

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Health Insurance Plan of Greater New York
 % MICHAEL PALMATEER
 Doing business as
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 55 WATER STREET
 City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10041

D Employer identification number: 13-1828429
E Telephone number:
G Gross receipts \$ 5,187,437,630

F Name and address of principal officer:
 Karen Ignagni President CEO
 55 WATER STREET
 NEW YORK, NY 10041

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527
J Website: WWW.EMBLEMHEALTH.COM

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1944 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 HIP-NY is committed to providing AFFORDABLE, QUALITY HEALTH COVERAGE IN WAYS THAT RESPECT AND RESPOND TO PEOPLE'S FUNDAMENTAL NEEDS AT PRICES THEY CAN AFFORD

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	5,003
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,119,839
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	4,964,254,970	5,068,169,667
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,266,085	65,088,868
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,799,405	54,179,095
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,036,320,460	5,187,437,630
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	275,668,967	251,466,209
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,608,889,100	5,279,614,715
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,884,558,067	5,531,080,924
19	Revenue less expenses Subtract line 18 from line 12	151,762,393	-343,643,294

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,219,457,420	2,262,326,560
21	Total liabilities (Part X, line 26)	697,030,180	1,041,879,788
22	Net assets or fund balances Subtract line 21 from line 20	1,522,427,240	1,220,446,772

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: *****
 Michael Palmateer CFO
 Type or print name and title

Paid Preparer Use Only
 Preparer's name: Scott Thompson
 Preparer's signature: Scott Thompson
 Firm's name: GRANT THORNTON LLP
 Firm's address: 757 THIRD AVE 4TH FLOOR
 NEW YORK, NY 100172013

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

HEALTH INSURANCE PLAN OF GREATER NEW YORK IS COMMITTED TO PROVIDING AFFORDABLE, QUALITY HEALTH COVERAGE IN WAYS THAT RESPECT AND RESPOND TO PEOPLE'S FUNDAMENTAL NEEDS HIP PURSUES ITS MISSION BY PROVIDING A CHOICE OF PRODUCTS AND NETWORKS SO MEMBERS HAVE ACCESS TO THE MEDICAL CARE THEY NEED AT PRICES THEY CAN AFFORD THE ORGANIZATION DOES THIS BY IMPROVING THE HEALTH OF MEMBERS THROUGH WELLNESS PROGRAMS THAT FOSTER PREVENTION AND HEALTHIER LIVING AND BY USING TECHNOLOGY TO EASE ACCESS TO INFORMATION AND SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,519,896,287 including grants of \$) (Revenue \$ 1,582,681,112)
 MEDICARE - HIP SERVED APPROXIMATELY 112,000 MEDICARE MEMBERS THROUGH its MEDICARE RISK AND COST CONTRACT PROGRAMS

4b (Code) (Expenses \$ 1,108,617,953 including grants of \$) (Revenue \$ 1,203,108,339)
 MEDICAID - HIP SERVED APPROXIMATELY 240,000 MEDICAID MEMBERS HIP HAS BEEN SERVICING THE MEDICAID POPULATION SINCE 1967 (WITH THE PASSAGE OF FEDERAL LEGISLATION AUTHORIZING THIS PROGRAM) AND HAS AN EXTENSIVE PROGRAM IN PLACE TO ENCOURAGE PREVENTIVE MEDICAL CARE

4c (Code) (Expenses \$ 2,195,779,310 including grants of \$ 1,425,168) (Revenue \$ 2,292,443,502)
 SUBSCRIBER BENEFITS - HIP OF GREATER NEW YORK IS A NOT-FOR-PROFIT CORPORATION THAT ARRANGES FOR THE PROVISION OF COMPREHENSIVE MEDICAL AND HEALTH CARE SERVICES FOR ITS SUBSCRIBERS/MEMBERS (INCLUDING HEALTH CARE SERVICES TO MEDICARE AND MEDICAID MEMBERS) WHICH IS AN EXEMPT FUNCTION In 2014, HIP-NY provided services (across all services lines) to a total of 730,000 members Included within these subscriber benefits are various state and local benefit programs, including the following 1 CHIPS (Children's Health Insurance Program) - HIP SERVED APPROXIMATELY 12,500 MEMBERS HIP HAS BEEN SERVING THE CHIPS POPULATION SINCE THE INCEPTION OF THE STATE DEMONSTRATION PROGRAM FOR UNISURED CHILDREN UNDER 19, IN 1991 AND CONTINUED WITH THE PASSAGE OF The Childrens Health Insurance Program (CHIP) in 1997 CHIPS is a partnership between the federal government and the states to extend health coverage to uninsured children and pregnant women in families who cannot afford to purchase private health insurance but have incomes too high to qualify for Medicaid 2 Family Health Plus Program - HIP SERVED APPROXIMATELY 2,800 MEMBERS HIP BEGAN TO SERVE FHPLUS MEMBERS AT THE START OF THE PROGRAM IN THE NY DOWNSTATE AREA IN OCTOBER 2001 THE BENEFIT PACKAGE FOR THE PROGAM PROVIDES a comprehensive set of medically needed health care benefits and services to the ADULT UNINSURED and low-income wage earners The organization notes that the allocation of program service expenditures reported on Part III of the Form 990 is derived from HIP-NY's Statutory Financial Statements (STAT) The Form 990 is prepared in accordance with Generally Accepted Accounting Principles (GAAP), accordingly, there may be additional allocations of expenditures to achieve conformity between the GAAP and STAT reports

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,824,293,550

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form grid with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (6), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List states), 18 (Section 6104 availability), 19 (Disclosure of documents), 20 (State name/address/phone).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	27,934,509	131,530	14,443,996

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,138**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Price Waterhouse Coopers LLP, PO Box 905615 CHARLOTTE, NC 28290	Accounting/Consult	8,351,517
The Sourcing Group LLC, 938 Lincoln Avenue SPRINGFIELD, PA 19064	Business Solutions	9,149,620
Sharp Decisions, 1040 Avenue of the Americas NEW YORK, NY 10018	IT Solutions	8,299,188
Merkle Inc, 7001 Columbia Gateway Drive COLUMBIA, MD 21046	Marketing Solutions	8,041,274
Gannon Vitolo Contracting LLC, 49 West 38th Street NEW YORK, NY 10018	Construction	8,029,293

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **186**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		0			
Program Service Revenue	Business Code					
	2a PREMIUM REVENUE	900099	5,063,581,662	5,061,553,159	2,028,503	
	b THIRD PARTY ADMINISTRATIVE FEES	900099	4,588,005	4,534,525	53,480	
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		5,068,169,667				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43,041,672	4,636,525	38,405,147	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real	32,109,942			
		(ii) Personal		2,160,594		
		b Less rental expenses				
		c Rental income or (loss)	32,109,942		2,160,594	
	d Net rental income or (loss)		34,270,536		2,160,594	32,109,942
	7a Gross amount from sales of assets other than inventory	(i) Securities	22,047,196			
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)	22,047,196			
	d Net gain or (loss)		22,047,196			22,047,196
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses b					
c Net income or (loss) from fundraising events		0				
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses b						
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a PHARMACY REVENUE	900099	17,386,006	12,145,269	5,240,737		
b HURRICANE SANDY RECOVERY	900099	6,676,632			6,676,632	
c LOSS ON IMPAIRMENT OF GOODWILL	900099	-4,154,079			-4,154,079	
d All other revenue						
e Total. Add lines 11a-11d		19,908,559				
12 Total revenue. See Instructions		5,187,437,630	5,078,232,953	14,119,839	95,084,838	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	26,604,689		26,604,689	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	130,759,136		130,759,136	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,290,474		41,290,474	
9	Other employee benefits	38,721,381		38,721,381	
10	Payroll taxes	14,090,529		14,090,529	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	3,499,137		3,499,137	
c	Accounting	2,076,362		2,076,362	
d	Lobbying	536,680		536,680	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	2,595,920		2,595,920	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,775,491		88,775,491	
12	Advertising and promotion	16,133,003		16,133,003	
13	Office expenses	25,992,266		25,992,266	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	24,916,220		24,916,220	
17	Travel	3,806,288		3,806,288	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	60,839		60,839	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	47,466,844		47,466,844	
23	Insurance	5,313,142		5,313,142	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SUBSCRIBER BENEFITS	4,616,131,685	4,616,131,685		
b	OUTSOURCED SERVICES	56,233,394		56,233,394	
c	QUALITY OF CARE EXPENSES	28,112,223	28,112,223		
d	ACA HEALTHCARE FEES	57,909,249	57,909,249		
e	All other expenses	300,055,972	122,140,393	177,915,579	
25	Total functional expenses. Add lines 1 through 24e	5,531,080,924	4,824,293,550	706,787,374	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	109,716,962	2	236,125,131
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	233,840,612	4	225,165,499
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	165,000,000	7	240,987,161
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	4,805,929	9	5,721,692
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 498,022,581		
	b Less accumulated depreciation	10b 332,946,942	183,227,126	10c 165,075,639
	11 Investments—publicly traded securities	1,132,648,702	11	740,299,393
	12 Investments—other securities. See Part IV, line 11	107,132,267	12	394,687,007
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	4,154,079	14	0
	15 Other assets. See Part IV, line 11	278,931,743	15	254,265,038
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,219,457,420	16	2,262,326,560	
Liabilities	17 Accounts payable and accrued expenses	495,532,973	17	846,665,282
	18 Grants payable	0	18	0
	19 Deferred revenue	6,037,473	19	10,631,753
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	195,459,734	25	184,582,753
	26 Total liabilities. Add lines 17 through 25	697,030,180	26	1,041,879,788
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,522,427,240	27	1,220,446,772
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,522,427,240	33	1,220,446,772	
34 Total liabilities and net assets/fund balances	2,219,457,420	34	2,262,326,560	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,187,437,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,531,080,924
3	Revenue less expenses Subtract line 2 from line 1	3	-343,643,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,522,427,240
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	41,662,826
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,220,446,772

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 13-1828429

Name: Health Insurance Plan of Greater New York

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Frank J Branchini Chairman and CEO	2 0 35 0	X		X				4,859,450	0	3,015,144
(1) Robert W Brokaw Director	2 0 0 0	X						7,313	0	0
(2) Elaine Friedman Director	2 0 0 0	X						1,576	0	0
(3) David J Cooper Director (through 10/2014)	2 0 0 0	X						0	0	0
(4) Gregory E Floyd Director	2 0 0 0	X						0	0	0
(5) Paul E Gibson Director	2 0 0 0	X						0	131,530	0
(6) Margaret T Pan-Loo Director	2 0 0 0	X						0	0	0
(7) Oliver Gray Director	2 0 0 0	X						0	0	0
(8) Daniel P Finke President and COO	35 0 0 0			X				1,558,961	0	1,275,546
(9) William C Lamoreaux EVP & Chief Operating Officer	35 0 0 0			X				987,752	0	717,461
(10) William A Gillespie Chief Medical Officer	35 0 0 0			X				894,886	0	453,349
(11) Edward Mailander SVP, Chief Actuary	35 0 0 0			X				801,849	0	428,715
(12) Charlene A Maher SVP, Chief Marketing Officer	35 0 0 0			X				773,209	0	399,941
(13) Shawn M Fitzgibbon SVP, Government Programs	35 0 0 0			X				703,004	0	362,568
(14) Michael Palmateer SVP, Finance	35 0 0 0			X				694,434	0	503,448
(15) Jeffrey D Chansler General Counsel	35 0 0 0			X				666,322	0	479,745
(16) Arthur Byrd Chief Financial Officer	35 0 0 0			X				638,782	0	297,078
(17) Valere A Reardon SVP, Compliance&Internal Audit	35 0 0 0			X				609,645	0	441,643
(18) William Mastrogiacommo SVP, Dep Gen Counsel, Corp Sec	35 0 0 0			X				600,242	0	427,678
(19) George Babitsch SVP, Underwriting & Acct Mgmt	35 0 0 0			X				582,601	0	410,244
(20) Nicholas P Kambolis SVP, Legal	35 0 0 0			X				577,415	0	294,010
(21) Michele A Powers VP, Operations	35 0 0 0			X				507,651	0	229,604
(22) Robert Branchini VP, Information Technology	35 0 0 0			X				482,611	0	265,993
(23) Mariann E Drohan VP, Human Resources	35 0 0 0			X				472,546	0	201,566
(24) David J Morn VP, Customer Service	35 0 0 0			X				460,294	0	166,687

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) John D Mahder VP, Marketing	35 0 0 0			X				438,113	0	184,542
(1) Williams Lewis VP, Fac,RE,Crp Svc/Ass Gen Csl	35 0 0 0			X				404,501	0	218,994
(2) John A Kennedy VP, Gov't Prog & Direct to Con	35 0 0 0			X				387,332	0	131,875
(3) William Yurkowski VP, Operations	35 0 0 0			X				385,740	0	186,577
(4) Karen Smith-Hagman VP, Medical Management	35 0 0 0			X				385,474	0	179,075
(5) Mohamed Diab VP, Medical Mgmt Operations	35 0 0 0			X				384,125	0	183,805
(6) Carl A Lund VP, Facility Contracting	35 0 0 0			X				380,230	0	169,114
(7) Richard R Gross VP, Account Management	35 0 0 0			X				366,313	0	133,300
(8) Jennifer L Truscott VP, Claims Operations	35 0 0 0			X				362,462	0	148,958
(9) Mary E Soul VP, Actuanal Valuation	35 0 0 0			X				358,466	0	147,201
(10) Brendan R Shanahan VP, Budget & Analysis	35 0 0 0			X				352,539	0	110,985
(11) Wanda Wareham VP, Gov't Assisted Programs	35 0 0 0			X				351,335	0	147,794
(12) Stuart Lefkovich VP, Medicare Advantage	35 0 0 0			X				350,564	0	146,976
(13) Philip J Gillich VP, Network Management	35 0 0 0			X				348,845	0	154,900
(14) Jose R Diaz VP, Membership	35 0 0 0			X				348,410	0	210,878
(15) Eliza Ng VP, Clinical Affairs	35 0 0 0			X				347,106	0	106,555
(16) Daniel Byrne VP, Labor Relations	35 0 0 0			X				342,498	0	159,832
(17) Ernesto Marrero Jr VP, Medicare Compliance	35 0 0 0			X				333,244	0	138,723
(18) Vincent A Hartmann VP, Underwriting	35 0 0 0			X				316,034	0	171,425
(19) Erhard V Krause VP, Business Development	35 0 0 0			X				309,140	0	154,965
(20) Peter S Moore VP, Government Programs	35 0 0 0			X				307,760	0	185,459
(21) Chrstopher W Chappellear VP, Actuanal & Underwriting	35 0 0 0			X				301,816	0	109,417
(22) Douglas Cowieson SVP, Administrative Transform	35 0 0 0			X				301,393	0	12,443
(23) Jerry A Gallo VP, Commercial Sales	35 0 0 0			X				289,385	0	96,044
(24) Suzanne G Ronner VP, Service Administration	35 0 0 0			X				258,844	0	42,310

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) Michele H Podolak VP, Customer Service	35 0 0 0			X				258,454	0	130,352
(1) Stephen A Zeng VP, Enterprise PMO	35 0 0 0			X				231,190	0	167,700
(2) Richard M Densing VP, Gov't Prog & Direct to Con	35 0 0 0			X				152,846	0	55,823
(3) Munish Khaneja VP, Medical Mgmt Operations	35 0 0 0			X				105,131	0	51,910
(4) Wei Jia Shen Sr Director -Applications Dev	40 0					X		335,527		9,348
(5) Terrylynn Smith Director, Labor Relations	40 0 0 0					X		320,501	0	5,223
(6) Thomas MACMillan Sr Director, EPMO	40 0 0 0					X		309,522	0	10,388
(7) Eleanor Sorrentino Sr Director, Quality Mgmt	40 0 0 0					X		314,046	0	6,869
(8) Bruce Sosler Senior Medical Director	40 0 0 0					X		315,080	0	3,816

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Health Insurance Plan of Greater New York

Employer identification number

13-1828429

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table with 2 columns: Held at the End of the Year, 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure..., 2d Number of conservation easements included in (c) acquired after 8/17/06...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,963,425		6,963,425
b Buildings		149,223,556	83,228,257	66,003,300
c Leasehold improvements		192,025,930	109,353,667	82,672,263
d Equipment		74,954,699	70,171,412	4,783,287
e Other		74,846,971	70,193,607	4,653,364
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				165,075,639

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN ADVANTAGECARE	185,046,456	C
(B) INVESTMENT IN HIP HOLDINGS INC	209,640,551	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	394,687,007	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	12,637,903
(2) DEFERRED RENT	1,198,500
(3) INTEREST/DIVIDENDS RECEIVABLE	4,142,070
(4) OTHER CURRENT ASSETS	3,443,908
(5) HEALTHCARE RECEIVABLES	126,726,671
(6) INTERCOMPANY RECEIVABLES	105,960,747
(7) DEFERRED TAX ASSET	155,239
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	254,265,038

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
PENSION LIABILITY	110,127,402
DEFERRED RENT	67,552,225
OTHER LONG TERM LIABILITIES	6,853,289
ACCRUED INCOME TAXES	49,837
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	184,582,753

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
FIN 48 DISCLOSURE	The organization's consolidated audited financial statements contain a modified version of the original FIN-48 footnote included when it initially adopted FIN-48 In July 2006, the Financial Accounting Standards Board (FASB) issued Interpretation No 48, Accounting for Uncertainty in Income Taxes, an Interpretation of SFAS Statement No 109 (FIN No 48) Among other things, FIN No 48 creates a model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing minimum recognition thresholds which all income tax positions must achieve before being recognized in the financial statements In addition, FIN No 48 requires expanded annual disclosures, including a reconciliation of the beginning and ending aggregate unrecognized tax benefits as well as specific detail related to tax uncertainties for which it is reasonably possible the amount of unrecognized tax benefit will significantly increase or decrease within 12 months Any tax differences between the amounts recognized in the statements of financial position prior to the adoption of FIN No 48 and the amounts reported after adoption are generally accounted for as a cumulative-effect adjustment recorded to the beginning balance of retained earnings Effective January 1, 2007, the Company adopted FIN No 48, which did not have any impact on the Company's consolidated financial statements The Company does not have any unrecognized tax benefits as of or for the year ended December 31, 2014

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Health Insurance Plan of Greater New York

Employer identification number
13-1828429

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**



2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and the Pacific			Investments		3,799,342
(2) North America			Investments		13,929,435
(3) Europe (Including Iceland and Greenland)			Investments		11,381,162
(4) Central America and the Caribbean			Investments		722,104
(5)					
3a Sub-total					29,832,043
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					29,832,043

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  _____
- 3** Enter total number of other organizations or entities 

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part 1	HIP-NY does not conduct any activities outside the United States. In accordance with the instructions to the Form 990, the organization is reporting the market value of non-U.S. investments.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Health Insurance Plan of Greater New York

Employer identification number

13-1828429

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a	Yes	
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Line 1A	Per EmblemHealth's Travel and Business expense Policy, the Chairman and Chief Executive officer, the President and Chief Operating Officer, the President of EmbleHealth Services, the Executive Vice Presidents, and, in the discretion of the Chairman and Chief Executive Officer, members of the Board of Directors of EmblemHealth may travel first class and can request staff traveling on business with them to travel first class on accompanied segments of the trip. Any such expenses are reimbursed upon presentation of accurate receipts. Per EmblemHealth's Travel and Business Expense Policy, approved Spousal or Guest travel and related lodging, meal expenditures and other appropriate related cost will be reimbursed when the travel is required by EmblemHealth for a legitimate business purpose. Spousal and Guest travel that is not approved in advance is referred to the Senior Vice President for compliance for review. It should be noted that the above policy applies to all entities within the Emblemhealth universe. In 2014, Health Insurance Plan of Greater New York did not provide any spousal travel or first class travel to any of the individuals reported in the Form 990. Mr. Branchini receives a tax gross up for amounts paid into the secular Trust.
Severance Payment	The following officers received severance in 2014: David Morin - \$264,645; John White - \$163,611. All of the severance payments documented above are reported in the Form 990, Schedule J, part II, Column (b)(iii).
Non-Qualified Retirement Plan	Emblem Health Services, LLC sponsors nonqualified retirement plans that the officers of HIPNY participate in. Officers with the titles of senior vice president and above hired before June 1, 2009, with the exception of Frank Branchini, participate in the supplemental executive retirement plan for emblemhealth services company, llc ("SERP"). The SERP provides a retirement benefit calculated on the basis of 50% of final average pay, offset by benefits under any qualified benefit plan, such as The emblemhealth services company, llc employees' retirement plan. Participants require the approval of the board of directors to retire under the serp between the ages of 55 and 60. Participants who retire prior to age 65 have their serp benefits reduced by early retirement factors. Mr. branchini participates in the GHI supplemental retirement plan ("Secular trust") which provides a retirement benefit calculated to provide the retirement benefits that would otherwise be payable under the local 153-ghi pension plan and the ghi cash balance plan (qualified plans), but for funding and contributions limits imposed by the IRS regulations. Senior vice presidents and above, hired before June 1, 2009, participate in the supplemental retirement plan II for emblemhealth services company, llc (SERP II). The SERP II provides a retirement benefit calculated on the basis of 30% of final average pay after 5 years of service, and increasing to 50% of final average pay after 15 years of service, offset by benefits under any qualified benefit plan, such as the emblemhealth services company, llc employees' retirement plan. Participants require the approval of the board of directors to retire under the SERP II between the ages of 55 and 60. Participants who retire prior to age 65 have their SERP II benefits reduced by early retirement factors.
Bonus Payments	HIP and EmblemHealth Services provide annual incentive awards based upon the achievement of performance metrics and percentage target awards. The compensation committees approve the performance metrics and targets and the ultimate payout to participants based upon the performance achieved under the Annual Incentive Plan (AIP). All management, non-union employees may be eligible to participate in the AIP. In the 2014 AIP, two equally weighted performance metrics were Operating Income and Administrative Per Member Per Month (PMPM) savings. Operating Income was defined as premiums earned and administrative service fee revenue, less subscriber benefits, depreciation and amortization, interest and general administrative expenses, as reported in the annual financial statements, and excluding certain specified and extraordinary items. Administrative PMPM was defined as the depreciation and amortization, interest and general administrative expenses as reported in the annual audited financials associated with the administration of the company's insured commercial managed care, Medicare and State sponsored programs expressed on a per member per month basis, and excluding certain specified and extraordinary items. HIP and EmblemHealth Services also have a long term incentive plan based upon longer term performance over three year performance cycles and a limited supplemental incentive plan with payment triggered by threshold performance under the AIP. The compensation committees approve the performance metrics, targets and payouts based upon achievement of performance under these plans as well. Officers and key employees are generally eligible to participate in the long term incentive plan. Schedule J, Part II, Column C Related party, Health Insurance Plan of Greater New York, reports the change in the actuarial value of the pension plan as deferred compensation (as required by the expanded disclosures in the form 990). Present values are calculated based on the SEC Proxy Summary Compensation Table methodology and assumptions, as the discounted present value of normal retirement benefits earned to the measurement date payable at the later of current age or age 65, without regard to projected service, projected salary increases, pre-retirement mortality or other decrements. To the extent any individual reported on Schedule J has compensation reported in column (f), those amounts reflect payouts from the Supplemental Executive Retirement Plan.

Additional Data

Software ID:
Software Version:
EIN: 13-1828429
Name: Health Insurance Plan of Greater New York

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Frank J Branchini, Chairman and CEO	(i) (ii)	919,404 0	2,981,100 0	958,946 0	3,007,548 0	7,596 0	7,874,594 0	0 0
1 Daniel P Finke, President and COO	(i) (ii)	250,526 0	1,268,838 0	39,597 0	1,272,738 0	2,808 0	2,834,507 0	0 0
2 William C Lamoreaux, EVP & Chief Operating Officer	(i) (ii)	484,491 0	471,495 0	31,766 0	710,369 0	7,092 0	1,705,213 0	0 0
3 William A Gillespie, Chief Medical Officer	(i) (ii)	415,415 0	445,792 0	33,679 0	449,692 0	3,657 0	1,348,235 0	0 0
4 Edward Mailander, SVP, Chief Actuary	(i) (ii)	362,772 0	407,119 0	31,958 0	421,027 0	7,688 0	1,230,564 0	0 0
5 Charlene A Maher, SVP, Chief Marketing Officer	(i) (ii)	361,799 0	382,353 0	29,057 0	393,875 0	6,066 0	1,173,150 0	0 0
6 Shawn M Fitzgibbon, SVP, Government Programs	(i) (ii)	330,512 0	343,914 0	28,578 0	356,080 0	6,488 0	1,065,572 0	0 0
7 Michael Palmateer, SVP, Finance	(i) (ii)	305,972 0	360,555 0	27,907 0	498,960 0	4,488 0	1,197,882 0	0 0
8 Jeffrey D Chansler, General Counsel	(i) (ii)	291,969 0	343,914 0	30,439 0	476,253 0	3,492 0	1,146,067 0	0 0
9 Arthur Byrd, Chief Financial Officer	(i) (ii)	362,119 0	260,165 0	16,498 0	288,590 0	8,488 0	935,860 0	0 0
10 Valerie A Reardon, SVP, Compliance&Internal Audit	(i) (ii)	276,144 0	307,820 0	25,681 0	432,327 0	9,316 0	1,051,288 0	0 0
11 William Mastrogiacomo, SVP, Dep Gen Counsel, Corp Sec	(i) (ii)	260,146 0	310,633 0	29,463 0	422,362 0	5,316 0	1,027,920 0	0 0
12 George Babitsch, SVP, Underwriting & Acct Mgmt	(i) (ii)	252,042 0	305,085 0	25,474 0	401,826 0	8,418 0	992,845 0	0 0
13 Nicholas P Kambolis, SVP, Legal	(i) (ii)	316,127 0	235,555 0	25,733 0	286,522 0	7,488 0	871,425 0	0 0
14 Michele A Powers, VP, Operations	(i) (ii)	268,394 0	213,961 0	25,296 0	227,068 0	2,536 0	737,255 0	0 0
15 Robert Branchini, VP, Information Technology	(i) (ii)	249,994 0	207,194 0	25,423 0	261,505 0	4,488 0	748,604 0	0 0
16 Mariann E Drohan, VP, Human Resources	(i) (ii)	269,577 0	173,091 0	29,878 0	199,910 0	1,656 0	674,112 0	0 0
17 David J Morin, VP, Customer Service	(i) (ii)	17,234 0	162,039 0	281,021 0	165,939 0	748 0	626,981 0	0 0
18 John D Mahder, VP, Marketing	(i) (ii)	245,038 0	166,091 0	26,984 0	178,650 0	5,892 0	622,655 0	0 0
19 Williams Lewis, VP, Fac,RE,Crp Svc/Ass Gen Csl	(i) (ii)	215,790 0	162,192 0	26,519 0	213,854 0	5,140 0	623,495 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990		
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation						
21 John A Kennedy, VP, Gov't Prog & Direct to Con	(i) (ii)	223,712 0	125,170 0	38,450 0	129,070 0	2,805 0	519,207 0	0 0	
1 William Yurkowski, VP, Operations	(i) (ii)	203,942 0	155,434 0	26,364 0	179,589 0	6,988 0	572,317 0	0 0	
2 Karen Smith-Hagman, VP, Medical Management	(i) (ii)	202,864 0	155,434 0	27,176 0	171,009 0	8,066 0	564,549 0	0 0	
3 Mohamed Diab, VP, Medical Mgmt Operations	(i) (ii)	185,508 0	172,392 0	26,225 0	176,292 0	7,513 0	567,930 0	0 0	
4 Carl A Lund, VP, Facility Contracting	(i) (ii)	201,562 0	152,118 0	26,550 0	164,746 0	4,368 0	549,344 0	0 0	
5 Richard R Gross, VP, Account Management	(i) (ii)	281,675 0	57,250 0	27,388 0	124,694 0	8,606 0	499,613 0	0 0	
6 Jennifer L Truscott, VP, Claims Operations	(i) (ii)	205,844 0	137,993 0	18,625 0	147,302 0	1,656 0	511,420 0	0 0	
7 Mary E Soul, VP, Actuarial Valuation	(i) (ii)	220,114 0	133,426 0	4,926 0	143,385 0	3,816 0	505,667 0	0 0	
8 Brendan R Shanahan, VP, Budget & Analysis	(i) (ii)	237,491 0	89,917 0	25,131 0	99,653 0	11,332 0	463,524 0	0 0	
9 Wanda Wareham, VP, Gov't Assisted Programs	(i) (ii)	179,181 0	139,520 0	32,634 0	143,420 0	4,374 0	499,129 0	0 0	
10 Stuart Lefkovich, VP, Medicare Advantage	(i) (ii)	172,352 0	138,660 0	39,552 0	142,560 0	4,416 0	497,540 0	0 0	
11 Philip J Gillich, VP, Network Management	(i) (ii)	188,851 0	135,161 0	24,833 0	151,900 0	3,000 0	503,745 0	0 0	
12 Jose R Diaz, VP, Membership	(i) (ii)	187,114 0	133,293 0	28,003 0	207,062 0	3,816 0	559,288 0	0 0	
13 Eliza Ng, VP, Clinical Affairs	(i) (ii)	243,337 0	85,750 0	18,019 0	95,817 0	10,738 0	453,661 0	0 0	
14 Daniel Byrne, VP, Labor Relations	(i) (ii)	187,226 0	136,704 0	18,568 0	150,528 0	9,304 0	502,330 0	0 0	
15 Ernesto Marrero Jr, VP, Medicare Compliance	(i) (ii)	187,166 0	121,918 0	24,160 0	133,887 0	4,836 0	471,967 0	0 0	
16 Vincent A Hartmann, VP, Underwriting	(i) (ii)	163,030 0	127,285 0	25,719 0	165,224 0	6,201 0	487,459 0	0 0	
17 Erhard V Krause, VP, Business Development	(i) (ii)	155,284 0	123,032 0	30,824 0	151,149 0	3,816 0	464,105 0	0 0	
18 Peter S Moore, VP, Government Programs	(i) (ii)	160,756 0	121,336 0	25,668 0	180,285 0	5,174 0	493,219 0	0 0	
19 Christopher W Chappellear, VP, Actuarial & Underwriting	(i) (ii)	226,263 0	57,573 0	17,980 0	99,933 0	9,484 0	411,233 0	0 0	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
41 Douglas Cowieson, SVP, Administrative Transform	(i) (ii)	186,119 0	0 0	115,274 0	7,937 0	4,506 0	313,836 0	0 0
1 Jerry A Gallo, VP, Commercial Sales	(i) (ii)	192,682 0	78,110 0	18,593 0	87,296 0	8,748 0	385,429 0	0 0
2 Suzanne G Ronner, VP, Service Administration	(i) (ii)	208,249 0	27,853 0	22,742 0	37,572 0	4,738 0	301,154 0	0 0
3 Michele H Podolak, VP, Customer Service	(i) (ii)	132,684 0	101,583 0	24,187 0	126,036 0	4,316 0	388,806 0	0 0
4 Stephen A Zeng, VP, Enterprise PMO	(i) (ii)	35,996 0	162,192 0	33,002 0	165,686 0	2,014 0	398,890 0	0 0
5 Richard M Densing, VP, Gov't Prog & Direct to Con	(i) (ii)	100,861 0	50,000 0	1,985 0	52,953 0	2,870 0	208,669 0	0 0
6 Munish Khaneja, VP, Medical Mgmt Operations	(i) (ii)	55,021 0	50,000 0	110 0	51,162 0	748 0	157,041 0	0 0
7 Wei Jia Shen, Sr Director -Applications Dev	(i) (ii)	242,887 0	92,640 0	0 0	3,900 0	5,448 0	344,875 0	0 0
8 Terrylynn Smith, Director, Labor Relations	(i) (ii)	151,540 0	21,597 0	147,364 0	2,365 0	2,858 0	325,724 0	0 0
9 Thomas MacMillan, Sr Director, EPMO	(i) (ii)	230,218 0	79,304 0	0 0	3,900 0	6,488 0	319,910 0	0 0
10 Eleanor Sorrentino, Sr Director, Quality Mgmt	(i) (ii)	226,690 0	86,950 0	406 0	3,457 0	3,412 0	320,915 0	0 0
11 Bruce Sosler, Senior Medical Director	(i) (ii)	252,114 0	62,966 0	0 0	0 0	3,816 0	318,896 0	0 0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Health Insurance Plan of Greater New York

Employer identification number

13-1828429

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) William White	Director/HR Department	175,332	See Schedule L Narrative		No
(2) Christine O'Connor Burns	Kin of Board Member	233,033	See Schedule L Narrative		No
(3) William O'Connor	Kin of Board Member	232,827	See Schedule L Narrative		No
(4) Diane Pirone	Kin of President & COO	3,130,362	See Schedule L Narrative		No
(5) Keith Dahl	Kin of President	275,157	See Schedule L Narrative		No
(6) David Cooper	Board Member	42,100,000	See Schedule L Narrative		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Form 990, Schedule L	<p>Chairman and Chief Executive Officer, FRANK BRANCHINI, HAS A FAMILY MEMBER, DIANE PIRONE (SISTER), WHO IS A MANAGER AT RCG, A CONSULTING FIRM WHICH HAS BEEN UTILIZED BY HIP SINCE 2004 MS PIRONE DOES NOT DO BUSINESS ON THE HIP/EMBLEM ACCOUNT IN CALENDAR YEAR 2014, HIP-NY PAID THE CONTRACTED ENTITY, RCG, \$3,130,362 Chairman and Chief Executive Officer, Frank Branchini, has a family member, Keith Dahl, son-in-law, who is a physician employed by AdvantageCare Physician, P C ("ACP"), a related entity to HIP-NY HIP-NY engages in various transactions with ACP to provide medical services to its members Dr Dahl received \$275,157 in compensation from ACP Former Vice President of Integrative Wellness, John White, has a family member who is, likewise, employed by EmblemHealth Services Company, LLC William White is employed by EmblemHealth Services Company, LLC as a Director in the Human Resources Department, his W-2 wages for the year ending 12/31/2014 are \$175,332 John receives fringe benefits from EmblemHealth Services Company, LLC as well Board of Directors Member John O'Connor has two family members that are employees of EmblemHealth Services Company, LLC Christine O'Connor Burns and William O'Connor received W-2 compensation of \$233,033 and \$232,827 respectively from EmblemHealth Services Company, LLC Both individuals, likewise, receive fringe benefits from EmblemHealth Services Company, LLC as well Board of Directors Member, David Cooper, is the chief executive officer of ProHealth Care Associates, LLP, a physician group practice that provided services to HIP-NY and was paid \$42.1 million dollars HIP-NY does not believe it has any other business transactions or relationships between itself and an officer, director, or key employee of the organization that rise to the monetary threshold required for disclosure on Schedule L of the Form 990 The organization takes its responsibilities of monitoring potential conflicts of interest very seriously (please see disclosure on Part VI, Line 12) HIP-NY compiles a lengthy Summary report of all potential business transactions between the individuals reported on Part VII of the Form 990 and HIP-NY or one of its affiliated organizations This report discloses all potential business transactions regardless of monetary value Amounts reported on Schedule L represent the W-2, Box 5 wages paid to each of these individuals Additional taxable and non-taxable fringe benefits may have been provided (but are not included above) Additional information is available upon request</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization
Health Insurance Plan of Greater New York

Employer identification number

13-1828429

Return Reference	Explanation
Form 990, Principal Officer	<p>Effective September 1, 2015, the EmblemHealth Board of Directors selected Karen Ignani to be the next President & Ceo of Emblemhealth Ms Ignani is not reported on Part VII of the Form 990 as she was not employed by the organization in 2014 Part V, Line 1a and Part VII, Independent Contractors The total number of independent contractors reported on Part V, Line 1a represents those vendors that received a 1099 directly from HIP-NY's EIN# In addition, HIP-NY's 100% owned disregarded entity, EmblemHealth Services, LLC, (EHS) also issued 1099s in calendar year 2014 In the interests of full disclosure, HIP-NY is disclosing that EmblemHealth Services, LLC issued 2,392 1099s in calendar year 2014 In total, HIP-NY and EHS paid compensation exceeding \$100,000 to 186 vendors (18 paid by HIP-NY and 168 by EHS) HIP-NY, as a part of its business, undertakes a significant amount of claims processing, in 2014, HIP-NY issued 22,903 1099s through its claims processing department The 1099s for the claims processing are not reported on Line 1(a) but are disclosed here in the interests of full disclosure Form 990, Part V, Line 2(a) HIP-NY does not file a Form W-3 as all employee payroll is paid out of EmblemHealth Services, LLC In the interests of clarity, HIP-NY is disclosing that 5,003 employees received W-2s from EmblemHealth Services (ostensibly for services rendered to HIP-NY and to other affiliated entities)</p>

Return Reference	Explanation
Form 990, Part VI, Line 2	Frank Branchini, President and Chief Operating Officer, has a family relationship with Robert Branchini, VP Information Technology. In the interests of full disclosure, the organization notes that various Officers and/or directors, may serve on the Board of Directors of related for-profit organizations (e.g. - those disclosed in Schedule R of the Form 990). No individual is compensated for board services rendered to the related for-profit organization.

Return Reference	Explanation
Form 990, Part VI, Line 6	EmblemHealth, Inc , a New York not-for-profit corporation, is the sole member of Health Insurance Plan of Greater New York EmblemHealth (EIN 13-3941542) is exempt from federal taxation pursuant to IRC 501(c)(3)

Return Reference	Explanation
Form 990, Part VI, Line 11	The taxpayer's Form 990 for the year ending December 31, 2014 was provided to each member of the organization's governing body before it was filed. A detailed review of the Form 990 was undertaken by the Organization's Tax Director, Chief Financial Officer and VP, Corporate Secretary.

Return Reference	Explanation
Form 990, Part VI, Line 12	<p>To determine if an employee's personal interests, activities or relationships constitute a conflict of interest or the appearance of a conflict of interest, certain employees, based upon functionality, as determined by the Senior Vice President for Compliance, Internal Audit and Internal controls are required to fully disclose, on an annual basis, any reportable situations on the company's conflict of interest disclosure. All employees, at the time of employment, are required to fully disclose any personal interest, activities or relationships that constitute a conflict of interest or the appearance of a conflict of interest. Disclosures are reviewed by the Senior Vice President for Compliance, Internal Audit and Internal Controls and by the Executive Vice President, Chief Financial Officer and General Counsel. Any Employee, who violates the conflict of interest policy, fails to make a required report or fails to comply with any remedial action required by the company, is subject to disciplinary action, up to and including termination of employment.</p>

Return Reference	Explanation
Form 990, Part VI, Line 15	<p>To determine the compensation of the CEO and all other officers of the company, HIP and EmblemHealth Services engage an outside compensation consultant to provide guidance and the comparable market data on the compensation of similarly situated executive positions in the organizations' competitive peer group comprised of profit and not for profit entities. The compensation consultant presents the comparable market data to the compensation committee of the board of directors of HIP and EmblemHealth Services. The compensation committees are composed entirely of outside, independent, disinterested directors. The compensation committees review and approve the proposed compensation arrangements and the deliberations and actions of the compensation committees are documented in the minutes of each meeting. Thereafter, the actions of the compensation committees are reported to the full boards in a timely manner. The CEO, or any other officer, is excused from the compensation committee meeting while the committee deliberates and approves any action related to the compensation arrangement of the CEO or other officer.</p>

Return Reference	Explanation
Form 990, Part VI, Line 19	<p>The taxpayer makes its Form 990 and Form 1023 available to the public by retaining a copy of each at its head offices at 55 Water Street, New York, New York. Any individual requesting a copy of these documents is provided that copy on the same business day. The organization's Form 990 is also available for public inspection on www.guidestar.com. The taxpayer's financial statements are available for public inspection on the organization's website, www.emblemhealth.com. The organization's governing documents and conflict of interest policy are not available to the public. Form 990, Part VII - Hours Served for Related Party. The compensated individuals reported in Part VII of the Form 990 may provide services to a variety of entities within the Health Insurance Plan of Greater New York network. Allocating those hours between the many entities presents a challenge, accordingly, the hours represented on Part VII represent the hours worked by the individual in their capacity as an employee for the entire HIP network.</p>

Return Reference	Explanation
Form 990, Part VIII	<p>Health Insurance Plan of Greater New York generates rental revenue from medical groups who lease a combination of personal and real property. HIP does not book this revenue in its general ledger as rental income, but rather offsets payments due to the health provider/facilities as monthly settlements are made. These transactions result in a net out-flow of cash as HIP finalizes its monthly settlements. For the most part, the rental income generated by HIP is for space rental and incidental personal property rental (i.e. 10% or less of the total rents received under the lease are from personal property). To the extent that the rental income is attributable to a mixed lease (i.e. where personal property is 11% to 50% of the total rents), HIP reports this revenue as unrelated business income and specifically reports this revenue on Part VIII, Lines 6a and 6b and on its Form 990-T. Quantifying total rental income received across all medical groups is difficult, but the organization has approximated the revenue and disclosed it in Part VIII, Line 6.</p>

Return Reference	Explanation
Form 990, Part IX	<p>Amounts reported on Part IX, Line 5, as compensation paid to officers, directors and key-employees of HIP-NY represent those salary costs reported on Form 990, Part VII, Line 1(d) that are allocated from the related party, EmblemHealth Services, LLC Health Insurance Plan of Greater New York has adopted a simplified approach of allocating its expenditures between programmatic and management and general. The organization does not categorize its expenses internally or in its audited financial statements by these means. For purposes of its 990 reporting, HIP-NY is treating all subscriber benefits as programmatic expenses and all other expenses as management and general even though a large percentage of those expenses are likely related to HIP's day-to-day mission activities. Nevertheless, even taking this conservative approach, HIP's program service expenses constitute 87% of total expenditures.</p>

Return Reference	Explanation
Form 990, Part XI, Line 9	A difference of \$41,662,826 is reported on part XI of the Reconciliation of Net Assets. This difference is attributable to changes in unrealized gains and losses on investments, book to tax adjustments on investments as well as Statutory-to-GAAP financial statement adjustments.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Health Insurance Plan of Greater New York

Employer identification number

13-1828429

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EmblemHealth Services Company LLC 55 Water Street New York, NY 10041	Support Svcs	NY	0	408,172,000	HIP-NY

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EMBLEMHEALTH INC 55 WATER STREET NEW YORK, NY 10041 13-3941542	support svcs	NY	501(c)(3)	11e	HIP-NY	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Group Health Incorporated 55 Water Street New York, NY 10041 13-5511997	Insurance	NY	NA	C Corp	1,918,896,814	722,764,243	100 000 %	Yes	
(2) HIP Holdings Inc & Subsidiaries 55 Water Street New York, NY 10041 13-3819759	Insurance	NY	NA	C Corp	1,630,545,162	1,140,998,500	100 000 %	Yes	
(3) Central Brooklyn Medical Group PC 440 9th Avenue New York, NY 10001 11-2937992	Healthcare	NY	HIP-NY	C Corp	80,334,785	7,908,310	100 000 %	Yes	
(4) Queens Long Island Medical Group PC 440 9th Avenue New York, NY 10001 11-3039101	Healthcare	NY	HIP-NY	C Corp	69,434,592	106,990,415	100 000 %	Yes	
(5) Staten Island Physician Practice PC 440 9th avenue new york, NY 10001 20-4659577	healthcare	NY	HIP-NY	C corp	10,470,073	3,340,886	100 000 %	Yes	
(6) AdvantageCare Physicians PC 440 9th Avenue New York, NY 10001 46-0790995	healthcare	NY	HIP-NY	C Corp	248,368,754	110,583,514	100 000 %	Yes	
(7) LHHN Medical PC 440 9th Avenue New York, NY 10001 13-4121055	healthcare	NY	HIP-NY	C Corp	22,499,400	3,617,840	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		
1g	Yes	
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Schedule R, Part V, Line 2	<p>TRANSACTIONS with Emblem Health, Inc EmblemHealth, Inc is the parent organization of Health Insurance Plan of Greater New York (HIP-NY), a 501 (c)(4) tax-exempt organization that delivers quality, affordable health insurance to members and provides employers and individuals with a range of plan choices and attractive benefit options designed to meet the individual needs of today's healthcare consumers EmblemHealth, Inc, through its subsidiaries helps facilitate HIP-NY's community programs Costs associated with running EmblemHealth Inc are reimbursed by HIP-NY and are memorialized with Transaction Code M & P Transactions with Group health Incorporated To date, HIP-NY has advanced \$165 million to GHI in accordance with Section 1307 of the Insurance Law of the State of New York with interest accruing at 2% per annum No new loans were issued in 2014 As provided in Section 1307, the payment of principal and interest thereon shall only be made out of free and disposable surplus, subject to prior approval of the Superintendent As of December 31, 2014, no payments were made to HIP Nevertheless, HIP is disclosing the amount of accrued interest with Transaction Code A Transactions with HIP Holdings, Inc & Subs (HIPIC) HIPIC (a member of HIP Holdings, Inc & Subs) provides the indemnity health insurance portion of dual option products offered by HIP and HIP administers the collection of premiums and pays claims on behalf of HIPIC Premiums collected on behalf of HIPIC were approximately \$60,200,000 million for the year ended December 31, 2014 HIP paid out-of-network claims on behalf of HIPIC of \$50,000,000 in 2014 Under the terms of a service agreement, HIP allocated costs associated with administering the premiums and claims of approximately \$11,600,000 million to HIPIC for the year ended December 31, 2014 Transactions with HIP Holdings, Inc (HIP-IPA) HIP pays HIP IPA (another subsidiary in the HIP Holdings, Inc & Subsidiaries consolidated group) a monthly per-member-per-month capitation rate for members enrolled in HIP IPA as well as a monthly fee for data collection services For the year ended December 31, 2014, HIP incurred approximately \$15,400,000 million for capitation and \$600,000 for data collection services In addition, HIP provides certain administrative and support services to HIP IPA, which are reimbursed by HIP IPA For the year ended December 31, 2014, amounts charged by HIP to HIP IPA for these services was approximately \$200,000 Transactions with HIP Holdings, Inc & Subsidiaries (EHA) EHA (another subsidiary in the HIP Holdings, Inc & Subsidiaries consolidated group) provides claims processing and certain member services for HIPs members For the year ended December 31, 2014, EHA charged HIP approximately \$19,400,000 million for these services HIP -NY provides administrative and management services to EHA, amounts paid in 2014 were approximately \$2,200,000 Transactions with Physician Medical Groups As of January 1, 2013 Emblem completed a series of transactions that resulted in a nominee shareholder arrangement with four independent medical groups that provide health care services to certain subscribers of Emblems health benefit plans and which operate out of facilities owned or leased by Emblem Pursuant to the transactions, the Chief Medical Officer of Emblem became the sole shareholder of each of the Medical Groups and the physicians employed by and/or contracted with the Medical Groups became employees of, or contracted with, AdvantageCare Physician, P C, During 2014, HIP invested \$77,900,000 in ACP, this has been reflected in Schedule R with Transaction Code (b) In addition, HIP-NY has loan agreements with various medical groups These loans are memorialized with transaction (d) and any interest paid on the loan is memorialized with transaction (a)</p>

Additional Data

Software ID:
Software Version:
EIN: 13-1828429
Name: Health Insurance Plan of Greater New York

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
Group Health Incorporated 55 Water Street New York, NY 10041 13-5511997	Insurance	NY	NA	C Corp	1,918,896,814	722,764,243	100 000 %	Yes
HIP Holdings Inc & Subsidiaries 55 Water Street New York, NY 10041 13-3819759	Insurance	NY	NA	C Corp	1,630,545,162	1,140,998,500	100 000 %	Yes
Central Brooklyn Medical Group PC 440 9th Avenue New York, NY 10001 11-2937992	Healthcare	NY	HIP-NY	C Corp	80,334,785	7,908,310	100 000 %	Yes
Queens Long Island Medical Group PC 440 9th Avenue New York, NY 10001 11-3039101	Healthcare	NY	HIP-NY	C Corp	69,434,592	106,990,415	100 000 %	Yes
Staten Island Physician Practice PC 440 9th avenue new york, NY 10001 20-4659577	healthcare	NY	HIP-NY	C corp	10,470,073	3,340,886	100 000 %	Yes
AdvantageCare Physicians PC 440 9th Avenue New York, NY 10001 46-0790995	healthcare	NY	HIP-NY	C Corp	248,368,754	110,583,514	100 000 %	Yes
LHHN Medical PC 440 9th Avenue New York, NY 10001 13-4121055	healthcare	NY	HIP-NY	C Corp	22,499,400	3,617,840	100 000 %	Yes

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
EmblemHealth Inc	M,P	1,916,171	Cost
Group Health Incorporated	A	3,300,000	Market Rate
Group Health Incorporated	D	165,000,000	Market Rate
Hip Holdings Inc & Subsidiaries (EHA)	M	19,400,000	COST
Hip Holdings Inc & Subsidiaries (EHA)	L	2,200,000	COST
Hip Holdings Inc & Subsidiaries (HIPIC)	L,Q	11,600,000	COST
Hip Holdings Inc & Subsidiaries (HIPIC)	M	110,200,000	COST
Hip Holdings Inc & Subsidiaries (HIP-IPA)	I	800,000	cost
Hip Holdings Inc & Subsidiaries (HIP-IPA)	M	15,400,000	cost
Advantage Care Physician PC	B	77,900,000	cost
Central Brooklyn Medical Group PC	a	236,835	cost
Staten Island Physician Practice PC	a	59,261	cost
Queens Long Island Medical Group PC	a	762,911	cost
LHHN Medical PC	a	277,518	cost
Central Brooklyn Medical Group PC	d	2,630,160	cost
Staten Island Physician Practice PC	d	2,932,066	cost
Queens Long Island Medical Group PC	d	10,903,184	cost
LHHN Medical PC	d	2,559,593	cost