaCare
- ▶ MedImpact
- ▶ Premier Home Health Care Services
- ▶ US Imaging Network