Filing at a Glance

Company:	Atlantis Health Plan
Product Name:	Rates and Forms filing for 2014 OFF Exchanges
State:	New York
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.004F Small Group Only - HMO
Filing Type:	Off Exchange NG Forms & Rates
Date Submitted:	05/03/2013
SERFF Tr Num:	ATLP-129013616
SERFF Status:	Pending State Action
State Tr Num:	2013050041
State Status:	
Co Tr Num:	
Implementation Date Requested:	01/01/2014
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *Atlantis Health Plan*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *Rates and Forms filing for 2014 OFF Exchanges*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association
Filing Status Changed: 05/24/2013
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: To provide OFF Exchange benefits to members

Filing Description:

The following is Atlantis Health Plan dba Easy Choice Health Plan of New York Form and Rate filings for 2014 OFF Exchange Benefit Plans. Please find enclosed for Department Review form and Rate filings for 2014 Exchanges. This is for all lines of business: Group HMO, Group POS, Group HNY, Individual (Direct Pay) HMO, Individual (Direct Pay) POS, Individual (Direct Pay) HNY and all Riders.

Company and Contact

Filing Contact Information

[redacted] Financial Analyst
45 Broadway
Suite 300
New York, NY 10006

[redacted]
[redacted] [Phone]

Filing Company Information

Atlantis Health Plan
39 Broadway
Suite 1240
New York, NY 10006
[redacted] [Phone]

CoCode: 52624
Group Code:
Group Name:
FEIN Number: 13-3853197

State of Domicile: New York
Company Type: HMO
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

State: *New York* **Filing Company:** *Atlantis Health Plan*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *Rates and Forms filing for 2014 OFF Exchanges*
Project Name/Number: */*

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Yes, Individual, HMO, POS-all for exchanges
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Form and Rate
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation).]: No
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): No

State: *New York* **Filing Company:** *Atlantis Health Plan*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *Rates and Forms filing for 2014 OFF Exchanges*
Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Atlantis Health Plan	New Product	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

Rate Review Detail

COMPANY:

Company Name:	Atlantis Health Plan
HHS Issuer Id:	95456
Product Names:	OFF Exchange benefits
Trend Factors:	

FORMS:

New Policy Forms:	Off Exchange Benefits
Affected Forms:	
Other Affected Forms:	

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	12
Benefit Change:	None
Percent Change Requested:	Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium:	0.00
Total Incurred Claims:	0.00
Annual $:	Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium:	0.00
Projected Incurred Claims:	0.00
Annual $:	Min: 0.00 Max: 0.00 Avg: 0.00

State: *New York* **Filing Company:** *Atlantis Health Plan*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *Rates and Forms filing for 2014 OFF Exchanges*
Project Name/Number: */*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual - Ind. HMO OFF Exchange		New		Rate Manual - Individual HMO Off Exchange.pdf,
2		Rate Manual - SG HMO OFF Exchange		New		Rate Manual - SG HMO Off Exchange.pdf,

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

2014 Premium Rate Filing

Individual - Off Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	2
II.	**Benefit Summary**	7
III.	**Conversion Factor**	8
IV.	**Tier Factors**	9
V.	**Rate Calculation**	10
VI.	**Expected Loss Ratio**	11

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Platinum	HMO	N/A	95456NY1850001				
			Single	N/A	$ 797.85	$ -	0.00%
			Double	N/A	$ 1,595.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,356.35	$ -	0.00%
			Family	N/A	$ 2,273.88	$ -	0.00%
Platinum	HMO	N/A	95456NY1810001				
			Single	N/A	$ 797.19	$ -	0.00%
			Double	N/A	$ 1,594.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,355.23	$ -	0.00%
			Family	N/A	$ 2,272.00	$ -	0.00%
Platinum	HMO	N/A	95456NY1810002				
			Single	N/A	$ 816.26	$ -	0.00%
			Double	N/A	$ 1,632.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,387.64	$ -	0.00%
			Family	N/A	$ 2,326.34	$ -	0.00%
Platinum	POS	N/A	95456NY1830001				
			Single	N/A	$ 794.41	$ -	0.00%
			Double	N/A	$ 1,588.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,350.49	$ -	0.00%
			Family	N/A	$ 2,264.06	$ -	0.00%
Gold	HMO	N/A	95456NY1850002				
			Single	N/A	$ 691.13	$ -	0.00%
			Double	N/A	$ 1,382.25	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,174.92	$ -	0.00%
			Family	N/A	$ 1,969.71	$ -	0.00%
Gold	HMO	N/A	95456NY1810003				
			Single	N/A	$ 664.15	$ -	0.00%
			Double	N/A	$ 1,328.30	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,129.06	$ -	0.00%
			Family	N/A	$ 1,892.83	$ -	0.00%
Gold	HMO	N/A	95456NY1810004				
			Single	N/A	$ 670.24	$ -	0.00%
			Double	N/A	$ 1,340.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,139.41	$ -	0.00%
			Family	N/A	$ 1,910.19	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Silver	HMO	N/A	95456NY1830003				
			Single	N/A	$ 591.17	$ -	0.00%
			Double	N/A	$ 1,182.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.99	$ -	0.00%
			Family	N/A	$ 1,684.83	$ -	0.00%
Silver	HMO	N/A	95456NY1810005				
			Single	N/A	$ 563.39	$ -	0.00%
			Double	N/A	$ 1,126.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 957.76	$ -	0.00%
			Family	N/A	$ 1,605.66	$ -	0.00%
Silver	HMO	N/A	95456NY1810006				
			Single	N/A	$ 570.03	$ -	0.00%
			Double	N/A	$ 1,140.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.05	$ -	0.00%
			Family	N/A	$ 1,624.59	$ -	0.00%
Silver	POS	N/A	95456NY1830002				
			Single	N/A	$ 580.59	$ -	0.00%
			Double	N/A	$ 1,161.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.99	$ -	0.00%
			Family	N/A	$ 1,654.67	$ -	0.00%
Bronze	HMO	N/A	95456NY1850004				
			Single	N/A	$ 468.38	$ -	0.00%
			Double	N/A	$ 936.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 796.25	$ -	0.00%
			Family	N/A	$ 1,334.89	$ -	0.00%
Bronze	HMO	N/A	95456NY1810007				
			Single	N/A	$ 442.08	$ -	0.00%
			Double	N/A	$ 884.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 751.54	$ -	0.00%
			Family	N/A	$ 1,259.94	$ -	0.00%
Bronze	HMO	N/A	95456NY1810008				
			Single	N/A	$ 448.60	$ -	0.00%
			Double	N/A	$ 897.20	$ -	0.00%
			Emp/Child(ren)	N/A	$ 762.62	$ -	0.00%
			Family	N/A	$ 1,278.52	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Platinum	HMO	N/A	95456NY1810009				
			Single	N/A	$ 812.21	$ -	0.00%
			Double	N/A	$ 1,624.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,380.76	$ -	0.00%
			Family	N/A	$ 2,314.81	$ -	0.00%
Platinum	HMO	N/A	95456NY1810010				
			Single	N/A	$ 811.54	$ -	0.00%
			Double	N/A	$ 1,623.09	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,379.62	$ -	0.00%
			Family	N/A	$ 2,312.90	$ -	0.00%
Platinum	HMO	N/A	95456NY1810011				
			Single	N/A	$ 830.95	$ -	0.00%
			Double	N/A	$ 1,661.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,412.62	$ -	0.00%
			Family	N/A	$ 2,368.21	$ -	0.00%
Platinum	POS	N/A	95456NY1830003				
			Single	N/A	$ 808.71	$ -	0.00%
			Double	N/A	$ 1,617.41	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,374.80	$ -	0.00%
			Family	N/A	$ 2,304.81	$ -	0.00%
Gold	HMO	N/A	95456NY1810012				
			Single	N/A	$ 703.57	$ -	0.00%
			Double	N/A	$ 1,407.13	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,196.06	$ -	0.00%
			Family	N/A	$ 2,005.17	$ -	0.00%
Gold	HMO	N/A	95456NY1810013				
			Single	N/A	$ 676.11	$ -	0.00%
			Double	N/A	$ 1,352.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,149.38	$ -	0.00%
			Family	N/A	$ 1,926.90	$ -	0.00%
Gold	HMO	N/A	95456NY1810014				
			Single	N/A	$ 682.30	$ -	0.00%
			Double	N/A	$ 1,364.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,159.92	$ -	0.00%
			Family	N/A	$ 1,944.57	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Silver	HMO	N/A	95456NY1810015				
			Single	N/A	$ 601.81	$ -	0.00%
			Double	N/A	$ 1,203.62	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,023.08	$ -	0.00%
			Family	N/A	$ 1,715.16	$ -	0.00%
Silver	HMO	N/A	95456NY1810016				
			Single	N/A	$ 573.53	$ -	0.00%
			Double	N/A	$ 1,147.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 975.00	$ -	0.00%
			Family	N/A	$ 1,634.56	$ -	0.00%
Silver	HMO	N/A	95456NY1810017				
			Single	N/A	$ 580.29	$ -	0.00%
			Double	N/A	$ 1,160.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.50	$ -	0.00%
			Family	N/A	$ 1,653.83	$ -	0.00%
Silver	POS	N/A	95456NY1830004				
			Single	N/A	$ 591.04	$ -	0.00%
			Double	N/A	$ 1,182.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.76	$ -	0.00%
			Family	N/A	$ 1,684.45	$ -	0.00%
Bronze	HMO	N/A	95456NY1810018				
			Single	N/A	$ 476.81	$ -	0.00%
			Double	N/A	$ 953.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 810.58	$ -	0.00%
			Family	N/A	$ 1,358.92	$ -	0.00%
Bronze	HMO	N/A	95456NY1810019				
			Single	N/A	$ 450.04	$ -	0.00%
			Double	N/A	$ 900.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 765.07	$ -	0.00%
			Family	N/A	$ 1,282.62	$ -	0.00%
Bronze	HMO	N/A	95456NY1810020				
			Single	N/A	$ 456.68	$ -	0.00%
			Double	N/A	$ 913.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 776.35	$ -	0.00%
			Family	N/A	$ 1,301.53	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Platinum	HMO	N/A	95456NY1850005				
			Single	N/A	$ 135.43	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Platinum	HMO	N/A	95456NY1810023				
			Single	N/A	$ 135.32	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Gold	HMO	N/A	95456NY1850006				
			Single	N/A	$ 117.31	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Gold	HMO	N/A	95456NY1810024				
			Single	N/A	$ 112.74	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Silver	HMO	N/A	95456NY1850007				
			Single	N/A	$ 100.35	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Silver	HMO	N/A	95456NY1810025				
			Single	N/A	$ 95.63	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Bronze	HMO	N/A	95456NY1850008				
			Single	N/A	$ 79.51	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Bronze	HMO	N/A	95456NY1810026				
			Single	N/A	$ 75.04	$ -	0.00%
			Double	N/A		$ -	0.00%
			Emp/Child(ren)	N/A		$ -	0.00%
			Family	N/A		$ -	0.00%
Catastrophic	HMO	N/A	95456NY099				
			Single	N/A	$ 325.88	$ -	0.00%
			Double	N/A	$ 651.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 554.00	$ -	0.00%
			Family	N/A	$ 928.76	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Benefit Summary
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	Product Type	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
	Individual	HMO	Platinum	Medical	N/A	95456NY1850001	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	
	Individual	HMO	Platinum	Medical	N/A	95456NY1810001	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	
	Individual	HMO	Platinum	Medical	N/A	95456NY1810002	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult Dental + Vision
	Individual	POS	Platinum	Medical	N/A	95456NY1830001	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	
	Individual	HMO	Gold	Medical	N/A	95456NY1850002	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Gold	Medical	N/A	95456NY1810003	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Gold	Medical	N/A	95456NY1810004	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult Dental + Vision
	Individual	HMO	Silver	Medical	N/A	95456NY1830003	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Silver	Medical	N/A	95456NY1810005	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Silver	Medical	N/A	95456NY1810006	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult Dental + Vision
	Individual	POS	Silver	Medical	N/A	95456NY1830002	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	
	Individual	HMO	Bronze	Medical	N/A	95456NY1850004	###	###	50%	50%	###	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Bronze	Medical	N/A	95456NY1810007	###	###	50%	50%	###	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	
	Individual	HMO	Bronze	Medical	N/A	95456NY1810008	###	###	50%	50%	###	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Adult Dental + Vision
	Individual	HMO	Platinum	Medical	N/A	95456NY1810009	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	Age 29
	Individual	HMO	Platinum	Medical	N/A	95456NY1810010	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29
	Individual	HMO	Platinum	Medical	N/A	95456NY1810011	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult Dental + Vision/Age 29
	Individual	POS	Platinum	Medical	N/A	95456NY1830003	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	Age 29
	Individual	HMO	Gold	Medical	N/A	95456NY1810012	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29
	Individual	HMO	Gold	Medical	N/A	95456NY1810013	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29
	Individual	HMO	Gold	Medical	N/A	95456NY1810014	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult Dental + Vision/Age 29
	Individual	HMO	Silver	Medical	N/A	95456NY1810015	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29
	Individual	HMO	Silver	Medical	N/A	95456NY1810016	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29
	Individual	HMO	Silver	Medical	N/A	95456NY1810017	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult Dental + Vision/Age 29
	Individual	POS	Silver	Medical	N/A	95456NY1830004	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	Age 29
	Individual	HMO	Bronze	Medical	N/A	95456NY1810018	###	###	50%	50%	###	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29
	Individual	HMO	Bronze	Medical	N/A	95456NY1810019	###	###	50%	50%	###	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29
	Individual	HMO	Bronze	Medical	N/A	95456NY1810020	###	###	50%	50%	###	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Adult Dental + Vision/Age 29
	Individual	HMO	Platinum	Medical	N/A	95456NY1850005	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	
	Individual	HMO	Platinum	Medical	N/A	95456NY1810023	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	
	Individual	HMO	Gold	Medical	N/A	95456NY1850006	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Gold	Medical	N/A	95456NY1810024	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Silver	Medical	N/A	95456NY1850007	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Silver	Medical	N/A	95456NY1810025	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Bronze	Medical	N/A	95456NY1850008	###	###	50%	50%	###	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Bronze	Medical	N/A	95456NY1810026	###	###	50%	50%	###	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	
	Individual	HMO	Catastrophic	Medical	N/A	95456NY099	0%	0%	0%	0%	0%	0%	0%	0%	6400	12800	6400	12800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$0/$0	

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

Individual

III. Conversion Factor Summary - 4-tier only

	Contract Mix	Average Contract Size	Desired Loading Factors	Conversion Factor
Four Tier Premiums				
Single	53.3%	1.00	1.00	
Double	12.8%	2.00	2.00	
Emp/Child(ren)	9.2%	2.65	1.70	
Family	24.8%	4.03	2.85	
Total 4T	100.0%	2.03	1.65	**1.230**

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
IV. Tier Factors

2014 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1.00
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Product
V. Sample Rate Calculation

Effective Date **January 1, 2014**
Plan Code 95456NY1850001

	Single	Employee and Spouse	Employee and Child(ren)	Family
(1) Starting Rate PMPM (I. Rate Pages)	$648.66	$648.66	$648.66	$648.66
(2) Conversion Factor (III. Conversion Factor)	1.230	1.230	1.230	1.230
(3) Tier Factors (V. Tier Factors)	1.000	2.000	1.700	2.850
(4) Rates (1) x (2) x (3)	$797.85	$1,595.71	$1,356.35	$2,273.88

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
VI. Expected Loss Ratio

All policy forms

Expected Loss Ratio is 82.1%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

2014 Premium Rate Filing

Small Group - Off Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	2
II.	**Benefit Summary**	16
III.	**Trend Factor**	17
IV.	**Conversion Factor**	18
V.	**Tier Factors**	19
VI.	**Rate Calculation**	20
VII.	**Expected Loss Ratio**	21

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	95456NY1860001																
			Single	N/A	$ 645.70	$ -	0.00%	N/A	$ 655.95	$ -	0.00%	N/A	$ 666.36	$ -	0.00%	N/A	$ 676.93	$ -	0.00%
			Double	N/A	$ 1,291.41	$ -	0.00%	N/A	$ 1,311.90	$ -	0.00%	N/A	$ 1,332.72	$ -	0.00%	N/A	$ 1,353.87	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,097.70	$ -	0.00%	N/A	$ 1,115.12	$ -	0.00%	N/A	$ 1,132.81	$ -	0.00%	N/A	$ 1,150.79	$ -	0.00%
			Family	N/A	$ 1,840.26	$ -	0.00%	N/A	$ 1,869.46	$ -	0.00%	N/A	$ 1,899.12	$ -	0.00%	N/A	$ 1,929.26	$ -	0.00%
Platinum	HMO	N/A	95456NY1820001																
			Single	N/A	$ 645.17	$ -	0.00%	N/A	$ 655.41	$ -	0.00%	N/A	$ 665.81	$ -	0.00%	N/A	$ 676.38	$ -	0.00%
			Double	N/A	$ 1,290.34	$ -	0.00%	N/A	$ 1,310.82	$ -	0.00%	N/A	$ 1,331.62	$ -	0.00%	N/A	$ 1,352.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,096.79	$ -	0.00%	N/A	$ 1,114.20	$ -	0.00%	N/A	$ 1,131.88	$ -	0.00%	N/A	$ 1,149.84	$ -	0.00%
			Family	N/A	$ 1,838.74	$ -	0.00%	N/A	$ 1,867.92	$ -	0.00%	N/A	$ 1,897.56	$ -	0.00%	N/A	$ 1,927.67	$ -	0.00%
Platinum	HMO	N/A	95456NY1820002																
			Single	N/A	$ 663.79	$ -	0.00%	N/A	$ 674.33	$ -	0.00%	N/A	$ 685.03	$ -	0.00%	N/A	$ 695.90	$ -	0.00%
			Double	N/A	$ 1,327.58	$ -	0.00%	N/A	$ 1,348.65	$ -	0.00%	N/A	$ 1,370.05	$ -	0.00%	N/A	$ 1,391.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,128.45	$ -	0.00%	N/A	$ 1,146.35	$ -	0.00%	N/A	$ 1,164.54	$ -	0.00%	N/A	$ 1,183.02	$ -	0.00%
			Family	N/A	$ 1,891.81	$ -	0.00%	N/A	$ 1,921.83	$ -	0.00%	N/A	$ 1,952.32	$ -	0.00%	N/A	$ 1,983.30	$ -	0.00%
Platinum	HMO	N/A	95456NY1840001																
			Single	N/A	$ 642.92	$ -	0.00%	N/A	$ 653.12	$ -	0.00%	N/A	$ 663.48	$ -	0.00%	N/A	$ 674.01	$ -	0.00%
			Double	N/A	$ 1,285.83	$ -	0.00%	N/A	$ 1,306.23	$ -	0.00%	N/A	$ 1,326.96	$ -	0.00%	N/A	$ 1,348.02	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,092.96	$ -	0.00%	N/A	$ 1,110.30	$ -	0.00%	N/A	$ 1,127.92	$ -	0.00%	N/A	$ 1,145.82	$ -	0.00%
			Family	N/A	$ 1,832.31	$ -	0.00%	N/A	$ 1,861.38	$ -	0.00%	N/A	$ 1,890.92	$ -	0.00%	N/A	$ 1,920.93	$ -	0.00%
Gold	HMO	N/A	95456NY1860002																
			Single	N/A	$ 559.33	$ -	0.00%	N/A	$ 568.21	$ -	0.00%	N/A	$ 577.22	$ -	0.00%	N/A	$ 586.38	$ -	0.00%
			Double	N/A	$ 1,118.66	$ -	0.00%	N/A	$ 1,136.41	$ -	0.00%	N/A	$ 1,154.45	$ -	0.00%	N/A	$ 1,172.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 950.86	$ -	0.00%	N/A	$ 965.95	$ -	0.00%	N/A	$ 981.28	$ -	0.00%	N/A	$ 996.85	$ -	0.00%
			Family	N/A	$ 1,594.09	$ -	0.00%	N/A	$ 1,619.39	$ -	0.00%	N/A	$ 1,645.09	$ -	0.00%	N/A	$ 1,671.19	$ -	0.00%
Gold	HMO	N/A	95456NY1820003																
			Single	N/A	$ 537.50	$ -	0.00%	N/A	$ 546.03	$ -	0.00%	N/A	$ 554.69	$ -	0.00%	N/A	$ 563.50	$ -	0.00%
			Double	N/A	$ 1,075.00	$ -	0.00%	N/A	$ 1,092.06	$ -	0.00%	N/A	$ 1,109.39	$ -	0.00%	N/A	$ 1,126.99	$ -	0.00%
			Emp/Child(ren)	N/A	$ 913.75	$ -	0.00%	N/A	$ 928.25	$ -	0.00%	N/A	$ 942.98	$ -	0.00%	N/A	$ 957.94	$ -	0.00%
			Family	N/A	$ 1,531.88	$ -	0.00%	N/A	$ 1,556.18	$ -	0.00%	N/A	$ 1,580.88	$ -	0.00%	N/A	$ 1,605.96	$ -	0.00%
Gold	HMO	N/A	95456NY1820004																
			Single	N/A	$ 543.45	$ -	0.00%	N/A	$ 552.07	$ -	0.00%	N/A	$ 560.83	$ -	0.00%	N/A	$ 569.73	$ -	0.00%
			Double	N/A	$ 1,086.89	$ -	0.00%	N/A	$ 1,104.14	$ -	0.00%	N/A	$ 1,121.66	$ -	0.00%	N/A	$ 1,139.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 923.86	$ -	0.00%	N/A	$ 938.52	$ -	0.00%	N/A	$ 953.41	$ -	0.00%	N/A	$ 968.54	$ -	0.00%
			Family	N/A	$ 1,548.82	$ -	0.00%	N/A	$ 1,573.40	$ -	0.00%	N/A	$ 1,598.37	$ -	0.00%	N/A	$ 1,623.73	$ -	0.00%
Silver	HMO	N/A	95456NY1860003																
			Single	N/A	$ 478.44	$ -	0.00%	N/A	$ 486.03	$ -	0.00%	N/A	$ 493.74	$ -	0.00%	N/A	$ 501.57	$ -	0.00%
			Double	N/A	$ 956.87	$ -	0.00%	N/A	$ 972.05	$ -	0.00%	N/A	$ 987.48	$ -	0.00%	N/A	$ 1,003.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 813.34	$ -	0.00%	N/A	$ 826.25	$ -	0.00%	N/A	$ 839.36	$ -	0.00%	N/A	$ 852.68	$ -	0.00%
			Family	N/A	$ 1,363.54	$ -	0.00%	N/A	$ 1,385.18	$ -	0.00%	N/A	$ 1,407.16	$ -	0.00%	N/A	$ 1,429.49	$ -	0.00%
Silver	HMO	N/A	95456NY1820005																
			Single	N/A	$ 455.95	$ -	0.00%	N/A	$ 463.19	$ -	0.00%	N/A	$ 470.54	$ -	0.00%	N/A	$ 478.00	$ -	0.00%
			Double	N/A	$ 911.91	$ -	0.00%	N/A	$ 926.38	$ -	0.00%	N/A	$ 941.08	$ -	0.00%	N/A	$ 956.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 775.12	$ -	0.00%	N/A	$ 787.42	$ -	0.00%	N/A	$ 799.91	$ -	0.00%	N/A	$ 812.61	$ -	0.00%
			Family	N/A	$ 1,299.47	$ -	0.00%	N/A	$ 1,320.09	$ -	0.00%	N/A	$ 1,341.03	$ -	0.00%	N/A	$ 1,362.31	$ -	0.00%
Silver	HMO	N/A	95456NY1820006																
			Single	N/A	$ 462.44	$ -	0.00%	N/A	$ 469.78	$ -	0.00%	N/A	$ 477.23	$ -	0.00%	N/A	$ 484.81	$ -	0.00%
			Double	N/A	$ 924.88	$ -	0.00%	N/A	$ 939.56	$ -	0.00%	N/A	$ 954.46	$ -	0.00%	N/A	$ 969.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 786.15	$ -	0.00%	N/A	$ 798.62	$ -	0.00%	N/A	$ 811.29	$ -	0.00%	N/A	$ 824.17	$ -	0.00%
			Family	N/A	$ 1,317.95	$ -	0.00%	N/A	$ 1,338.87	$ -	0.00%	N/A	$ 1,360.11	$ -	0.00%	N/A	$ 1,381.69	$ -	0.00%
Silver	HMO	N/A	95456NY1840002																
			Single	N/A	$ 469.87	$ -	0.00%	N/A	$ 477.33	$ -	0.00%	N/A	$ 484.90	$ -	0.00%	N/A	$ 492.59	$ -	0.00%
			Double	N/A	$ 939.74	$ -	0.00%	N/A	$ 954.65	$ -	0.00%	N/A	$ 969.80	$ -	0.00%	N/A	$ 985.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 798.78	$ -	0.00%	N/A	$ 811.45	$ -	0.00%	N/A	$ 824.33	$ -	0.00%	N/A	$ 837.41	$ -	0.00%
			Family	N/A	$ 1,339.13	$ -	0.00%	N/A	$ 1,360.38	$ -	0.00%	N/A	$ 1,381.96	$ -	0.00%	N/A	$ 1,403.89	$ -	0.00%
Bronze	HMO	N/A	95456NY1860004																
			Single	N/A	$ 379.06	$ -	0.00%	N/A	$ 385.08	$ -	0.00%	N/A	$ 391.19	$ -	0.00%	N/A	$ 397.40	$ -	0.00%
			Double	N/A	$ 758.13	$ -	0.00%	N/A	$ 770.16	$ -	0.00%	N/A	$ 782.38	$ -	0.00%	N/A	$ 794.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 644.41	$ -	0.00%	N/A	$ 654.64	$ -	0.00%	N/A	$ 665.02	$ -	0.00%	N/A	$ 675.58	$ -	0.00%
			Family	N/A	$ 1,080.33	$ -	0.00%	N/A	$ 1,097.48	$ -	0.00%	N/A	$ 1,114.89	$ -	0.00%	N/A	$ 1,132.58	$ -	0.00%
Bronze	HMO	N/A	95456NY1820007																
			Single	N/A	$ 381.88	$ -	0.00%	N/A	$ 387.94	$ -	0.00%	N/A	$ 394.10	$ -	0.00%	N/A	$ 400.35	$ -	0.00%
			Double	N/A	$ 763.77	$ -	0.00%	N/A	$ 775.89	$ -	0.00%	N/A	$ 788.20	$ -	0.00%	N/A	$ 800.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 649.20	$ -	0.00%	N/A	$ 659.51	$ -	0.00%	N/A	$ 669.97	$ -	0.00%	N/A	$ 680.60	$ -	0.00%
			Family	N/A	$ 1,088.37	$ -	0.00%	N/A	$ 1,105.64	$ -	0.00%	N/A	$ 1,123.19	$ -	0.00%	N/A	$ 1,141.01	$ -	0.00%
Bronze	HMO	N/A	95456NY1820008																
			Single	N/A	$ 388.25	$ -	0.00%	N/A	$ 394.41	$ -	0.00%	N/A	$ 400.67	$ -	0.00%	N/A	$ 407.03	$ -	0.00%
			Double	N/A	$ 776.50	$ -	0.00%	N/A	$ 788.83	$ -	0.00%	N/A	$ 801.34	$ -	0.00%	N/A	$ 814.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 660.03	$ -	0.00%	N/A	$ 670.50	$ -	0.00%	N/A	$ 681.14	$ -	0.00%	N/A	$ 691.95	$ -	0.00%
			Family	N/A	$ 1,106.52	$ -	0.00%	N/A	$ 1,124.08	$ -	0.00%	N/A	$ 1,141.91	$ -	0.00%	N/A	$ 1,160.03	$ -	0.00%
Platinum	HMO	N/A	95456NY1820009																
			Single	N/A	$ 657.33	$ -	0.00%	N/A	$ 667.76	$ -	0.00%	N/A	$ 678.35	$ -	0.00%	N/A	$ 689.12	$ -	0.00%
			Double	N/A	$ 1,314.65	$ -	0.00%	N/A	$ 1,335.52	$ -	0.00%	N/A	$ 1,356.71	$ -	0.00%	N/A	$ 1,378.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,117.46	$ -	0.00%	N/A	$ 1,135.19	$ -	0.00%	N/A	$ 1,153.20	$ -	0.00%	N/A	$ 1,171.50	$ -	0.00%
			Family	N/A	$ 1,873.38	$ -	0.00%	N/A	$ 1,903.11	$ -	0.00%	N/A	$ 1,933.31	$ -	0.00%	N/A	$ 1,963.99	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	95456NY1820010																
			Single	N/A	$ 656.78	$ -	0.00%	N/A	$ 667.21	$ -	0.00%	N/A	$ 677.79	$ -	0.00%	N/A	$ 688.55	$ -	0.00%
			Double	N/A	$ 1,313.57	$ -	0.00%	N/A	$ 1,334.41	$ -	0.00%	N/A	$ 1,355.59	$ -	0.00%	N/A	$ 1,377.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,116.53	$ -	0.00%	N/A	$ 1,134.25	$ -	0.00%	N/A	$ 1,152.25	$ -	0.00%	N/A	$ 1,170.53	$ -	0.00%
			Family	N/A	$ 1,871.84	$ -	0.00%	N/A	$ 1,901.54	$ -	0.00%	N/A	$ 1,931.71	$ -	0.00%	N/A	$ 1,962.37	$ -	0.00%
Platinum	HMO	N/A	95456NY1820011																
			Single	N/A	$ 675.74	$ -	0.00%	N/A	$ 686.46	$ -	0.00%	N/A	$ 697.36	$ -	0.00%	N/A	$ 708.42	$ -	0.00%
			Double	N/A	$ 1,351.48	$ -	0.00%	N/A	$ 1,372.93	$ -	0.00%	N/A	$ 1,394.71	$ -	0.00%	N/A	$ 1,416.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,148.76	$ -	0.00%	N/A	$ 1,166.99	$ -	0.00%	N/A	$ 1,185.51	$ -	0.00%	N/A	$ 1,204.32	$ -	0.00%
			Family	N/A	$ 1,925.86	$ -	0.00%	N/A	$ 1,956.42	$ -	0.00%	N/A	$ 1,987.46	$ -	0.00%	N/A	$ 2,019.00	$ -	0.00%
Platinum	HMO	N/A	95456NY1840003																
			Single	N/A	$ 654.49	$ -	0.00%	N/A	$ 664.87	$ -	0.00%	N/A	$ 675.42	$ -	0.00%	N/A	$ 686.14	$ -	0.00%
			Double	N/A	$ 1,308.98	$ -	0.00%	N/A	$ 1,329.75	$ -	0.00%	N/A	$ 1,350.85	$ -	0.00%	N/A	$ 1,372.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,112.63	$ -	0.00%	N/A	$ 1,130.28	$ -	0.00%	N/A	$ 1,148.22	$ -	0.00%	N/A	$ 1,166.44	$ -	0.00%
			Family	N/A	$ 1,865.29	$ -	0.00%	N/A	$ 1,894.89	$ -	0.00%	N/A	$ 1,924.96	$ -	0.00%	N/A	$ 1,955.50	$ -	0.00%
Gold	HMO	N/A	95456NY1820012																
			Single	N/A	$ 569.40	$ -	0.00%	N/A	$ 578.43	$ -	0.00%	N/A	$ 587.61	$ -	0.00%	N/A	$ 596.94	$ -	0.00%
			Double	N/A	$ 1,138.80	$ -	0.00%	N/A	$ 1,156.87	$ -	0.00%	N/A	$ 1,175.23	$ -	0.00%	N/A	$ 1,193.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 967.98	$ -	0.00%	N/A	$ 983.34	$ -	0.00%	N/A	$ 998.94	$ -	0.00%	N/A	$ 1,014.79	$ -	0.00%
			Family	N/A	$ 1,622.79	$ -	0.00%	N/A	$ 1,648.54	$ -	0.00%	N/A	$ 1,674.70	$ -	0.00%	N/A	$ 1,701.27	$ -	0.00%
Gold	HMO	N/A	95456NY1820013																
			Single	N/A	$ 547.18	$ -	0.00%	N/A	$ 555.86	$ -	0.00%	N/A	$ 564.68	$ -	0.00%	N/A	$ 573.64	$ -	0.00%
			Double	N/A	$ 1,094.35	$ -	0.00%	N/A	$ 1,111.72	$ -	0.00%	N/A	$ 1,129.36	$ -	0.00%	N/A	$ 1,147.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 930.20	$ -	0.00%	N/A	$ 944.96	$ -	0.00%	N/A	$ 959.95	$ -	0.00%	N/A	$ 975.19	$ -	0.00%
			Family	N/A	$ 1,559.45	$ -	0.00%	N/A	$ 1,584.20	$ -	0.00%	N/A	$ 1,609.33	$ -	0.00%	N/A	$ 1,634.87	$ -	0.00%
Gold	HMO	N/A	95456NY1820014																
			Single	N/A	$ 553.23	$ -	0.00%	N/A	$ 562.01	$ -	0.00%	N/A	$ 570.93	$ -	0.00%	N/A	$ 579.99	$ -	0.00%
			Double	N/A	$ 1,106.46	$ -	0.00%	N/A	$ 1,124.01	$ -	0.00%	N/A	$ 1,141.85	$ -	0.00%	N/A	$ 1,159.97	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.49	$ -	0.00%	N/A	$ 955.41	$ -	0.00%	N/A	$ 970.57	$ -	0.00%	N/A	$ 985.97	$ -	0.00%
			Family	N/A	$ 1,576.70	$ -	0.00%	N/A	$ 1,601.72	$ -	0.00%	N/A	$ 1,627.14	$ -	0.00%	N/A	$ 1,652.96	$ -	0.00%
Silver	HMO	N/A	95456NY1820015																
			Single	N/A	$ 487.05	$ -	0.00%	N/A	$ 494.78	$ -	0.00%	N/A	$ 502.63	$ -	0.00%	N/A	$ 510.60	$ -	0.00%
			Double	N/A	$ 974.09	$ -	0.00%	N/A	$ 989.55	$ -	0.00%	N/A	$ 1,005.25	$ -	0.00%	N/A	$ 1,021.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 827.98	$ -	0.00%	N/A	$ 841.12	$ -	0.00%	N/A	$ 854.47	$ -	0.00%	N/A	$ 868.03	$ -	0.00%
			Family	N/A	$ 1,388.08	$ -	0.00%	N/A	$ 1,410.11	$ -	0.00%	N/A	$ 1,432.49	$ -	0.00%	N/A	$ 1,455.22	$ -	0.00%
Silver	HMO	N/A	95456NY1820016																
			Single	N/A	$ 464.16	$ -	0.00%	N/A	$ 471.53	$ -	0.00%	N/A	$ 479.01	$ -	0.00%	N/A	$ 486.61	$ -	0.00%
			Double	N/A	$ 928.32	$ -	0.00%	N/A	$ 943.05	$ -	0.00%	N/A	$ 958.02	$ -	0.00%	N/A	$ 973.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 789.07	$ -	0.00%	N/A	$ 801.59	$ -	0.00%	N/A	$ 814.31	$ -	0.00%	N/A	$ 827.23	$ -	0.00%
			Family	N/A	$ 1,322.86	$ -	0.00%	N/A	$ 1,343.85	$ -	0.00%	N/A	$ 1,365.17	$ -	0.00%	N/A	$ 1,386.83	$ -	0.00%
Silver	HMO	N/A	95456NY1820017																
			Single	N/A	$ 470.76	$ -	0.00%	N/A	$ 478.23	$ -	0.00%	N/A	$ 485.82	$ -	0.00%	N/A	$ 493.53	$ -	0.00%
			Double	N/A	$ 941.53	$ -	0.00%	N/A	$ 956.47	$ -	0.00%	N/A	$ 971.65	$ -	0.00%	N/A	$ 987.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 800.30	$ -	0.00%	N/A	$ 813.00	$ -	0.00%	N/A	$ 825.90	$ -	0.00%	N/A	$ 839.00	$ -	0.00%
			Family	N/A	$ 1,341.68	$ -	0.00%	N/A	$ 1,362.97	$ -	0.00%	N/A	$ 1,384.59	$ -	0.00%	N/A	$ 1,406.57	$ -	0.00%
Silver	HMO	N/A	95456NY1840004																
			Single	N/A	$ 478.33	$ -	0.00%	N/A	$ 485.92	$ -	0.00%	N/A	$ 493.63	$ -	0.00%	N/A	$ 501.46	$ -	0.00%
			Double	N/A	$ 956.65	$ -	0.00%	N/A	$ 971.83	$ -	0.00%	N/A	$ 987.26	$ -	0.00%	N/A	$ 1,002.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 813.16	$ -	0.00%	N/A	$ 826.06	$ -	0.00%	N/A	$ 839.17	$ -	0.00%	N/A	$ 852.48	$ -	0.00%
			Family	N/A	$ 1,363.23	$ -	0.00%	N/A	$ 1,384.86	$ -	0.00%	N/A	$ 1,406.84	$ -	0.00%	N/A	$ 1,429.16	$ -	0.00%
Bronze	HMO	N/A	95456NY1820018																
			Single	N/A	$ 385.89	$ -	0.00%	N/A	$ 392.01	$ -	0.00%	N/A	$ 398.23	$ -	0.00%	N/A	$ 404.55	$ -	0.00%
			Double	N/A	$ 771.78	$ -	0.00%	N/A	$ 784.02	$ -	0.00%	N/A	$ 796.46	$ -	0.00%	N/A	$ 809.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 656.01	$ -	0.00%	N/A	$ 666.42	$ -	0.00%	N/A	$ 676.99	$ -	0.00%	N/A	$ 687.74	$ -	0.00%
			Family	N/A	$ 1,099.78	$ -	0.00%	N/A	$ 1,117.23	$ -	0.00%	N/A	$ 1,134.96	$ -	0.00%	N/A	$ 1,152.97	$ -	0.00%
Bronze	HMO	N/A	95456NY1820019																
			Single	N/A	$ 388.76	$ -	0.00%	N/A	$ 394.93	$ -	0.00%	N/A	$ 401.19	$ -	0.00%	N/A	$ 407.56	$ -	0.00%
			Double	N/A	$ 777.52	$ -	0.00%	N/A	$ 789.86	$ -	0.00%	N/A	$ 802.39	$ -	0.00%	N/A	$ 815.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 660.89	$ -	0.00%	N/A	$ 671.38	$ -	0.00%	N/A	$ 682.03	$ -	0.00%	N/A	$ 692.85	$ -	0.00%
			Family	N/A	$ 1,107.96	$ -	0.00%	N/A	$ 1,125.54	$ -	0.00%	N/A	$ 1,143.40	$ -	0.00%	N/A	$ 1,161.55	$ -	0.00%
Bronze	HMO	N/A	95456NY1820020																
			Single	N/A	$ 395.24	$ -	0.00%	N/A	$ 401.51	$ -	0.00%	N/A	$ 407.88	$ -	0.00%	N/A	$ 414.36	$ -	0.00%
			Double	N/A	$ 790.48	$ -	0.00%	N/A	$ 803.02	$ -	0.00%	N/A	$ 815.77	$ -	0.00%	N/A	$ 828.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 671.91	$ -	0.00%	N/A	$ 682.57	$ -	0.00%	N/A	$ 693.40	$ -	0.00%	N/A	$ 704.40	$ -	0.00%
			Family	N/A	$ 1,126.43	$ -	0.00%	N/A	$ 1,144.31	$ -	0.00%	N/A	$ 1,162.47	$ -	0.00%	N/A	$ 1,180.91	$ -	0.00%
Platinum	HMO	N/A	95456NY1820021																
			Single	N/A	$ 644.41	$ -	0.00%	N/A	$ 654.64	$ -	0.00%	N/A	$ 665.03	$ -	0.00%	N/A	$ 675.58	$ -	0.00%
			Double	N/A	$ 1,288.83	$ -	0.00%	N/A	$ 1,309.28	$ -	0.00%	N/A	$ 1,330.05	$ -	0.00%	N/A	$ 1,351.16	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,095.50	$ -	0.00%	N/A	$ 1,112.89	$ -	0.00%	N/A	$ 1,130.55	$ -	0.00%	N/A	$ 1,148.49	$ -	0.00%
			Family	N/A	$ 1,836.58	$ -	0.00%	N/A	$ 1,865.72	$ -	0.00%	N/A	$ 1,895.33	$ -	0.00%	N/A	$ 1,925.40	$ -	0.00%
Platinum	HMO	N/A	95456NY1820022																
			Single	N/A	$ 643.88	$ -	0.00%	N/A	$ 654.10	$ -	0.00%	N/A	$ 664.48	$ -	0.00%	N/A	$ 675.02	$ -	0.00%
			Double	N/A	$ 1,287.76	$ -	0.00%	N/A	$ 1,308.20	$ -	0.00%	N/A	$ 1,328.96	$ -	0.00%	N/A	$ 1,350.04	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,094.60	$ -	0.00%	N/A	$ 1,111.97	$ -	0.00%	N/A	$ 1,129.61	$ -	0.00%	N/A	$ 1,147.54	$ -	0.00%
			Family	N/A	$ 1,835.06	$ -	0.00%	N/A	$ 1,864.18	$ -	0.00%	N/A	$ 1,893.76	$ -	0.00%	N/A	$ 1,923.81	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	95456NY1820023																
			Single	N/A	$ 662.46	$ -	0.00%	N/A	$ 672.98	$ -	0.00%	N/A	$ 683.66	$ -	0.00%	N/A	$ 694.50	$ -	0.00%
			Double	N/A	$ 1,324.93	$ -	0.00%	N/A	$ 1,345.95	$ -	0.00%	N/A	$ 1,367.31	$ -	0.00%	N/A	$ 1,389.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,126.19	$ -	0.00%	N/A	$ 1,144.06	$ -	0.00%	N/A	$ 1,162.21	$ -	0.00%	N/A	$ 1,180.66	$ -	0.00%
			Family	N/A	$ 1,888.02	$ -	0.00%	N/A	$ 1,917.98	$ -	0.00%	N/A	$ 1,948.42	$ -	0.00%	N/A	$ 1,979.34	$ -	0.00%
Platinum	HMO	N/A	95456NY1840005																
			Single	N/A	$ 641.63	$ -	0.00%	N/A	$ 651.81	$ -	0.00%	N/A	$ 662.15	$ -	0.00%	N/A	$ 672.66	$ -	0.00%
			Double	N/A	$ 1,283.26	$ -	0.00%	N/A	$ 1,303.62	$ -	0.00%	N/A	$ 1,324.31	$ -	0.00%	N/A	$ 1,345.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,090.77	$ -	0.00%	N/A	$ 1,108.08	$ -	0.00%	N/A	$ 1,125.66	$ -	0.00%	N/A	$ 1,143.52	$ -	0.00%
			Family	N/A	$ 1,828.64	$ -	0.00%	N/A	$ 1,857.66	$ -	0.00%	N/A	$ 1,887.14	$ -	0.00%	N/A	$ 1,917.08	$ -	0.00%
Gold	HMO	N/A	95456NY1820024																
			Single	N/A	$ 558.21	$ -	0.00%	N/A	$ 567.07	$ -	0.00%	N/A	$ 576.07	$ -	0.00%	N/A	$ 585.21	$ -	0.00%
			Double	N/A	$ 1,116.43	$ -	0.00%	N/A	$ 1,134.14	$ -	0.00%	N/A	$ 1,152.14	$ -	0.00%	N/A	$ 1,170.42	$ -	0.00%
			Emp/Child(ren)	N/A	$ 948.96	$ -	0.00%	N/A	$ 964.02	$ -	0.00%	N/A	$ 979.32	$ -	0.00%	N/A	$ 994.86	$ -	0.00%
			Family	N/A	$ 1,590.91	$ -	0.00%	N/A	$ 1,616.15	$ -	0.00%	N/A	$ 1,641.80	$ -	0.00%	N/A	$ 1,667.85	$ -	0.00%
Gold	HMO	N/A	95456NY1820025																
			Single	N/A	$ 536.43	$ -	0.00%	N/A	$ 544.94	$ -	0.00%	N/A	$ 553.58	$ -	0.00%	N/A	$ 562.37	$ -	0.00%
			Double	N/A	$ 1,072.85	$ -	0.00%	N/A	$ 1,089.87	$ -	0.00%	N/A	$ 1,107.17	$ -	0.00%	N/A	$ 1,124.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.92	$ -	0.00%	N/A	$ 926.39	$ -	0.00%	N/A	$ 941.09	$ -	0.00%	N/A	$ 956.03	$ -	0.00%
			Family	N/A	$ 1,528.81	$ -	0.00%	N/A	$ 1,553.07	$ -	0.00%	N/A	$ 1,577.72	$ -	0.00%	N/A	$ 1,602.75	$ -	0.00%
Gold	HMO	N/A	95456NY1820026																
			Single	N/A	$ 542.36	$ -	0.00%	N/A	$ 550.97	$ -	0.00%	N/A	$ 559.71	$ -	0.00%	N/A	$ 568.59	$ -	0.00%
			Double	N/A	$ 1,084.72	$ -	0.00%	N/A	$ 1,101.93	$ -	0.00%	N/A	$ 1,119.42	$ -	0.00%	N/A	$ 1,137.18	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.01	$ -	0.00%	N/A	$ 936.64	$ -	0.00%	N/A	$ 951.51	$ -	0.00%	N/A	$ 966.60	$ -	0.00%
			Family	N/A	$ 1,545.73	$ -	0.00%	N/A	$ 1,570.25	$ -	0.00%	N/A	$ 1,595.17	$ -	0.00%	N/A	$ 1,620.48	$ -	0.00%
Silver	HMO	N/A	95456NY1820027																
			Single	N/A	$ 477.48	$ -	0.00%	N/A	$ 485.06	$ -	0.00%	N/A	$ 492.75	$ -	0.00%	N/A	$ 500.57	$ -	0.00%
			Double	N/A	$ 954.96	$ -	0.00%	N/A	$ 970.11	$ -	0.00%	N/A	$ 985.50	$ -	0.00%	N/A	$ 1,001.14	$ -	0.00%
			Emp/Child(ren)	N/A	$ 811.71	$ -	0.00%	N/A	$ 824.59	$ -	0.00%	N/A	$ 837.68	$ -	0.00%	N/A	$ 850.97	$ -	0.00%
			Family	N/A	$ 1,360.81	$ -	0.00%	N/A	$ 1,382.41	$ -	0.00%	N/A	$ 1,404.34	$ -	0.00%	N/A	$ 1,426.63	$ -	0.00%
Silver	HMO	N/A	95456NY1820028																
			Single	N/A	$ 455.04	$ -	0.00%	N/A	$ 462.26	$ -	0.00%	N/A	$ 469.60	$ -	0.00%	N/A	$ 477.05	$ -	0.00%
			Double	N/A	$ 910.08	$ -	0.00%	N/A	$ 924.52	$ -	0.00%	N/A	$ 939.19	$ -	0.00%	N/A	$ 954.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 773.57	$ -	0.00%	N/A	$ 785.84	$ -	0.00%	N/A	$ 798.31	$ -	0.00%	N/A	$ 810.98	$ -	0.00%
			Family	N/A	$ 1,296.87	$ -	0.00%	N/A	$ 1,317.45	$ -	0.00%	N/A	$ 1,338.35	$ -	0.00%	N/A	$ 1,359.59	$ -	0.00%
Silver	HMO	N/A	95456NY1820029																
			Single	N/A	$ 461.51	$ -	0.00%	N/A	$ 468.84	$ -	0.00%	N/A	$ 476.28	$ -	0.00%	N/A	$ 483.84	$ -	0.00%
			Double	N/A	$ 923.03	$ -	0.00%	N/A	$ 937.68	$ -	0.00%	N/A	$ 952.56	$ -	0.00%	N/A	$ 967.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 784.58	$ -	0.00%	N/A	$ 797.02	$ -	0.00%	N/A	$ 809.67	$ -	0.00%	N/A	$ 822.52	$ -	0.00%
			Family	N/A	$ 1,315.32	$ -	0.00%	N/A	$ 1,336.19	$ -	0.00%	N/A	$ 1,357.39	$ -	0.00%	N/A	$ 1,378.93	$ -	0.00%
Silver	HMO	N/A	95456NY1840006																
			Single	N/A	$ 468.93	$ -	0.00%	N/A	$ 476.37	$ -	0.00%	N/A	$ 483.93	$ -	0.00%	N/A	$ 491.61	$ -	0.00%
			Double	N/A	$ 937.86	$ -	0.00%	N/A	$ 952.74	$ -	0.00%	N/A	$ 967.86	$ -	0.00%	N/A	$ 983.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 797.18	$ -	0.00%	N/A	$ 809.83	$ -	0.00%	N/A	$ 822.68	$ -	0.00%	N/A	$ 835.74	$ -	0.00%
			Family	N/A	$ 1,336.45	$ -	0.00%	N/A	$ 1,357.66	$ -	0.00%	N/A	$ 1,379.20	$ -	0.00%	N/A	$ 1,401.09	$ -	0.00%
Bronze	HMO	N/A	95456NY1820030																
			Single	N/A	$ 378.31	$ -	0.00%	N/A	$ 384.31	$ -	0.00%	N/A	$ 390.41	$ -	0.00%	N/A	$ 396.60	$ -	0.00%
			Double	N/A	$ 756.61	$ -	0.00%	N/A	$ 768.62	$ -	0.00%	N/A	$ 780.82	$ -	0.00%	N/A	$ 793.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 643.12	$ -	0.00%	N/A	$ 653.33	$ -	0.00%	N/A	$ 663.69	$ -	0.00%	N/A	$ 674.22	$ -	0.00%
			Family	N/A	$ 1,078.17	$ -	0.00%	N/A	$ 1,095.28	$ -	0.00%	N/A	$ 1,112.66	$ -	0.00%	N/A	$ 1,130.32	$ -	0.00%
Bronze	HMO	N/A	95456NY1820031																
			Single	N/A	$ 381.12	$ -	0.00%	N/A	$ 387.17	$ -	0.00%	N/A	$ 393.31	$ -	0.00%	N/A	$ 399.55	$ -	0.00%
			Double	N/A	$ 762.24	$ -	0.00%	N/A	$ 774.34	$ -	0.00%	N/A	$ 786.63	$ -	0.00%	N/A	$ 799.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 647.91	$ -	0.00%	N/A	$ 658.19	$ -	0.00%	N/A	$ 668.63	$ -	0.00%	N/A	$ 679.24	$ -	0.00%
			Family	N/A	$ 1,086.20	$ -	0.00%	N/A	$ 1,103.43	$ -	0.00%	N/A	$ 1,120.94	$ -	0.00%	N/A	$ 1,138.73	$ -	0.00%
Bronze	HMO	N/A	95456NY1820032																
			Single	N/A	$ 387.48	$ -	0.00%	N/A	$ 393.62	$ -	0.00%	N/A	$ 399.87	$ -	0.00%	N/A	$ 406.22	$ -	0.00%
			Double	N/A	$ 774.95	$ -	0.00%	N/A	$ 787.25	$ -	0.00%	N/A	$ 799.74	$ -	0.00%	N/A	$ 812.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 658.71	$ -	0.00%	N/A	$ 669.16	$ -	0.00%	N/A	$ 679.78	$ -	0.00%	N/A	$ 690.57	$ -	0.00%
			Family	N/A	$ 1,104.30	$ -	0.00%	N/A	$ 1,121.83	$ -	0.00%	N/A	$ 1,139.63	$ -	0.00%	N/A	$ 1,157.71	$ -	0.00%
Platinum	HMO	N/A	95456NY1820033																
			Single	N/A	$ 645.70	$ -	0.00%	N/A	$ 655.95	$ -	0.00%	N/A	$ 666.36	$ -	0.00%	N/A	$ 676.93	$ -	0.00%
			Double	N/A	$ 1,291.41	$ -	0.00%	N/A	$ 1,311.90	$ -	0.00%	N/A	$ 1,332.72	$ -	0.00%	N/A	$ 1,353.87	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,097.70	$ -	0.00%	N/A	$ 1,115.12	$ -	0.00%	N/A	$ 1,132.81	$ -	0.00%	N/A	$ 1,150.79	$ -	0.00%
			Family	N/A	$ 1,840.26	$ -	0.00%	N/A	$ 1,869.46	$ -	0.00%	N/A	$ 1,899.12	$ -	0.00%	N/A	$ 1,929.26	$ -	0.00%
Platinum	HMO	N/A	95456NY1820034																
			Single	N/A	$ 645.17	$ -	0.00%	N/A	$ 655.41	$ -	0.00%	N/A	$ 665.81	$ -	0.00%	N/A	$ 676.38	$ -	0.00%
			Double	N/A	$ 1,290.34	$ -	0.00%	N/A	$ 1,310.82	$ -	0.00%	N/A	$ 1,331.62	$ -	0.00%	N/A	$ 1,352.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,096.79	$ -	0.00%	N/A	$ 1,114.20	$ -	0.00%	N/A	$ 1,131.88	$ -	0.00%	N/A	$ 1,149.84	$ -	0.00%
			Family	N/A	$ 1,838.74	$ -	0.00%	N/A	$ 1,867.92	$ -	0.00%	N/A	$ 1,897.56	$ -	0.00%	N/A	$ 1,927.67	$ -	0.00%
Platinum	HMO	N/A	95456NY1820035																
			Single	N/A	$ 663.79	$ -	0.00%	N/A	$ 674.33	$ -	0.00%	N/A	$ 685.03	$ -	0.00%	N/A	$ 695.90	$ -	0.00%
			Double	N/A	$ 1,327.58	$ -	0.00%	N/A	$ 1,348.65	$ -	0.00%	N/A	$ 1,370.05	$ -	0.00%	N/A	$ 1,391.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,128.45	$ -	0.00%	N/A	$ 1,146.35	$ -	0.00%	N/A	$ 1,164.54	$ -	0.00%	N/A	$ 1,183.02	$ -	0.00%
			Family	N/A	$ 1,891.81	$ -	0.00%	N/A	$ 1,921.83	$ -	0.00%	N/A	$ 1,952.32	$ -	0.00%	N/A	$ 1,983.30	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	95456NY1840007																
			Single	N/A	$ 642.92	$ -	0.00%	N/A	$ 653.12	$ -	0.00%	N/A	$ 663.48	$ -	0.00%	N/A	$ 674.01	$ -	0.00%
			Double	N/A	$ 1,285.83	$ -	0.00%	N/A	$ 1,306.23	$ -	0.00%	N/A	$ 1,326.96	$ -	0.00%	N/A	$ 1,348.02	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,092.96	$ -	0.00%	N/A	$ 1,110.30	$ -	0.00%	N/A	$ 1,127.92	$ -	0.00%	N/A	$ 1,145.82	$ -	0.00%
			Family	N/A	$ 1,832.31	$ -	0.00%	N/A	$ 1,861.38	$ -	0.00%	N/A	$ 1,890.92	$ -	0.00%	N/A	$ 1,920.93	$ -	0.00%
Gold	HMO	N/A	95456NY1820036																
			Single	N/A	$ 559.33	$ -	0.00%	N/A	$ 568.21	$ -	0.00%	N/A	$ 577.22	$ -	0.00%	N/A	$ 586.38	$ -	0.00%
			Double	N/A	$ 1,118.66	$ -	0.00%	N/A	$ 1,136.41	$ -	0.00%	N/A	$ 1,154.45	$ -	0.00%	N/A	$ 1,172.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 950.86	$ -	0.00%	N/A	$ 965.95	$ -	0.00%	N/A	$ 981.28	$ -	0.00%	N/A	$ 996.85	$ -	0.00%
			Family	N/A	$ 1,594.09	$ -	0.00%	N/A	$ 1,619.39	$ -	0.00%	N/A	$ 1,645.09	$ -	0.00%	N/A	$ 1,671.19	$ -	0.00%
Gold	HMO	N/A	95456NY1820037																
			Single	N/A	$ 537.50	$ -	0.00%	N/A	$ 546.03	$ -	0.00%	N/A	$ 554.69	$ -	0.00%	N/A	$ 563.50	$ -	0.00%
			Double	N/A	$ 1,075.00	$ -	0.00%	N/A	$ 1,092.06	$ -	0.00%	N/A	$ 1,109.39	$ -	0.00%	N/A	$ 1,126.99	$ -	0.00%
			Emp/Child(ren)	N/A	$ 913.75	$ -	0.00%	N/A	$ 928.25	$ -	0.00%	N/A	$ 942.98	$ -	0.00%	N/A	$ 957.94	$ -	0.00%
			Family	N/A	$ 1,531.88	$ -	0.00%	N/A	$ 1,556.18	$ -	0.00%	N/A	$ 1,580.88	$ -	0.00%	N/A	$ 1,605.96	$ -	0.00%
Gold	HMO	N/A	95456NY1820038																
			Single	N/A	$ 543.45	$ -	0.00%	N/A	$ 552.07	$ -	0.00%	N/A	$ 560.83	$ -	0.00%	N/A	$ 569.73	$ -	0.00%
			Double	N/A	$ 1,086.89	$ -	0.00%	N/A	$ 1,104.14	$ -	0.00%	N/A	$ 1,121.66	$ -	0.00%	N/A	$ 1,139.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 923.86	$ -	0.00%	N/A	$ 938.52	$ -	0.00%	N/A	$ 953.41	$ -	0.00%	N/A	$ 968.54	$ -	0.00%
			Family	N/A	$ 1,548.82	$ -	0.00%	N/A	$ 1,573.40	$ -	0.00%	N/A	$ 1,598.37	$ -	0.00%	N/A	$ 1,623.73	$ -	0.00%
Silver	HMO	N/A	95456NY1820039																
			Single	N/A	$ 478.44	$ -	0.00%	N/A	$ 486.03	$ -	0.00%	N/A	$ 493.74	$ -	0.00%	N/A	$ 501.57	$ -	0.00%
			Double	N/A	$ 956.87	$ -	0.00%	N/A	$ 972.05	$ -	0.00%	N/A	$ 987.48	$ -	0.00%	N/A	$ 1,003.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 813.34	$ -	0.00%	N/A	$ 826.25	$ -	0.00%	N/A	$ 839.36	$ -	0.00%	N/A	$ 852.68	$ -	0.00%
			Family	N/A	$ 1,363.54	$ -	0.00%	N/A	$ 1,385.18	$ -	0.00%	N/A	$ 1,407.16	$ -	0.00%	N/A	$ 1,429.49	$ -	0.00%
Silver	HMO	N/A	95456NY1820040																
			Single	N/A	$ 455.95	$ -	0.00%	N/A	$ 463.19	$ -	0.00%	N/A	$ 470.54	$ -	0.00%	N/A	$ 478.00	$ -	0.00%
			Double	N/A	$ 911.91	$ -	0.00%	N/A	$ 926.38	$ -	0.00%	N/A	$ 941.08	$ -	0.00%	N/A	$ 956.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 775.12	$ -	0.00%	N/A	$ 787.42	$ -	0.00%	N/A	$ 799.91	$ -	0.00%	N/A	$ 812.61	$ -	0.00%
			Family	N/A	$ 1,299.47	$ -	0.00%	N/A	$ 1,320.09	$ -	0.00%	N/A	$ 1,341.03	$ -	0.00%	N/A	$ 1,362.31	$ -	0.00%
Silver	HMO	N/A	95456NY1820041																
			Single	N/A	$ 462.44	$ -	0.00%	N/A	$ 469.78	$ -	0.00%	N/A	$ 477.23	$ -	0.00%	N/A	$ 484.81	$ -	0.00%
			Double	N/A	$ 924.88	$ -	0.00%	N/A	$ 939.56	$ -	0.00%	N/A	$ 954.46	$ -	0.00%	N/A	$ 969.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 786.15	$ -	0.00%	N/A	$ 798.62	$ -	0.00%	N/A	$ 811.29	$ -	0.00%	N/A	$ 824.17	$ -	0.00%
			Family	N/A	$ 1,317.95	$ -	0.00%	N/A	$ 1,338.87	$ -	0.00%	N/A	$ 1,360.11	$ -	0.00%	N/A	$ 1,381.69	$ -	0.00%
Silver	HMO	N/A	95456NY1840008																
			Single	N/A	$ 469.87	$ -	0.00%	N/A	$ 477.33	$ -	0.00%	N/A	$ 484.90	$ -	0.00%	N/A	$ 492.59	$ -	0.00%
			Double	N/A	$ 939.74	$ -	0.00%	N/A	$ 954.65	$ -	0.00%	N/A	$ 969.80	$ -	0.00%	N/A	$ 985.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 798.78	$ -	0.00%	N/A	$ 811.45	$ -	0.00%	N/A	$ 824.33	$ -	0.00%	N/A	$ 837.41	$ -	0.00%
			Family	N/A	$ 1,339.13	$ -	0.00%	N/A	$ 1,360.38	$ -	0.00%	N/A	$ 1,381.96	$ -	0.00%	N/A	$ 1,403.89	$ -	0.00%
Bronze	HMO	N/A	95456NY1820042																
			Single	N/A	$ 379.06	$ -	0.00%	N/A	$ 385.08	$ -	0.00%	N/A	$ 391.19	$ -	0.00%	N/A	$ 397.40	$ -	0.00%
			Double	N/A	$ 758.13	$ -	0.00%	N/A	$ 770.16	$ -	0.00%	N/A	$ 782.38	$ -	0.00%	N/A	$ 794.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 644.41	$ -	0.00%	N/A	$ 654.64	$ -	0.00%	N/A	$ 665.02	$ -	0.00%	N/A	$ 675.58	$ -	0.00%
			Family	N/A	$ 1,080.33	$ -	0.00%	N/A	$ 1,097.48	$ -	0.00%	N/A	$ 1,114.89	$ -	0.00%	N/A	$ 1,132.58	$ -	0.00%
Bronze	HMO	N/A	95456NY1820043																
			Single	N/A	$ 381.88	$ -	0.00%	N/A	$ 387.94	$ -	0.00%	N/A	$ 394.10	$ -	0.00%	N/A	$ 400.35	$ -	0.00%
			Double	N/A	$ 763.77	$ -	0.00%	N/A	$ 775.89	$ -	0.00%	N/A	$ 788.20	$ -	0.00%	N/A	$ 800.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 649.20	$ -	0.00%	N/A	$ 659.51	$ -	0.00%	N/A	$ 669.97	$ -	0.00%	N/A	$ 680.60	$ -	0.00%
			Family	N/A	$ 1,088.37	$ -	0.00%	N/A	$ 1,105.64	$ -	0.00%	N/A	$ 1,123.19	$ -	0.00%	N/A	$ 1,141.01	$ -	0.00%
Bronze	HMO	N/A	95456NY1820044																
			Single	N/A	$ 388.25	$ -	0.00%	N/A	$ 394.41	$ -	0.00%	N/A	$ 400.67	$ -	0.00%	N/A	$ 407.03	$ -	0.00%
			Double	N/A	$ 776.50	$ -	0.00%	N/A	$ 788.83	$ -	0.00%	N/A	$ 801.34	$ -	0.00%	N/A	$ 814.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 660.03	$ -	0.00%	N/A	$ 670.50	$ -	0.00%	N/A	$ 681.14	$ -	0.00%	N/A	$ 691.95	$ -	0.00%
			Family	N/A	$ 1,106.52	$ -	0.00%	N/A	$ 1,124.08	$ -	0.00%	N/A	$ 1,141.91	$ -	0.00%	N/A	$ 1,160.03	$ -	0.00%
Platinum	POS	N/A	95456NY1870001																
			Single	N/A	$ 856.19	$ -	0.00%	N/A	$ 869.78	$ -	0.00%	N/A	$ 883.58	$ -	0.00%	N/A	$ 897.60	$ -	0.00%
			Double	N/A	$ 1,712.38	$ -	0.00%	N/A	$ 1,739.55	$ -	0.00%	N/A	$ 1,767.16	$ -	0.00%	N/A	$ 1,795.20	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,455.52	$ -	0.00%	N/A	$ 1,478.62	$ -	0.00%	N/A	$ 1,502.08	$ -	0.00%	N/A	$ 1,525.92	$ -	0.00%
			Family	N/A	$ 2,440.14	$ -	0.00%	N/A	$ 2,478.86	$ -	0.00%	N/A	$ 2,518.20	$ -	0.00%	N/A	$ 2,558.16	$ -	0.00%
Platinum	POS	N/A	95456NY1870002																
			Single	N/A	$ 855.48	$ -	0.00%	N/A	$ 869.06	$ -	0.00%	N/A	$ 882.85	$ -	0.00%	N/A	$ 896.86	$ -	0.00%
			Double	N/A	$ 1,710.97	$ -	0.00%	N/A	$ 1,738.12	$ -	0.00%	N/A	$ 1,765.70	$ -	0.00%	N/A	$ 1,793.72	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,454.32	$ -	0.00%	N/A	$ 1,477.40	$ -	0.00%	N/A	$ 1,500.84	$ -	0.00%	N/A	$ 1,524.66	$ -	0.00%
			Family	N/A	$ 2,438.13	$ -	0.00%	N/A	$ 2,476.82	$ -	0.00%	N/A	$ 2,516.12	$ -	0.00%	N/A	$ 2,556.05	$ -	0.00%
Platinum	POS	N/A	95456NY1870003																
			Single	N/A	$ 879.13	$ -	0.00%	N/A	$ 893.08	$ -	0.00%	N/A	$ 907.25	$ -	0.00%	N/A	$ 921.65	$ -	0.00%
			Double	N/A	$ 1,758.26	$ -	0.00%	N/A	$ 1,786.16	$ -	0.00%	N/A	$ 1,814.50	$ -	0.00%	N/A	$ 1,843.30	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,494.52	$ -	0.00%	N/A	$ 1,518.24	$ -	0.00%	N/A	$ 1,542.33	$ -	0.00%	N/A	$ 1,566.80	$ -	0.00%
			Family	N/A	$ 2,505.52	$ -	0.00%	N/A	$ 2,545.28	$ -	0.00%	N/A	$ 2,585.67	$ -	0.00%	N/A	$ 2,626.70	$ -	0.00%
Gold	POS	N/A	95456NY1870004																
			Single	N/A	$ 741.66	$ -	0.00%	N/A	$ 753.43	$ -	0.00%	N/A	$ 765.38	$ -	0.00%	N/A	$ 777.53	$ -	0.00%
			Double	N/A	$ 1,483.32	$ -	0.00%	N/A	$ 1,506.86	$ -	0.00%	N/A	$ 1,530.77	$ -	0.00%	N/A	$ 1,555.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,260.82	$ -	0.00%	N/A	$ 1,280.83	$ -	0.00%	N/A	$ 1,301.15	$ -	0.00%	N/A	$ 1,321.80	$ -	0.00%
			Family	N/A	$ 2,113.73	$ -	0.00%	N/A	$ 2,147.27	$ -	0.00%	N/A	$ 2,181.35	$ -	0.00%	N/A	$ 2,215.96	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	POS	N/A	95456NY1870005																
			Single	N/A	$ 712.71	$ -	0.00%	N/A	$ 724.02	$ -	0.00%	N/A	$ 735.51	$ -	0.00%	N/A	$ 747.18	$ -	0.00%
			Double	N/A	$ 1,425.43	$ -	0.00%	N/A	$ 1,448.05	$ -	0.00%	N/A	$ 1,471.02	$ -	0.00%	N/A	$ 1,494.37	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,211.61	$ -	0.00%	N/A	$ 1,230.84	$ -	0.00%	N/A	$ 1,250.37	$ -	0.00%	N/A	$ 1,270.21	$ -	0.00%
			Family	N/A	$ 2,031.23	$ -	0.00%	N/A	$ 2,063.46	$ -	0.00%	N/A	$ 2,096.21	$ -	0.00%	N/A	$ 2,129.47	$ -	0.00%
Gold	POS	N/A	95456NY1870006																
			Single	N/A	$ 720.26	$ -	0.00%	N/A	$ 731.69	$ -	0.00%	N/A	$ 743.30	$ -	0.00%	N/A	$ 755.10	$ -	0.00%
			Double	N/A	$ 1,440.53	$ -	0.00%	N/A	$ 1,463.39	$ -	0.00%	N/A	$ 1,486.61	$ -	0.00%	N/A	$ 1,510.20	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,224.45	$ -	0.00%	N/A	$ 1,243.88	$ -	0.00%	N/A	$ 1,263.62	$ -	0.00%	N/A	$ 1,283.67	$ -	0.00%
			Family	N/A	$ 2,052.75	$ -	0.00%	N/A	$ 2,085.33	$ -	0.00%	N/A	$ 2,118.42	$ -	0.00%	N/A	$ 2,152.03	$ -	0.00%
Silver	POS	N/A	95456NY1870007																
			Single	N/A	$ 594.90	$ -	0.00%	N/A	$ 604.34	$ -	0.00%	N/A	$ 613.92	$ -	0.00%	N/A	$ 623.67	$ -	0.00%
			Double	N/A	$ 1,189.79	$ -	0.00%	N/A	$ 1,208.67	$ -	0.00%	N/A	$ 1,227.85	$ -	0.00%	N/A	$ 1,247.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.32	$ -	0.00%	N/A	$ 1,027.37	$ -	0.00%	N/A	$ 1,043.67	$ -	0.00%	N/A	$ 1,060.23	$ -	0.00%
			Family	N/A	$ 1,695.45	$ -	0.00%	N/A	$ 1,722.35	$ -	0.00%	N/A	$ 1,749.69	$ -	0.00%	N/A	$ 1,777.45	$ -	0.00%
Silver	POS	N/A	95456NY1870008																
			Single	N/A	$ 566.94	$ -	0.00%	N/A	$ 575.94	$ -	0.00%	N/A	$ 585.08	$ -	0.00%	N/A	$ 594.36	$ -	0.00%
			Double	N/A	$ 1,133.88	$ -	0.00%	N/A	$ 1,151.87	$ -	0.00%	N/A	$ 1,170.15	$ -	0.00%	N/A	$ 1,188.72	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.80	$ -	0.00%	N/A	$ 979.09	$ -	0.00%	N/A	$ 994.63	$ -	0.00%	N/A	$ 1,010.41	$ -	0.00%
			Family	N/A	$ 1,615.78	$ -	0.00%	N/A	$ 1,641.42	$ -	0.00%	N/A	$ 1,667.46	$ -	0.00%	N/A	$ 1,693.92	$ -	0.00%
Silver	POS	N/A	95456NY1870009																
			Single	N/A	$ 574.66	$ -	0.00%	N/A	$ 583.78	$ -	0.00%	N/A	$ 593.05	$ -	0.00%	N/A	$ 602.46	$ -	0.00%
			Double	N/A	$ 1,149.33	$ -	0.00%	N/A	$ 1,167.57	$ -	0.00%	N/A	$ 1,186.09	$ -	0.00%	N/A	$ 1,204.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 976.93	$ -	0.00%	N/A	$ 992.43	$ -	0.00%	N/A	$ 1,008.18	$ -	0.00%	N/A	$ 1,024.18	$ -	0.00%
			Family	N/A	$ 1,637.79	$ -	0.00%	N/A	$ 1,663.78	$ -	0.00%	N/A	$ 1,690.19	$ -	0.00%	N/A	$ 1,717.01	$ -	0.00%
Bronze	POS	N/A	95456NY1870010																
			Single	N/A	$ 515.56	$ -	0.00%	N/A	$ 523.75	$ -	0.00%	N/A	$ 532.06	$ -	0.00%	N/A	$ 540.50	$ -	0.00%
			Double	N/A	$ 1,031.13	$ -	0.00%	N/A	$ 1,047.49	$ -	0.00%	N/A	$ 1,064.11	$ -	0.00%	N/A	$ 1,081.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 876.46	$ -	0.00%	N/A	$ 890.37	$ -	0.00%	N/A	$ 904.50	$ -	0.00%	N/A	$ 918.85	$ -	0.00%
			Family	N/A	$ 1,469.36	$ -	0.00%	N/A	$ 1,492.67	$ -	0.00%	N/A	$ 1,516.36	$ -	0.00%	N/A	$ 1,540.42	$ -	0.00%
Bronze	POS	N/A	95456NY1870011																
			Single	N/A	$ 519.40	$ -	0.00%	N/A	$ 527.64	$ -	0.00%	N/A	$ 536.02	$ -	0.00%	N/A	$ 544.52	$ -	0.00%
			Double	N/A	$ 1,038.80	$ -	0.00%	N/A	$ 1,055.28	$ -	0.00%	N/A	$ 1,072.03	$ -	0.00%	N/A	$ 1,089.04	$ -	0.00%
			Emp/Child(ren)	N/A	$ 882.98	$ -	0.00%	N/A	$ 896.99	$ -	0.00%	N/A	$ 911.23	$ -	0.00%	N/A	$ 925.69	$ -	0.00%
			Family	N/A	$ 1,480.29	$ -	0.00%	N/A	$ 1,503.78	$ -	0.00%	N/A	$ 1,527.64	$ -	0.00%	N/A	$ 1,551.88	$ -	0.00%
Bronze	POS	N/A	95456NY1870012																
			Single	N/A	$ 527.69	$ -	0.00%	N/A	$ 536.07	$ -	0.00%	N/A	$ 544.57	$ -	0.00%	N/A	$ 553.22	$ -	0.00%
			Double	N/A	$ 1,055.39	$ -	0.00%	N/A	$ 1,072.14	$ -	0.00%	N/A	$ 1,089.15	$ -	0.00%	N/A	$ 1,106.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 897.08	$ -	0.00%	N/A	$ 911.32	$ -	0.00%	N/A	$ 925.78	$ -	0.00%	N/A	$ 940.47	$ -	0.00%
			Family	N/A	$ 1,503.93	$ -	0.00%	N/A	$ 1,527.79	$ -	0.00%	N/A	$ 1,552.04	$ -	0.00%	N/A	$ 1,576.66	$ -	0.00%
Platinum	HMO	N/A	95456NY1820045																
			Single	N/A	$ 656.01	$ -	0.00%	N/A	$ 666.42	$ -	0.00%	N/A	$ 677.00	$ -	0.00%	N/A	$ 687.74	$ -	0.00%
			Double	N/A	$ 1,312.03	$ -	0.00%	N/A	$ 1,332.84	$ -	0.00%	N/A	$ 1,353.99	$ -	0.00%	N/A	$ 1,375.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,115.22	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,150.90	$ -	0.00%	N/A	$ 1,169.16	$ -	0.00%
			Family	N/A	$ 1,869.64	$ -	0.00%	N/A	$ 1,899.30	$ -	0.00%	N/A	$ 1,929.44	$ -	0.00%	N/A	$ 1,960.06	$ -	0.00%
Platinum	HMO	N/A	95456NY1820046																
			Single	N/A	$ 655.47	$ -	0.00%	N/A	$ 665.87	$ -	0.00%	N/A	$ 676.44	$ -	0.00%	N/A	$ 687.17	$ -	0.00%
			Double	N/A	$ 1,310.94	$ -	0.00%	N/A	$ 1,331.75	$ -	0.00%	N/A	$ 1,352.88	$ -	0.00%	N/A	$ 1,374.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,114.30	$ -	0.00%	N/A	$ 1,131.98	$ -	0.00%	N/A	$ 1,149.95	$ -	0.00%	N/A	$ 1,168.19	$ -	0.00%
			Family	N/A	$ 1,868.09	$ -	0.00%	N/A	$ 1,897.74	$ -	0.00%	N/A	$ 1,927.85	$ -	0.00%	N/A	$ 1,958.44	$ -	0.00%
Platinum	HMO	N/A	95456NY1820047																
			Single	N/A	$ 674.39	$ -	0.00%	N/A	$ 685.09	$ -	0.00%	N/A	$ 695.96	$ -	0.00%	N/A	$ 707.00	$ -	0.00%
			Double	N/A	$ 1,348.78	$ -	0.00%	N/A	$ 1,370.18	$ -	0.00%	N/A	$ 1,391.92	$ -	0.00%	N/A	$ 1,414.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,146.46	$ -	0.00%	N/A	$ 1,164.65	$ -	0.00%	N/A	$ 1,183.13	$ -	0.00%	N/A	$ 1,201.91	$ -	0.00%
			Family	N/A	$ 1,922.01	$ -	0.00%	N/A	$ 1,952.51	$ -	0.00%	N/A	$ 1,983.49	$ -	0.00%	N/A	$ 2,014.96	$ -	0.00%
Platinum	HMO	N/A	95456NY1840009																
			Single	N/A	$ 653.18	$ -	0.00%	N/A	$ 663.54	$ -	0.00%	N/A	$ 674.07	$ -	0.00%	N/A	$ 684.77	$ -	0.00%
			Double	N/A	$ 1,306.36	$ -	0.00%	N/A	$ 1,327.09	$ -	0.00%	N/A	$ 1,348.15	$ -	0.00%	N/A	$ 1,369.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,110.40	$ -	0.00%	N/A	$ 1,128.02	$ -	0.00%	N/A	$ 1,145.92	$ -	0.00%	N/A	$ 1,164.11	$ -	0.00%
			Family	N/A	$ 1,861.56	$ -	0.00%	N/A	$ 1,891.10	$ -	0.00%	N/A	$ 1,921.11	$ -	0.00%	N/A	$ 1,951.59	$ -	0.00%
Gold	HMO	N/A	95456NY1820048																
			Single	N/A	$ 568.26	$ -	0.00%	N/A	$ 577.28	$ -	0.00%	N/A	$ 586.44	$ -	0.00%	N/A	$ 595.74	$ -	0.00%
			Double	N/A	$ 1,136.52	$ -	0.00%	N/A	$ 1,154.56	$ -	0.00%	N/A	$ 1,172.88	$ -	0.00%	N/A	$ 1,191.49	$ -	0.00%
			Emp/Child(ren)	N/A	$ 966.04	$ -	0.00%	N/A	$ 981.37	$ -	0.00%	N/A	$ 996.94	$ -	0.00%	N/A	$ 1,012.76	$ -	0.00%
			Family	N/A	$ 1,619.54	$ -	0.00%	N/A	$ 1,645.24	$ -	0.00%	N/A	$ 1,671.35	$ -	0.00%	N/A	$ 1,697.87	$ -	0.00%
Gold	HMO	N/A	95456NY1820049																
			Single	N/A	$ 546.08	$ -	0.00%	N/A	$ 554.75	$ -	0.00%	N/A	$ 563.55	$ -	0.00%	N/A	$ 572.49	$ -	0.00%
			Double	N/A	$ 1,092.16	$ -	0.00%	N/A	$ 1,109.49	$ -	0.00%	N/A	$ 1,127.10	$ -	0.00%	N/A	$ 1,144.98	$ -	0.00%
			Emp/Child(ren)	N/A	$ 928.34	$ -	0.00%	N/A	$ 943.07	$ -	0.00%	N/A	$ 958.03	$ -	0.00%	N/A	$ 973.24	$ -	0.00%
			Family	N/A	$ 1,556.33	$ -	0.00%	N/A	$ 1,581.03	$ -	0.00%	N/A	$ 1,606.11	$ -	0.00%	N/A	$ 1,631.60	$ -	0.00%
Gold	HMO	N/A	95456NY1820050																
			Single	N/A	$ 552.12	$ -	0.00%	N/A	$ 560.88	$ -	0.00%	N/A	$ 569.78	$ -	0.00%	N/A	$ 578.83	$ -	0.00%
			Double	N/A	$ 1,104.24	$ -	0.00%	N/A	$ 1,121.77	$ -	0.00%	N/A	$ 1,139.57	$ -	0.00%	N/A	$ 1,157.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.61	$ -	0.00%	N/A	$ 953.50	$ -	0.00%	N/A	$ 968.63	$ -	0.00%	N/A	$ 984.00	$ -	0.00%
			Family	N/A	$ 1,573.55	$ -	0.00%	N/A	$ 1,598.52	$ -	0.00%	N/A	$ 1,623.88	$ -	0.00%	N/A	$ 1,649.65	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	HMO	N/A	95456NY1820051																
			Single	N/A	$ 486.07	$ -	0.00%	N/A	$ 493.79	$ -	0.00%	N/A	$ 501.62	$ -	0.00%	N/A	$ 509.58	$ -	0.00%
			Double	N/A	$ 972.15	$ -	0.00%	N/A	$ 987.57	$ -	0.00%	N/A	$ 1,003.24	$ -	0.00%	N/A	$ 1,019.16	$ -	0.00%
			Emp/Child(ren)	N/A	$ 826.32	$ -	0.00%	N/A	$ 839.44	$ -	0.00%	N/A	$ 852.76	$ -	0.00%	N/A	$ 866.29	$ -	0.00%
			Family	N/A	$ 1,385.31	$ -	0.00%	N/A	$ 1,407.29	$ -	0.00%	N/A	$ 1,429.62	$ -	0.00%	N/A	$ 1,452.31	$ -	0.00%
Silver	HMO	N/A	95456NY1820052																
			Single	N/A	$ 463.23	$ -	0.00%	N/A	$ 470.58	$ -	0.00%	N/A	$ 478.05	$ -	0.00%	N/A	$ 485.64	$ -	0.00%
			Double	N/A	$ 926.46	$ -	0.00%	N/A	$ 941.16	$ -	0.00%	N/A	$ 956.10	$ -	0.00%	N/A	$ 971.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 787.49	$ -	0.00%	N/A	$ 799.99	$ -	0.00%	N/A	$ 812.68	$ -	0.00%	N/A	$ 825.58	$ -	0.00%
			Family	N/A	$ 1,320.21	$ -	0.00%	N/A	$ 1,341.16	$ -	0.00%	N/A	$ 1,362.44	$ -	0.00%	N/A	$ 1,384.06	$ -	0.00%
Silver	HMO	N/A	95456NY1820053																
			Single	N/A	$ 469.82	$ -	0.00%	N/A	$ 477.28	$ -	0.00%	N/A	$ 484.85	$ -	0.00%	N/A	$ 492.54	$ -	0.00%
			Double	N/A	$ 939.64	$ -	0.00%	N/A	$ 954.55	$ -	0.00%	N/A	$ 969.70	$ -	0.00%	N/A	$ 985.09	$ -	0.00%
			Emp/Child(ren)	N/A	$ 798.70	$ -	0.00%	N/A	$ 811.37	$ -	0.00%	N/A	$ 824.25	$ -	0.00%	N/A	$ 837.33	$ -	0.00%
			Family	N/A	$ 1,338.99	$ -	0.00%	N/A	$ 1,360.24	$ -	0.00%	N/A	$ 1,381.83	$ -	0.00%	N/A	$ 1,403.75	$ -	0.00%
Silver	HMO	N/A	95456NY1840010																
			Single	N/A	$ 477.37	$ -	0.00%	N/A	$ 484.95	$ -	0.00%	N/A	$ 492.64	$ -	0.00%	N/A	$ 500.46	$ -	0.00%
			Double	N/A	$ 954.74	$ -	0.00%	N/A	$ 969.89	$ -	0.00%	N/A	$ 985.28	$ -	0.00%	N/A	$ 1,000.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 811.53	$ -	0.00%	N/A	$ 824.41	$ -	0.00%	N/A	$ 837.49	$ -	0.00%	N/A	$ 850.78	$ -	0.00%
			Family	N/A	$ 1,360.51	$ -	0.00%	N/A	$ 1,382.09	$ -	0.00%	N/A	$ 1,404.03	$ -	0.00%	N/A	$ 1,426.31	$ -	0.00%
Bronze	HMO	N/A	95456NY1820054																
			Single	N/A	$ 385.12	$ -	0.00%	N/A	$ 391.23	$ -	0.00%	N/A	$ 397.44	$ -	0.00%	N/A	$ 403.74	$ -	0.00%
			Double	N/A	$ 770.23	$ -	0.00%	N/A	$ 782.45	$ -	0.00%	N/A	$ 794.87	$ -	0.00%	N/A	$ 807.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 654.70	$ -	0.00%	N/A	$ 665.09	$ -	0.00%	N/A	$ 675.64	$ -	0.00%	N/A	$ 686.36	$ -	0.00%
			Family	N/A	$ 1,097.58	$ -	0.00%	N/A	$ 1,115.00	$ -	0.00%	N/A	$ 1,132.69	$ -	0.00%	N/A	$ 1,150.66	$ -	0.00%
Bronze	HMO	N/A	95456NY1820055																
			Single	N/A	$ 387.98	$ -	0.00%	N/A	$ 394.14	$ -	0.00%	N/A	$ 400.39	$ -	0.00%	N/A	$ 406.75	$ -	0.00%
			Double	N/A	$ 775.96	$ -	0.00%	N/A	$ 788.28	$ -	0.00%	N/A	$ 800.78	$ -	0.00%	N/A	$ 813.49	$ -	0.00%
			Emp/Child(ren)	N/A	$ 659.57	$ -	0.00%	N/A	$ 670.03	$ -	0.00%	N/A	$ 680.67	$ -	0.00%	N/A	$ 691.47	$ -	0.00%
			Family	N/A	$ 1,105.75	$ -	0.00%	N/A	$ 1,123.29	$ -	0.00%	N/A	$ 1,141.12	$ -	0.00%	N/A	$ 1,159.23	$ -	0.00%
Bronze	HMO	N/A	95456NY1820056																
			Single	N/A	$ 394.45	$ -	0.00%	N/A	$ 400.71	$ -	0.00%	N/A	$ 407.07	$ -	0.00%	N/A	$ 413.53	$ -	0.00%
			Double	N/A	$ 788.90	$ -	0.00%	N/A	$ 801.42	$ -	0.00%	N/A	$ 814.14	$ -	0.00%	N/A	$ 827.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 670.56	$ -	0.00%	N/A	$ 681.21	$ -	0.00%	N/A	$ 692.02	$ -	0.00%	N/A	$ 703.00	$ -	0.00%
			Family	N/A	$ 1,124.18	$ -	0.00%	N/A	$ 1,142.02	$ -	0.00%	N/A	$ 1,160.14	$ -	0.00%	N/A	$ 1,178.55	$ -	0.00%
Platinum	HMO	N/A	95456NY1820057																
			Single	N/A	$ 657.33	$ -	0.00%	N/A	$ 667.76	$ -	0.00%	N/A	$ 678.35	$ -	0.00%	N/A	$ 689.12	$ -	0.00%
			Double	N/A	$ 1,314.65	$ -	0.00%	N/A	$ 1,335.52	$ -	0.00%	N/A	$ 1,356.71	$ -	0.00%	N/A	$ 1,378.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,117.46	$ -	0.00%	N/A	$ 1,135.19	$ -	0.00%	N/A	$ 1,153.20	$ -	0.00%	N/A	$ 1,171.50	$ -	0.00%
			Family	N/A	$ 1,873.38	$ -	0.00%	N/A	$ 1,903.11	$ -	0.00%	N/A	$ 1,933.31	$ -	0.00%	N/A	$ 1,963.99	$ -	0.00%
Platinum	HMO	N/A	95456NY1820058																
			Single	N/A	$ 656.78	$ -	0.00%	N/A	$ 667.21	$ -	0.00%	N/A	$ 677.79	$ -	0.00%	N/A	$ 688.55	$ -	0.00%
			Double	N/A	$ 1,313.57	$ -	0.00%	N/A	$ 1,334.41	$ -	0.00%	N/A	$ 1,355.59	$ -	0.00%	N/A	$ 1,377.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,116.53	$ -	0.00%	N/A	$ 1,134.25	$ -	0.00%	N/A	$ 1,152.25	$ -	0.00%	N/A	$ 1,170.53	$ -	0.00%
			Family	N/A	$ 1,871.84	$ -	0.00%	N/A	$ 1,901.54	$ -	0.00%	N/A	$ 1,931.71	$ -	0.00%	N/A	$ 1,962.37	$ -	0.00%
Platinum	HMO	N/A	95456NY1820059																
			Single	N/A	$ 675.74	$ -	0.00%	N/A	$ 686.46	$ -	0.00%	N/A	$ 697.36	$ -	0.00%	N/A	$ 708.42	$ -	0.00%
			Double	N/A	$ 1,351.48	$ -	0.00%	N/A	$ 1,372.93	$ -	0.00%	N/A	$ 1,394.71	$ -	0.00%	N/A	$ 1,416.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,148.76	$ -	0.00%	N/A	$ 1,166.99	$ -	0.00%	N/A	$ 1,185.51	$ -	0.00%	N/A	$ 1,204.32	$ -	0.00%
			Family	N/A	$ 1,925.86	$ -	0.00%	N/A	$ 1,956.42	$ -	0.00%	N/A	$ 1,987.46	$ -	0.00%	N/A	$ 2,019.00	$ -	0.00%
Platinum	HMO	N/A	95456NY1840011																
			Single	N/A	$ 654.49	$ -	0.00%	N/A	$ 664.87	$ -	0.00%	N/A	$ 675.42	$ -	0.00%	N/A	$ 686.14	$ -	0.00%
			Double	N/A	$ 1,308.98	$ -	0.00%	N/A	$ 1,329.75	$ -	0.00%	N/A	$ 1,350.85	$ -	0.00%	N/A	$ 1,372.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,112.63	$ -	0.00%	N/A	$ 1,130.28	$ -	0.00%	N/A	$ 1,148.22	$ -	0.00%	N/A	$ 1,166.44	$ -	0.00%
			Family	N/A	$ 1,865.29	$ -	0.00%	N/A	$ 1,894.89	$ -	0.00%	N/A	$ 1,924.96	$ -	0.00%	N/A	$ 1,955.50	$ -	0.00%
Gold	HMO	N/A	95456NY1820060																
			Single	N/A	$ 569.40	$ -	0.00%	N/A	$ 578.43	$ -	0.00%	N/A	$ 587.61	$ -	0.00%	N/A	$ 596.94	$ -	0.00%
			Double	N/A	$ 1,138.80	$ -	0.00%	N/A	$ 1,156.87	$ -	0.00%	N/A	$ 1,175.23	$ -	0.00%	N/A	$ 1,193.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 967.98	$ -	0.00%	N/A	$ 983.34	$ -	0.00%	N/A	$ 998.94	$ -	0.00%	N/A	$ 1,014.79	$ -	0.00%
			Family	N/A	$ 1,622.79	$ -	0.00%	N/A	$ 1,648.54	$ -	0.00%	N/A	$ 1,674.70	$ -	0.00%	N/A	$ 1,701.27	$ -	0.00%
Gold	HMO	N/A	95456NY1820061																
			Single	N/A	$ 547.18	$ -	0.00%	N/A	$ 555.86	$ -	0.00%	N/A	$ 564.68	$ -	0.00%	N/A	$ 573.64	$ -	0.00%
			Double	N/A	$ 1,094.35	$ -	0.00%	N/A	$ 1,111.72	$ -	0.00%	N/A	$ 1,129.36	$ -	0.00%	N/A	$ 1,147.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 930.20	$ -	0.00%	N/A	$ 944.96	$ -	0.00%	N/A	$ 959.95	$ -	0.00%	N/A	$ 975.19	$ -	0.00%
			Family	N/A	$ 1,559.45	$ -	0.00%	N/A	$ 1,584.20	$ -	0.00%	N/A	$ 1,609.33	$ -	0.00%	N/A	$ 1,634.87	$ -	0.00%
Gold	HMO	N/A	95456NY1820062																
			Single	N/A	$ 553.23	$ -	0.00%	N/A	$ 562.01	$ -	0.00%	N/A	$ 570.93	$ -	0.00%	N/A	$ 579.99	$ -	0.00%
			Double	N/A	$ 1,106.46	$ -	0.00%	N/A	$ 1,124.01	$ -	0.00%	N/A	$ 1,141.85	$ -	0.00%	N/A	$ 1,159.97	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.49	$ -	0.00%	N/A	$ 955.41	$ -	0.00%	N/A	$ 970.57	$ -	0.00%	N/A	$ 985.97	$ -	0.00%
			Family	N/A	$ 1,576.70	$ -	0.00%	N/A	$ 1,601.72	$ -	0.00%	N/A	$ 1,627.14	$ -	0.00%	N/A	$ 1,652.96	$ -	0.00%
Silver	HMO	N/A	95456NY1820063																
			Single	N/A	$ 487.05	$ -	0.00%	N/A	$ 494.78	$ -	0.00%	N/A	$ 502.63	$ -	0.00%	N/A	$ 510.60	$ -	0.00%
			Double	N/A	$ 974.09	$ -	0.00%	N/A	$ 989.55	$ -	0.00%	N/A	$ 1,005.25	$ -	0.00%	N/A	$ 1,021.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 827.98	$ -	0.00%	N/A	$ 841.12	$ -	0.00%	N/A	$ 854.47	$ -	0.00%	N/A	$ 868.03	$ -	0.00%
			Family	N/A	$ 1,388.08	$ -	0.00%	N/A	$ 1,410.11	$ -	0.00%	N/A	$ 1,432.49	$ -	0.00%	N/A	$ 1,455.22	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	HMO	N/A	95456NY1820064																
			Single	N/A	$ 464.16	$ -	0.00%	N/A	$ 471.53	$ -	0.00%	N/A	$ 479.01	$ -	0.00%	N/A	$ 486.61	$ -	0.00%
			Double	N/A	$ 928.32	$ -	0.00%	N/A	$ 943.05	$ -	0.00%	N/A	$ 958.02	$ -	0.00%	N/A	$ 973.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 789.07	$ -	0.00%	N/A	$ 801.59	$ -	0.00%	N/A	$ 814.31	$ -	0.00%	N/A	$ 827.23	$ -	0.00%
			Family	N/A	$ 1,322.86	$ -	0.00%	N/A	$ 1,343.85	$ -	0.00%	N/A	$ 1,365.17	$ -	0.00%	N/A	$ 1,386.83	$ -	0.00%
Silver	HMO	N/A	95456NY1820065																
			Single	N/A	$ 470.76	$ -	0.00%	N/A	$ 478.23	$ -	0.00%	N/A	$ 485.82	$ -	0.00%	N/A	$ 493.53	$ -	0.00%
			Double	N/A	$ 941.53	$ -	0.00%	N/A	$ 956.47	$ -	0.00%	N/A	$ 971.65	$ -	0.00%	N/A	$ 987.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 800.30	$ -	0.00%	N/A	$ 813.00	$ -	0.00%	N/A	$ 825.90	$ -	0.00%	N/A	$ 839.00	$ -	0.00%
			Family	N/A	$ 1,341.68	$ -	0.00%	N/A	$ 1,362.97	$ -	0.00%	N/A	$ 1,384.59	$ -	0.00%	N/A	$ 1,406.57	$ -	0.00%
Silver	HMO	N/A	95456NY1840012																
			Single	N/A	$ 478.33	$ -	0.00%	N/A	$ 485.92	$ -	0.00%	N/A	$ 493.63	$ -	0.00%	N/A	$ 501.46	$ -	0.00%
			Double	N/A	$ 956.65	$ -	0.00%	N/A	$ 971.83	$ -	0.00%	N/A	$ 987.26	$ -	0.00%	N/A	$ 1,002.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 813.16	$ -	0.00%	N/A	$ 826.06	$ -	0.00%	N/A	$ 839.17	$ -	0.00%	N/A	$ 852.48	$ -	0.00%
			Family	N/A	$ 1,363.23	$ -	0.00%	N/A	$ 1,384.86	$ -	0.00%	N/A	$ 1,406.84	$ -	0.00%	N/A	$ 1,429.16	$ -	0.00%
Bronze	HMO	N/A	95456NY1820066																
			Single	N/A	$ 385.89	$ -	0.00%	N/A	$ 392.01	$ -	0.00%	N/A	$ 398.23	$ -	0.00%	N/A	$ 404.55	$ -	0.00%
			Double	N/A	$ 771.78	$ -	0.00%	N/A	$ 784.02	$ -	0.00%	N/A	$ 796.46	$ -	0.00%	N/A	$ 809.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 656.01	$ -	0.00%	N/A	$ 666.42	$ -	0.00%	N/A	$ 676.99	$ -	0.00%	N/A	$ 687.74	$ -	0.00%
			Family	N/A	$ 1,099.78	$ -	0.00%	N/A	$ 1,117.23	$ -	0.00%	N/A	$ 1,134.96	$ -	0.00%	N/A	$ 1,152.97	$ -	0.00%
Bronze	HMO	N/A	95456NY1820067																
			Single	N/A	$ 388.76	$ -	0.00%	N/A	$ 394.93	$ -	0.00%	N/A	$ 401.19	$ -	0.00%	N/A	$ 407.56	$ -	0.00%
			Double	N/A	$ 777.52	$ -	0.00%	N/A	$ 789.86	$ -	0.00%	N/A	$ 802.39	$ -	0.00%	N/A	$ 815.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 660.89	$ -	0.00%	N/A	$ 671.38	$ -	0.00%	N/A	$ 682.03	$ -	0.00%	N/A	$ 692.85	$ -	0.00%
			Family	N/A	$ 1,107.96	$ -	0.00%	N/A	$ 1,125.54	$ -	0.00%	N/A	$ 1,143.40	$ -	0.00%	N/A	$ 1,161.55	$ -	0.00%
Bronze	HMO	N/A	95456NY1820068																
			Single	N/A	$ 395.24	$ -	0.00%	N/A	$ 401.51	$ -	0.00%	N/A	$ 407.88	$ -	0.00%	N/A	$ 414.36	$ -	0.00%
			Double	N/A	$ 790.48	$ -	0.00%	N/A	$ 803.02	$ -	0.00%	N/A	$ 815.77	$ -	0.00%	N/A	$ 828.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 671.91	$ -	0.00%	N/A	$ 682.57	$ -	0.00%	N/A	$ 693.40	$ -	0.00%	N/A	$ 704.40	$ -	0.00%
			Family	N/A	$ 1,126.43	$ -	0.00%	N/A	$ 1,144.31	$ -	0.00%	N/A	$ 1,162.47	$ -	0.00%	N/A	$ 1,180.91	$ -	0.00%
Platinum	POS	N/A	95456NY1870013																
			Single	N/A	$ 871.60	$ -	0.00%	N/A	$ 885.43	$ -	0.00%	N/A	$ 899.48	$ -	0.00%	N/A	$ 913.76	$ -	0.00%
			Double	N/A	$ 1,743.20	$ -	0.00%	N/A	$ 1,770.86	$ -	0.00%	N/A	$ 1,798.96	$ -	0.00%	N/A	$ 1,827.51	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,481.72	$ -	0.00%	N/A	$ 1,505.23	$ -	0.00%	N/A	$ 1,529.12	$ -	0.00%	N/A	$ 1,553.38	$ -	0.00%
			Family	N/A	$ 2,484.06	$ -	0.00%	N/A	$ 2,523.48	$ -	0.00%	N/A	$ 2,563.52	$ -	0.00%	N/A	$ 2,604.20	$ -	0.00%
Platinum	POS	N/A	95456NY1870014																
			Single	N/A	$ 870.88	$ -	0.00%	N/A	$ 884.70	$ -	0.00%	N/A	$ 898.74	$ -	0.00%	N/A	$ 913.00	$ -	0.00%
			Double	N/A	$ 1,741.76	$ -	0.00%	N/A	$ 1,769.40	$ -	0.00%	N/A	$ 1,797.48	$ -	0.00%	N/A	$ 1,826.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,480.50	$ -	0.00%	N/A	$ 1,503.99	$ -	0.00%	N/A	$ 1,527.86	$ -	0.00%	N/A	$ 1,552.10	$ -	0.00%
			Family	N/A	$ 2,482.01	$ -	0.00%	N/A	$ 2,521.40	$ -	0.00%	N/A	$ 2,561.41	$ -	0.00%	N/A	$ 2,602.05	$ -	0.00%
Platinum	POS	N/A	95456NY1870015																
			Single	N/A	$ 896.02	$ -	0.00%	N/A	$ 910.23	$ -	0.00%	N/A	$ 924.68	$ -	0.00%	N/A	$ 939.35	$ -	0.00%
			Double	N/A	$ 1,792.03	$ -	0.00%	N/A	$ 1,820.47	$ -	0.00%	N/A	$ 1,849.36	$ -	0.00%	N/A	$ 1,878.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,523.23	$ -	0.00%	N/A	$ 1,547.40	$ -	0.00%	N/A	$ 1,571.95	$ -	0.00%	N/A	$ 1,596.90	$ -	0.00%
			Family	N/A	$ 2,553.65	$ -	0.00%	N/A	$ 2,594.17	$ -	0.00%	N/A	$ 2,635.33	$ -	0.00%	N/A	$ 2,677.15	$ -	0.00%
Gold	POS	N/A	95456NY1870016																
			Single	N/A	$ 755.01	$ -	0.00%	N/A	$ 766.99	$ -	0.00%	N/A	$ 779.16	$ -	0.00%	N/A	$ 791.53	$ -	0.00%
			Double	N/A	$ 1,510.02	$ -	0.00%	N/A	$ 1,533.98	$ -	0.00%	N/A	$ 1,558.32	$ -	0.00%	N/A	$ 1,583.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,283.52	$ -	0.00%	N/A	$ 1,303.88	$ -	0.00%	N/A	$ 1,324.58	$ -	0.00%	N/A	$ 1,345.59	$ -	0.00%
			Family	N/A	$ 2,151.78	$ -	0.00%	N/A	$ 2,185.92	$ -	0.00%	N/A	$ 2,220.61	$ -	0.00%	N/A	$ 2,255.85	$ -	0.00%
Gold	POS	N/A	95456NY1870017																
			Single	N/A	$ 725.54	$ -	0.00%	N/A	$ 737.05	$ -	0.00%	N/A	$ 748.75	$ -	0.00%	N/A	$ 760.63	$ -	0.00%
			Double	N/A	$ 1,451.08	$ -	0.00%	N/A	$ 1,474.11	$ -	0.00%	N/A	$ 1,497.50	$ -	0.00%	N/A	$ 1,521.26	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,233.42	$ -	0.00%	N/A	$ 1,252.99	$ -	0.00%	N/A	$ 1,272.88	$ -	0.00%	N/A	$ 1,293.07	$ -	0.00%
			Family	N/A	$ 2,067.79	$ -	0.00%	N/A	$ 2,100.61	$ -	0.00%	N/A	$ 2,133.94	$ -	0.00%	N/A	$ 2,167.80	$ -	0.00%
Gold	POS	N/A	95456NY1870018																
			Single	N/A	$ 733.57	$ -	0.00%	N/A	$ 745.21	$ -	0.00%	N/A	$ 757.03	$ -	0.00%	N/A	$ 769.05	$ -	0.00%
			Double	N/A	$ 1,467.14	$ -	0.00%	N/A	$ 1,490.42	$ -	0.00%	N/A	$ 1,514.07	$ -	0.00%	N/A	$ 1,538.09	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,247.07	$ -	0.00%	N/A	$ 1,266.86	$ -	0.00%	N/A	$ 1,286.96	$ -	0.00%	N/A	$ 1,307.38	$ -	0.00%
			Family	N/A	$ 2,090.67	$ -	0.00%	N/A	$ 2,123.85	$ -	0.00%	N/A	$ 2,157.55	$ -	0.00%	N/A	$ 2,191.78	$ -	0.00%
Silver	POS	N/A	95456NY1870019																
			Single	N/A	$ 605.60	$ -	0.00%	N/A	$ 615.21	$ -	0.00%	N/A	$ 624.98	$ -	0.00%	N/A	$ 634.89	$ -	0.00%
			Double	N/A	$ 1,211.21	$ -	0.00%	N/A	$ 1,230.43	$ -	0.00%	N/A	$ 1,249.95	$ -	0.00%	N/A	$ 1,269.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,029.53	$ -	0.00%	N/A	$ 1,045.86	$ -	0.00%	N/A	$ 1,062.46	$ -	0.00%	N/A	$ 1,079.32	$ -	0.00%
			Family	N/A	$ 1,725.97	$ -	0.00%	N/A	$ 1,753.36	$ -	0.00%	N/A	$ 1,781.18	$ -	0.00%	N/A	$ 1,809.44	$ -	0.00%
Silver	POS	N/A	95456NY1870020																
			Single	N/A	$ 577.14	$ -	0.00%	N/A	$ 586.30	$ -	0.00%	N/A	$ 595.61	$ -	0.00%	N/A	$ 605.06	$ -	0.00%
			Double	N/A	$ 1,154.29	$ -	0.00%	N/A	$ 1,172.61	$ -	0.00%	N/A	$ 1,191.21	$ -	0.00%	N/A	$ 1,210.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 981.15	$ -	0.00%	N/A	$ 996.71	$ -	0.00%	N/A	$ 1,012.53	$ -	0.00%	N/A	$ 1,028.60	$ -	0.00%
			Family	N/A	$ 1,644.86	$ -	0.00%	N/A	$ 1,670.96	$ -	0.00%	N/A	$ 1,697.48	$ -	0.00%	N/A	$ 1,724.41	$ -	0.00%
Silver	POS	N/A	95456NY1870021																
			Single	N/A	$ 585.36	$ -	0.00%	N/A	$ 594.64	$ -	0.00%	N/A	$ 604.08	$ -	0.00%	N/A	$ 613.67	$ -	0.00%
			Double	N/A	$ 1,170.71	$ -	0.00%	N/A	$ 1,189.29	$ -	0.00%	N/A	$ 1,208.16	$ -	0.00%	N/A	$ 1,227.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 995.10	$ -	0.00%	N/A	$ 1,010.90	$ -	0.00%	N/A	$ 1,026.94	$ -	0.00%	N/A	$ 1,043.23	$ -	0.00%
			Family	N/A	$ 1,668.26	$ -	0.00%	N/A	$ 1,694.74	$ -	0.00%	N/A	$ 1,721.63	$ -	0.00%	N/A	$ 1,748.95	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	POS	N/A	95456NY1870022																
			Single	N/A	$ 524.84	$ -	0.00%	N/A	$ 533.17	$ -	0.00%	N/A	$ 541.63	$ -	0.00%	N/A	$ 550.23	$ -	0.00%
			Double	N/A	$ 1,049.69	$ -	0.00%	N/A	$ 1,066.35	$ -	0.00%	N/A	$ 1,083.27	$ -	0.00%	N/A	$ 1,100.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 892.24	$ -	0.00%	N/A	$ 906.39	$ -	0.00%	N/A	$ 920.78	$ -	0.00%	N/A	$ 935.39	$ -	0.00%
			Family	N/A	$ 1,495.81	$ -	0.00%	N/A	$ 1,519.54	$ -	0.00%	N/A	$ 1,543.65	$ -	0.00%	N/A	$ 1,568.15	$ -	0.00%
Bronze	POS	N/A	95456NY1870023																
			Single	N/A	$ 528.75	$ -	0.00%	N/A	$ 537.14	$ -	0.00%	N/A	$ 545.66	$ -	0.00%	N/A	$ 554.32	$ -	0.00%
			Double	N/A	$ 1,057.50	$ -	0.00%	N/A	$ 1,074.28	$ -	0.00%	N/A	$ 1,091.33	$ -	0.00%	N/A	$ 1,108.64	$ -	0.00%
			Emp/Child(ren)	N/A	$ 898.87	$ -	0.00%	N/A	$ 913.14	$ -	0.00%	N/A	$ 927.63	$ -	0.00%	N/A	$ 942.35	$ -	0.00%
			Family	N/A	$ 1,506.94	$ -	0.00%	N/A	$ 1,530.85	$ -	0.00%	N/A	$ 1,555.14	$ -	0.00%	N/A	$ 1,579.82	$ -	0.00%
Bronze	POS	N/A	95456NY1870024																
			Single	N/A	$ 537.57	$ -	0.00%	N/A	$ 546.10	$ -	0.00%	N/A	$ 554.76	$ -	0.00%	N/A	$ 563.56	$ -	0.00%
			Double	N/A	$ 1,075.13	$ -	0.00%	N/A	$ 1,092.19	$ -	0.00%	N/A	$ 1,109.52	$ -	0.00%	N/A	$ 1,127.13	$ -	0.00%
			Emp/Child(ren)	N/A	$ 913.86	$ -	0.00%	N/A	$ 928.36	$ -	0.00%	N/A	$ 943.09	$ -	0.00%	N/A	$ 958.06	$ -	0.00%
			Family	N/A	$ 1,532.06	$ -	0.00%	N/A	$ 1,556.37	$ -	0.00%	N/A	$ 1,581.07	$ -	0.00%	N/A	$ 1,606.16	$ -	0.00%
Platinum	HMO	N/A	95456NY1820069																
			Single	N/A	$ 644.41	$ -	0.00%	N/A	$ 654.64	$ -	0.00%	N/A	$ 665.03	$ -	0.00%	N/A	$ 675.58	$ -	0.00%
			Double	N/A	$ 1,288.83	$ -	0.00%	N/A	$ 1,309.28	$ -	0.00%	N/A	$ 1,330.05	$ -	0.00%	N/A	$ 1,351.16	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,095.50	$ -	0.00%	N/A	$ 1,112.89	$ -	0.00%	N/A	$ 1,130.55	$ -	0.00%	N/A	$ 1,148.49	$ -	0.00%
			Family	N/A	$ 1,836.58	$ -	0.00%	N/A	$ 1,865.72	$ -	0.00%	N/A	$ 1,895.33	$ -	0.00%	N/A	$ 1,925.40	$ -	0.00%
Platinum	HMO	N/A	95456NY1820070																
			Single	N/A	$ 643.88	$ -	0.00%	N/A	$ 654.10	$ -	0.00%	N/A	$ 664.48	$ -	0.00%	N/A	$ 675.02	$ -	0.00%
			Double	N/A	$ 1,287.76	$ -	0.00%	N/A	$ 1,308.20	$ -	0.00%	N/A	$ 1,328.96	$ -	0.00%	N/A	$ 1,350.04	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,094.60	$ -	0.00%	N/A	$ 1,111.97	$ -	0.00%	N/A	$ 1,129.61	$ -	0.00%	N/A	$ 1,147.54	$ -	0.00%
			Family	N/A	$ 1,835.06	$ -	0.00%	N/A	$ 1,864.18	$ -	0.00%	N/A	$ 1,893.76	$ -	0.00%	N/A	$ 1,923.81	$ -	0.00%
Platinum	HMO	N/A	95456NY1820071																
			Single	N/A	$ 662.46	$ -	0.00%	N/A	$ 672.98	$ -	0.00%	N/A	$ 683.66	$ -	0.00%	N/A	$ 694.50	$ -	0.00%
			Double	N/A	$ 1,324.93	$ -	0.00%	N/A	$ 1,345.95	$ -	0.00%	N/A	$ 1,367.31	$ -	0.00%	N/A	$ 1,389.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,126.19	$ -	0.00%	N/A	$ 1,144.06	$ -	0.00%	N/A	$ 1,162.21	$ -	0.00%	N/A	$ 1,180.66	$ -	0.00%
			Family	N/A	$ 1,888.02	$ -	0.00%	N/A	$ 1,917.98	$ -	0.00%	N/A	$ 1,948.42	$ -	0.00%	N/A	$ 1,979.34	$ -	0.00%
Platinum	HMO	N/A	95456NY1840013																
			Single	N/A	$ 641.63	$ -	0.00%	N/A	$ 651.81	$ -	0.00%	N/A	$ 662.15	$ -	0.00%	N/A	$ 672.66	$ -	0.00%
			Double	N/A	$ 1,283.26	$ -	0.00%	N/A	$ 1,303.62	$ -	0.00%	N/A	$ 1,324.31	$ -	0.00%	N/A	$ 1,345.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,090.77	$ -	0.00%	N/A	$ 1,108.08	$ -	0.00%	N/A	$ 1,125.66	$ -	0.00%	N/A	$ 1,143.52	$ -	0.00%
			Family	N/A	$ 1,828.64	$ -	0.00%	N/A	$ 1,857.66	$ -	0.00%	N/A	$ 1,887.14	$ -	0.00%	N/A	$ 1,917.08	$ -	0.00%
Gold	HMO	N/A	95456NY1820072																
			Single	N/A	$ 558.21	$ -	0.00%	N/A	$ 567.07	$ -	0.00%	N/A	$ 576.07	$ -	0.00%	N/A	$ 585.21	$ -	0.00%
			Double	N/A	$ 1,116.43	$ -	0.00%	N/A	$ 1,134.14	$ -	0.00%	N/A	$ 1,152.14	$ -	0.00%	N/A	$ 1,170.42	$ -	0.00%
			Emp/Child(ren)	N/A	$ 948.96	$ -	0.00%	N/A	$ 964.02	$ -	0.00%	N/A	$ 979.32	$ -	0.00%	N/A	$ 994.86	$ -	0.00%
			Family	N/A	$ 1,590.91	$ -	0.00%	N/A	$ 1,616.15	$ -	0.00%	N/A	$ 1,641.80	$ -	0.00%	N/A	$ 1,667.85	$ -	0.00%
Gold	HMO	N/A	95456NY1820073																
			Single	N/A	$ 536.43	$ -	0.00%	N/A	$ 544.94	$ -	0.00%	N/A	$ 553.58	$ -	0.00%	N/A	$ 562.37	$ -	0.00%
			Double	N/A	$ 1,072.85	$ -	0.00%	N/A	$ 1,089.87	$ -	0.00%	N/A	$ 1,107.17	$ -	0.00%	N/A	$ 1,124.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.92	$ -	0.00%	N/A	$ 926.39	$ -	0.00%	N/A	$ 941.09	$ -	0.00%	N/A	$ 956.03	$ -	0.00%
			Family	N/A	$ 1,528.81	$ -	0.00%	N/A	$ 1,553.07	$ -	0.00%	N/A	$ 1,577.72	$ -	0.00%	N/A	$ 1,602.75	$ -	0.00%
Gold	HMO	N/A	95456NY1820074																
			Single	N/A	$ 542.36	$ -	0.00%	N/A	$ 550.97	$ -	0.00%	N/A	$ 559.71	$ -	0.00%	N/A	$ 568.59	$ -	0.00%
			Double	N/A	$ 1,084.72	$ -	0.00%	N/A	$ 1,101.93	$ -	0.00%	N/A	$ 1,119.42	$ -	0.00%	N/A	$ 1,137.18	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.01	$ -	0.00%	N/A	$ 936.64	$ -	0.00%	N/A	$ 951.51	$ -	0.00%	N/A	$ 966.60	$ -	0.00%
			Family	N/A	$ 1,545.73	$ -	0.00%	N/A	$ 1,570.25	$ -	0.00%	N/A	$ 1,595.17	$ -	0.00%	N/A	$ 1,620.48	$ -	0.00%
Silver	HMO	N/A	95456NY1820075																
			Single	N/A	$ 477.48	$ -	0.00%	N/A	$ 485.06	$ -	0.00%	N/A	$ 492.75	$ -	0.00%	N/A	$ 500.57	$ -	0.00%
			Double	N/A	$ 954.96	$ -	0.00%	N/A	$ 970.11	$ -	0.00%	N/A	$ 985.50	$ -	0.00%	N/A	$ 1,001.14	$ -	0.00%
			Emp/Child(ren)	N/A	$ 811.71	$ -	0.00%	N/A	$ 824.59	$ -	0.00%	N/A	$ 837.68	$ -	0.00%	N/A	$ 850.97	$ -	0.00%
			Family	N/A	$ 1,360.81	$ -	0.00%	N/A	$ 1,382.41	$ -	0.00%	N/A	$ 1,404.34	$ -	0.00%	N/A	$ 1,426.63	$ -	0.00%
Silver	HMO	N/A	95456NY1820076																
			Single	N/A	$ 455.04	$ -	0.00%	N/A	$ 462.26	$ -	0.00%	N/A	$ 469.60	$ -	0.00%	N/A	$ 477.05	$ -	0.00%
			Double	N/A	$ 910.08	$ -	0.00%	N/A	$ 924.52	$ -	0.00%	N/A	$ 939.19	$ -	0.00%	N/A	$ 954.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 773.57	$ -	0.00%	N/A	$ 785.84	$ -	0.00%	N/A	$ 798.31	$ -	0.00%	N/A	$ 810.98	$ -	0.00%
			Family	N/A	$ 1,296.87	$ -	0.00%	N/A	$ 1,317.45	$ -	0.00%	N/A	$ 1,338.35	$ -	0.00%	N/A	$ 1,359.59	$ -	0.00%
Silver	HMO	N/A	95456NY1820077																
			Single	N/A	$ 461.51	$ -	0.00%	N/A	$ 468.84	$ -	0.00%	N/A	$ 476.28	$ -	0.00%	N/A	$ 483.84	$ -	0.00%
			Double	N/A	$ 923.03	$ -	0.00%	N/A	$ 937.68	$ -	0.00%	N/A	$ 952.56	$ -	0.00%	N/A	$ 967.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 784.58	$ -	0.00%	N/A	$ 797.02	$ -	0.00%	N/A	$ 809.67	$ -	0.00%	N/A	$ 822.52	$ -	0.00%
			Family	N/A	$ 1,315.32	$ -	0.00%	N/A	$ 1,336.19	$ -	0.00%	N/A	$ 1,357.39	$ -	0.00%	N/A	$ 1,378.93	$ -	0.00%
Silver	HMO	N/A	95456NY1840014																
			Single	N/A	$ 468.93	$ -	0.00%	N/A	$ 476.37	$ -	0.00%	N/A	$ 483.93	$ -	0.00%	N/A	$ 491.61	$ -	0.00%
			Double	N/A	$ 937.86	$ -	0.00%	N/A	$ 952.74	$ -	0.00%	N/A	$ 967.86	$ -	0.00%	N/A	$ 983.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 797.18	$ -	0.00%	N/A	$ 809.83	$ -	0.00%	N/A	$ 822.68	$ -	0.00%	N/A	$ 835.74	$ -	0.00%
			Family	N/A	$ 1,336.45	$ -	0.00%	N/A	$ 1,357.66	$ -	0.00%	N/A	$ 1,379.20	$ -	0.00%	N/A	$ 1,401.09	$ -	0.00%
Bronze	HMO	N/A	95456NY1820078																
			Single	N/A	$ 378.31	$ -	0.00%	N/A	$ 384.31	$ -	0.00%	N/A	$ 390.41	$ -	0.00%	N/A	$ 396.60	$ -	0.00%
			Double	N/A	$ 756.61	$ -	0.00%	N/A	$ 768.62	$ -	0.00%	N/A	$ 780.82	$ -	0.00%	N/A	$ 793.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 643.12	$ -	0.00%	N/A	$ 653.33	$ -	0.00%	N/A	$ 663.69	$ -	0.00%	N/A	$ 674.22	$ -	0.00%
			Family	N/A	$ 1,078.17	$ -	0.00%	N/A	$ 1,095.28	$ -	0.00%	N/A	$ 1,112.66	$ -	0.00%	N/A	$ 1,130.32	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HMO	N/A	95456NY1820079																
			Single	N/A	$ 381.12	$ -	0.00%	N/A	$ 387.17	$ -	0.00%	N/A	$ 393.31	$ -	0.00%	N/A	$ 399.55	$ -	0.00%
			Double	N/A	$ 762.24	$ -	0.00%	N/A	$ 774.34	$ -	0.00%	N/A	$ 786.63	$ -	0.00%	N/A	$ 799.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 647.91	$ -	0.00%	N/A	$ 658.19	$ -	0.00%	N/A	$ 668.63	$ -	0.00%	N/A	$ 679.24	$ -	0.00%
			Family	N/A	$ 1,086.20	$ -	0.00%	N/A	$ 1,103.43	$ -	0.00%	N/A	$ 1,120.94	$ -	0.00%	N/A	$ 1,138.73	$ -	0.00%
Bronze	HMO	N/A	95456NY1820080																
			Single	N/A	$ 387.48	$ -	0.00%	N/A	$ 393.62	$ -	0.00%	N/A	$ 399.87	$ -	0.00%	N/A	$ 406.22	$ -	0.00%
			Double	N/A	$ 774.95	$ -	0.00%	N/A	$ 787.25	$ -	0.00%	N/A	$ 799.74	$ -	0.00%	N/A	$ 812.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 658.71	$ -	0.00%	N/A	$ 669.16	$ -	0.00%	N/A	$ 679.78	$ -	0.00%	N/A	$ 690.57	$ -	0.00%
			Family	N/A	$ 1,104.30	$ -	0.00%	N/A	$ 1,121.83	$ -	0.00%	N/A	$ 1,139.63	$ -	0.00%	N/A	$ 1,157.71	$ -	0.00%
Platinum	POS	N/A	95456NY1870025																
			Single	N/A	$ 854.48	$ -	0.00%	N/A	$ 868.04	$ -	0.00%	N/A	$ 881.81	$ -	0.00%	N/A	$ 895.80	$ -	0.00%
			Double	N/A	$ 1,708.95	$ -	0.00%	N/A	$ 1,736.07	$ -	0.00%	N/A	$ 1,763.62	$ -	0.00%	N/A	$ 1,791.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,452.61	$ -	0.00%	N/A	$ 1,475.66	$ -	0.00%	N/A	$ 1,499.08	$ -	0.00%	N/A	$ 1,522.87	$ -	0.00%
			Family	N/A	$ 2,435.26	$ -	0.00%	N/A	$ 2,473.90	$ -	0.00%	N/A	$ 2,513.16	$ -	0.00%	N/A	$ 2,553.04	$ -	0.00%
Platinum	POS	N/A	95456NY1870026																
			Single	N/A	$ 853.77	$ -	0.00%	N/A	$ 867.32	$ -	0.00%	N/A	$ 881.08	$ -	0.00%	N/A	$ 895.06	$ -	0.00%
			Double	N/A	$ 1,707.54	$ -	0.00%	N/A	$ 1,734.64	$ -	0.00%	N/A	$ 1,762.17	$ -	0.00%	N/A	$ 1,790.13	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,451.41	$ -	0.00%	N/A	$ 1,474.44	$ -	0.00%	N/A	$ 1,497.84	$ -	0.00%	N/A	$ 1,521.61	$ -	0.00%
			Family	N/A	$ 2,433.25	$ -	0.00%	N/A	$ 2,471.86	$ -	0.00%	N/A	$ 2,511.09	$ -	0.00%	N/A	$ 2,550.93	$ -	0.00%
Platinum	POS	N/A	95456NY1870027																
			Single	N/A	$ 878.41	$ -	0.00%	N/A	$ 892.35	$ -	0.00%	N/A	$ 906.51	$ -	0.00%	N/A	$ 920.90	$ -	0.00%
			Double	N/A	$ 1,756.83	$ -	0.00%	N/A	$ 1,784.70	$ -	0.00%	N/A	$ 1,813.02	$ -	0.00%	N/A	$ 1,841.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,493.30	$ -	0.00%	N/A	$ 1,517.00	$ -	0.00%	N/A	$ 1,541.07	$ -	0.00%	N/A	$ 1,565.52	$ -	0.00%
			Family	N/A	$ 2,503.48	$ -	0.00%	N/A	$ 2,543.20	$ -	0.00%	N/A	$ 2,583.56	$ -	0.00%	N/A	$ 2,624.55	$ -	0.00%
Gold	POS	N/A	95456NY1870028																
			Single	N/A	$ 740.18	$ -	0.00%	N/A	$ 751.92	$ -	0.00%	N/A	$ 763.85	$ -	0.00%	N/A	$ 775.98	$ -	0.00%
			Double	N/A	$ 1,480.35	$ -	0.00%	N/A	$ 1,503.84	$ -	0.00%	N/A	$ 1,527.71	$ -	0.00%	N/A	$ 1,551.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,258.30	$ -	0.00%	N/A	$ 1,278.27	$ -	0.00%	N/A	$ 1,298.55	$ -	0.00%	N/A	$ 1,319.16	$ -	0.00%
			Family	N/A	$ 2,109.50	$ -	0.00%	N/A	$ 2,142.98	$ -	0.00%	N/A	$ 2,176.98	$ -	0.00%	N/A	$ 2,211.53	$ -	0.00%
Gold	POS	N/A	95456NY1870029																
			Single	N/A	$ 711.29	$ -	0.00%	N/A	$ 722.57	$ -	0.00%	N/A	$ 734.04	$ -	0.00%	N/A	$ 745.69	$ -	0.00%
			Double	N/A	$ 1,422.58	$ -	0.00%	N/A	$ 1,445.15	$ -	0.00%	N/A	$ 1,468.08	$ -	0.00%	N/A	$ 1,491.38	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,209.19	$ -	0.00%	N/A	$ 1,228.38	$ -	0.00%	N/A	$ 1,247.87	$ -	0.00%	N/A	$ 1,267.67	$ -	0.00%
			Family	N/A	$ 2,027.17	$ -	0.00%	N/A	$ 2,059.34	$ -	0.00%	N/A	$ 2,092.02	$ -	0.00%	N/A	$ 2,125.21	$ -	0.00%
Gold	POS	N/A	95456NY1870030																
			Single	N/A	$ 719.16	$ -	0.00%	N/A	$ 730.57	$ -	0.00%	N/A	$ 742.16	$ -	0.00%	N/A	$ 753.94	$ -	0.00%
			Double	N/A	$ 1,438.31	$ -	0.00%	N/A	$ 1,461.14	$ -	0.00%	N/A	$ 1,484.32	$ -	0.00%	N/A	$ 1,507.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,222.57	$ -	0.00%	N/A	$ 1,241.97	$ -	0.00%	N/A	$ 1,261.67	$ -	0.00%	N/A	$ 1,281.69	$ -	0.00%
			Family	N/A	$ 2,049.60	$ -	0.00%	N/A	$ 2,082.12	$ -	0.00%	N/A	$ 2,115.16	$ -	0.00%	N/A	$ 2,148.72	$ -	0.00%
Silver	POS	N/A	95456NY1870031																
			Single	N/A	$ 593.71	$ -	0.00%	N/A	$ 603.13	$ -	0.00%	N/A	$ 612.70	$ -	0.00%	N/A	$ 622.42	$ -	0.00%
			Double	N/A	$ 1,187.41	$ -	0.00%	N/A	$ 1,206.25	$ -	0.00%	N/A	$ 1,225.39	$ -	0.00%	N/A	$ 1,244.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,009.30	$ -	0.00%	N/A	$ 1,025.31	$ -	0.00%	N/A	$ 1,041.58	$ -	0.00%	N/A	$ 1,058.11	$ -	0.00%
			Family	N/A	$ 1,692.06	$ -	0.00%	N/A	$ 1,718.91	$ -	0.00%	N/A	$ 1,746.19	$ -	0.00%	N/A	$ 1,773.90	$ -	0.00%
Silver	POS	N/A	95456NY1870032																
			Single	N/A	$ 565.81	$ -	0.00%	N/A	$ 574.78	$ -	0.00%	N/A	$ 583.90	$ -	0.00%	N/A	$ 593.17	$ -	0.00%
			Double	N/A	$ 1,131.61	$ -	0.00%	N/A	$ 1,149.57	$ -	0.00%	N/A	$ 1,167.81	$ -	0.00%	N/A	$ 1,186.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 961.87	$ -	0.00%	N/A	$ 977.13	$ -	0.00%	N/A	$ 992.64	$ -	0.00%	N/A	$ 1,008.39	$ -	0.00%
			Family	N/A	$ 1,612.55	$ -	0.00%	N/A	$ 1,638.13	$ -	0.00%	N/A	$ 1,664.13	$ -	0.00%	N/A	$ 1,690.54	$ -	0.00%
Silver	POS	N/A	95456NY1870033																
			Single	N/A	$ 573.86	$ -	0.00%	N/A	$ 582.96	$ -	0.00%	N/A	$ 592.21	$ -	0.00%	N/A	$ 601.61	$ -	0.00%
			Double	N/A	$ 1,147.71	$ -	0.00%	N/A	$ 1,165.92	$ -	0.00%	N/A	$ 1,184.42	$ -	0.00%	N/A	$ 1,203.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 975.55	$ -	0.00%	N/A	$ 991.03	$ -	0.00%	N/A	$ 1,006.76	$ -	0.00%	N/A	$ 1,022.74	$ -	0.00%
			Family	N/A	$ 1,635.49	$ -	0.00%	N/A	$ 1,661.44	$ -	0.00%	N/A	$ 1,687.80	$ -	0.00%	N/A	$ 1,714.59	$ -	0.00%
Bronze	POS	N/A	95456NY1870034																
			Single	N/A	$ 514.53	$ -	0.00%	N/A	$ 522.70	$ -	0.00%	N/A	$ 530.99	$ -	0.00%	N/A	$ 539.42	$ -	0.00%
			Double	N/A	$ 1,029.07	$ -	0.00%	N/A	$ 1,045.40	$ -	0.00%	N/A	$ 1,061.98	$ -	0.00%	N/A	$ 1,078.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 874.71	$ -	0.00%	N/A	$ 888.59	$ -	0.00%	N/A	$ 902.69	$ -	0.00%	N/A	$ 917.01	$ -	0.00%
			Family	N/A	$ 1,466.42	$ -	0.00%	N/A	$ 1,489.69	$ -	0.00%	N/A	$ 1,513.33	$ -	0.00%	N/A	$ 1,537.34	$ -	0.00%
Bronze	POS	N/A	95456NY1870035																
			Single	N/A	$ 518.36	$ -	0.00%	N/A	$ 526.59	$ -	0.00%	N/A	$ 534.94	$ -	0.00%	N/A	$ 543.43	$ -	0.00%
			Double	N/A	$ 1,036.72	$ -	0.00%	N/A	$ 1,053.17	$ -	0.00%	N/A	$ 1,069.89	$ -	0.00%	N/A	$ 1,086.86	$ -	0.00%
			Emp/Child(ren)	N/A	$ 881.21	$ -	0.00%	N/A	$ 895.20	$ -	0.00%	N/A	$ 909.40	$ -	0.00%	N/A	$ 923.83	$ -	0.00%
			Family	N/A	$ 1,477.33	$ -	0.00%	N/A	$ 1,500.77	$ -	0.00%	N/A	$ 1,524.59	$ -	0.00%	N/A	$ 1,548.78	$ -	0.00%
Bronze	POS	N/A	95456NY1870036																
			Single	N/A	$ 527.00	$ -	0.00%	N/A	$ 535.37	$ -	0.00%	N/A	$ 543.86	$ -	0.00%	N/A	$ 552.49	$ -	0.00%
			Double	N/A	$ 1,054.01	$ -	0.00%	N/A	$ 1,070.73	$ -	0.00%	N/A	$ 1,087.72	$ -	0.00%	N/A	$ 1,104.98	$ -	0.00%
			Emp/Child(ren)	N/A	$ 895.91	$ -	0.00%	N/A	$ 910.12	$ -	0.00%	N/A	$ 924.57	$ -	0.00%	N/A	$ 939.24	$ -	0.00%
			Family	N/A	$ 1,501.96	$ -	0.00%	N/A	$ 1,525.79	$ -	0.00%	N/A	$ 1,550.01	$ -	0.00%	N/A	$ 1,574.60	$ -	0.00%
Platinum	POS	N/A	95456NY1870037																
			Single	N/A	$ 856.19	$ -	0.00%	N/A	$ 869.78	$ -	0.00%	N/A	$ 883.58	$ -	0.00%	N/A	$ 897.60	$ -	0.00%
			Double	N/A	$ 1,712.38	$ -	0.00%	N/A	$ 1,739.55	$ -	0.00%	N/A	$ 1,767.16	$ -	0.00%	N/A	$ 1,795.20	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,455.52	$ -	0.00%	N/A	$ 1,478.62	$ -	0.00%	N/A	$ 1,502.08	$ -	0.00%	N/A	$ 1,525.92	$ -	0.00%
			Family	N/A	$ 2,440.14	$ -	0.00%	N/A	$ 2,478.86	$ -	0.00%	N/A	$ 2,518.20	$ -	0.00%	N/A	$ 2,558.16	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	POS	N/A	95456NY1870038																
			Single	N/A	$ 855.48	$ -	0.00%	N/A	$ 869.06	$ -	0.00%	N/A	$ 882.85	$ -	0.00%	N/A	$ 896.86	$ -	0.00%
			Double	N/A	$ 1,710.97	$ -	0.00%	N/A	$ 1,738.12	$ -	0.00%	N/A	$ 1,765.70	$ -	0.00%	N/A	$ 1,793.72	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,454.32	$ -	0.00%	N/A	$ 1,477.40	$ -	0.00%	N/A	$ 1,500.84	$ -	0.00%	N/A	$ 1,524.66	$ -	0.00%
			Family	N/A	$ 2,438.13	$ -	0.00%	N/A	$ 2,476.82	$ -	0.00%	N/A	$ 2,516.12	$ -	0.00%	N/A	$ 2,556.05	$ -	0.00%
Platinum	POS	N/A	95456NY1870039																
			Single	N/A	$ 880.17	$ -	0.00%	N/A	$ 894.14	$ -	0.00%	N/A	$ 908.33	$ -	0.00%	N/A	$ 922.74	$ -	0.00%
			Double	N/A	$ 1,760.35	$ -	0.00%	N/A	$ 1,788.28	$ -	0.00%	N/A	$ 1,816.66	$ -	0.00%	N/A	$ 1,845.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,496.29	$ -	0.00%	N/A	$ 1,520.04	$ -	0.00%	N/A	$ 1,544.16	$ -	0.00%	N/A	$ 1,568.66	$ -	0.00%
			Family	N/A	$ 2,508.49	$ -	0.00%	N/A	$ 2,548.30	$ -	0.00%	N/A	$ 2,588.74	$ -	0.00%	N/A	$ 2,629.81	$ -	0.00%
Gold	POS	N/A	95456NY1870040																
			Single	N/A	$ 741.66	$ -	0.00%	N/A	$ 753.43	$ -	0.00%	N/A	$ 765.38	$ -	0.00%	N/A	$ 777.53	$ -	0.00%
			Double	N/A	$ 1,483.32	$ -	0.00%	N/A	$ 1,506.86	$ -	0.00%	N/A	$ 1,530.77	$ -	0.00%	N/A	$ 1,555.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,260.82	$ -	0.00%	N/A	$ 1,280.83	$ -	0.00%	N/A	$ 1,301.15	$ -	0.00%	N/A	$ 1,321.80	$ -	0.00%
			Family	N/A	$ 2,113.73	$ -	0.00%	N/A	$ 2,147.27	$ -	0.00%	N/A	$ 2,181.35	$ -	0.00%	N/A	$ 2,215.96	$ -	0.00%
Gold	POS	N/A	95456NY1870041																
			Single	N/A	$ 712.71	$ -	0.00%	N/A	$ 724.02	$ -	0.00%	N/A	$ 735.51	$ -	0.00%	N/A	$ 747.18	$ -	0.00%
			Double	N/A	$ 1,425.43	$ -	0.00%	N/A	$ 1,448.05	$ -	0.00%	N/A	$ 1,471.02	$ -	0.00%	N/A	$ 1,494.37	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,211.61	$ -	0.00%	N/A	$ 1,230.84	$ -	0.00%	N/A	$ 1,250.37	$ -	0.00%	N/A	$ 1,270.21	$ -	0.00%
			Family	N/A	$ 2,031.23	$ -	0.00%	N/A	$ 2,063.46	$ -	0.00%	N/A	$ 2,096.21	$ -	0.00%	N/A	$ 2,129.47	$ -	0.00%
Gold	POS	N/A	95456NY1870042																
			Single	N/A	$ 720.60	$ -	0.00%	N/A	$ 732.03	$ -	0.00%	N/A	$ 743.65	$ -	0.00%	N/A	$ 755.45	$ -	0.00%
			Double	N/A	$ 1,441.20	$ -	0.00%	N/A	$ 1,464.06	$ -	0.00%	N/A	$ 1,487.30	$ -	0.00%	N/A	$ 1,510.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,225.02	$ -	0.00%	N/A	$ 1,244.46	$ -	0.00%	N/A	$ 1,264.20	$ -	0.00%	N/A	$ 1,284.26	$ -	0.00%
			Family	N/A	$ 2,053.70	$ -	0.00%	N/A	$ 2,086.29	$ -	0.00%	N/A	$ 2,119.40	$ -	0.00%	N/A	$ 2,153.03	$ -	0.00%
Silver	POS	N/A	95456NY1870043																
			Single	N/A	$ 594.90	$ -	0.00%	N/A	$ 604.34	$ -	0.00%	N/A	$ 613.92	$ -	0.00%	N/A	$ 623.67	$ -	0.00%
			Double	N/A	$ 1,189.79	$ -	0.00%	N/A	$ 1,208.67	$ -	0.00%	N/A	$ 1,227.85	$ -	0.00%	N/A	$ 1,247.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.32	$ -	0.00%	N/A	$ 1,027.37	$ -	0.00%	N/A	$ 1,043.67	$ -	0.00%	N/A	$ 1,060.23	$ -	0.00%
			Family	N/A	$ 1,695.45	$ -	0.00%	N/A	$ 1,722.35	$ -	0.00%	N/A	$ 1,749.69	$ -	0.00%	N/A	$ 1,777.45	$ -	0.00%
Silver	POS	N/A	95456NY1870044																
			Single	N/A	$ 566.94	$ -	0.00%	N/A	$ 575.94	$ -	0.00%	N/A	$ 585.08	$ -	0.00%	N/A	$ 594.36	$ -	0.00%
			Double	N/A	$ 1,133.88	$ -	0.00%	N/A	$ 1,151.87	$ -	0.00%	N/A	$ 1,170.15	$ -	0.00%	N/A	$ 1,188.72	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.80	$ -	0.00%	N/A	$ 979.09	$ -	0.00%	N/A	$ 994.63	$ -	0.00%	N/A	$ 1,010.41	$ -	0.00%
			Family	N/A	$ 1,615.78	$ -	0.00%	N/A	$ 1,641.42	$ -	0.00%	N/A	$ 1,667.46	$ -	0.00%	N/A	$ 1,693.92	$ -	0.00%
Silver	POS	N/A	95456NY1870045																
			Single	N/A	$ 575.01	$ -	0.00%	N/A	$ 584.13	$ -	0.00%	N/A	$ 593.40	$ -	0.00%	N/A	$ 602.82	$ -	0.00%
			Double	N/A	$ 1,150.01	$ -	0.00%	N/A	$ 1,168.26	$ -	0.00%	N/A	$ 1,186.80	$ -	0.00%	N/A	$ 1,205.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.51	$ -	0.00%	N/A	$ 993.02	$ -	0.00%	N/A	$ 1,008.78	$ -	0.00%	N/A	$ 1,024.79	$ -	0.00%
			Family	N/A	$ 1,638.77	$ -	0.00%	N/A	$ 1,664.77	$ -	0.00%	N/A	$ 1,691.19	$ -	0.00%	N/A	$ 1,718.02	$ -	0.00%
Bronze	POS	N/A	95456NY1870046																
			Single	N/A	$ 515.56	$ -	0.00%	N/A	$ 523.75	$ -	0.00%	N/A	$ 532.06	$ -	0.00%	N/A	$ 540.50	$ -	0.00%
			Double	N/A	$ 1,031.13	$ -	0.00%	N/A	$ 1,047.49	$ -	0.00%	N/A	$ 1,064.11	$ -	0.00%	N/A	$ 1,081.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 876.46	$ -	0.00%	N/A	$ 890.37	$ -	0.00%	N/A	$ 904.50	$ -	0.00%	N/A	$ 918.85	$ -	0.00%
			Family	N/A	$ 1,469.36	$ -	0.00%	N/A	$ 1,492.67	$ -	0.00%	N/A	$ 1,516.36	$ -	0.00%	N/A	$ 1,540.42	$ -	0.00%
Bronze	POS	N/A	95456NY1870047																
			Single	N/A	$ 519.40	$ -	0.00%	N/A	$ 527.64	$ -	0.00%	N/A	$ 536.02	$ -	0.00%	N/A	$ 544.52	$ -	0.00%
			Double	N/A	$ 1,038.80	$ -	0.00%	N/A	$ 1,055.28	$ -	0.00%	N/A	$ 1,072.03	$ -	0.00%	N/A	$ 1,089.04	$ -	0.00%
			Emp/Child(ren)	N/A	$ 882.98	$ -	0.00%	N/A	$ 896.99	$ -	0.00%	N/A	$ 911.23	$ -	0.00%	N/A	$ 925.69	$ -	0.00%
			Family	N/A	$ 1,480.29	$ -	0.00%	N/A	$ 1,503.78	$ -	0.00%	N/A	$ 1,527.64	$ -	0.00%	N/A	$ 1,551.88	$ -	0.00%
Bronze	POS	N/A	95456NY1870048																
			Single	N/A	$ 528.06	$ -	0.00%	N/A	$ 536.44	$ -	0.00%	N/A	$ 544.95	$ -	0.00%	N/A	$ 553.60	$ -	0.00%
			Double	N/A	$ 1,056.12	$ -	0.00%	N/A	$ 1,072.88	$ -	0.00%	N/A	$ 1,089.90	$ -	0.00%	N/A	$ 1,107.20	$ -	0.00%
			Emp/Child(ren)	N/A	$ 897.70	$ -	0.00%	N/A	$ 911.95	$ -	0.00%	N/A	$ 926.42	$ -	0.00%	N/A	$ 941.12	$ -	0.00%
			Family	N/A	$ 1,504.97	$ -	0.00%	N/A	$ 1,528.85	$ -	0.00%	N/A	$ 1,553.11	$ -	0.00%	N/A	$ 1,577.76	$ -	0.00%
Platinum	HMO	N/A	95456NY1820081																
			Single	N/A	$ 656.01	$ -	0.00%	N/A	$ 666.42	$ -	0.00%	N/A	$ 677.00	$ -	0.00%	N/A	$ 687.74	$ -	0.00%
			Double	N/A	$ 1,312.03	$ -	0.00%	N/A	$ 1,332.84	$ -	0.00%	N/A	$ 1,353.99	$ -	0.00%	N/A	$ 1,375.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,115.22	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,150.90	$ -	0.00%	N/A	$ 1,169.16	$ -	0.00%
			Family	N/A	$ 1,869.64	$ -	0.00%	N/A	$ 1,899.30	$ -	0.00%	N/A	$ 1,929.44	$ -	0.00%	N/A	$ 1,960.06	$ -	0.00%
Platinum	HMO	N/A	95456NY1820082																
			Single	N/A	$ 655.47	$ -	0.00%	N/A	$ 665.87	$ -	0.00%	N/A	$ 676.44	$ -	0.00%	N/A	$ 687.17	$ -	0.00%
			Double	N/A	$ 1,310.94	$ -	0.00%	N/A	$ 1,331.75	$ -	0.00%	N/A	$ 1,352.88	$ -	0.00%	N/A	$ 1,374.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,114.30	$ -	0.00%	N/A	$ 1,131.98	$ -	0.00%	N/A	$ 1,149.95	$ -	0.00%	N/A	$ 1,168.19	$ -	0.00%
			Family	N/A	$ 1,868.09	$ -	0.00%	N/A	$ 1,897.74	$ -	0.00%	N/A	$ 1,927.85	$ -	0.00%	N/A	$ 1,958.44	$ -	0.00%
Platinum	HMO	N/A	95456NY1820083																
			Single	N/A	$ 674.39	$ -	0.00%	N/A	$ 685.09	$ -	0.00%	N/A	$ 695.96	$ -	0.00%	N/A	$ 707.00	$ -	0.00%
			Double	N/A	$ 1,348.78	$ -	0.00%	N/A	$ 1,370.18	$ -	0.00%	N/A	$ 1,391.92	$ -	0.00%	N/A	$ 1,414.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,146.46	$ -	0.00%	N/A	$ 1,164.65	$ -	0.00%	N/A	$ 1,183.13	$ -	0.00%	N/A	$ 1,201.91	$ -	0.00%
			Family	N/A	$ 1,922.01	$ -	0.00%	N/A	$ 1,952.51	$ -	0.00%	N/A	$ 1,983.49	$ -	0.00%	N/A	$ 2,014.96	$ -	0.00%
Platinum	HMO	N/A	95456NY1840015																
			Single	N/A	$ 653.18	$ -	0.00%	N/A	$ 663.54	$ -	0.00%	N/A	$ 674.07	$ -	0.00%	N/A	$ 684.77	$ -	0.00%
			Double	N/A	$ 1,306.36	$ -	0.00%	N/A	$ 1,327.09	$ -	0.00%	N/A	$ 1,348.15	$ -	0.00%	N/A	$ 1,369.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,110.40	$ -	0.00%	N/A	$ 1,128.02	$ -	0.00%	N/A	$ 1,145.92	$ -	0.00%	N/A	$ 1,164.11	$ -	0.00%
			Family	N/A	$ 1,861.56	$ -	0.00%	N/A	$ 1,891.10	$ -	0.00%	N/A	$ 1,921.11	$ -	0.00%	N/A	$ 1,951.59	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	HMO	N/A	95456NY1820084																
			Single	N/A	$ 568.26	$ -	0.00%	N/A	$ 577.28	$ -	0.00%	N/A	$ 586.44	$ -	0.00%	N/A	$ 595.74	$ -	0.00%
			Double	N/A	$ 1,136.52	$ -	0.00%	N/A	$ 1,154.56	$ -	0.00%	N/A	$ 1,172.88	$ -	0.00%	N/A	$ 1,191.49	$ -	0.00%
			Emp/Child(ren)	N/A	$ 966.04	$ -	0.00%	N/A	$ 981.37	$ -	0.00%	N/A	$ 996.94	$ -	0.00%	N/A	$ 1,012.76	$ -	0.00%
			Family	N/A	$ 1,619.54	$ -	0.00%	N/A	$ 1,645.24	$ -	0.00%	N/A	$ 1,671.35	$ -	0.00%	N/A	$ 1,697.87	$ -	0.00%
Gold	HMO	N/A	95456NY1820085																
			Single	N/A	$ 546.08	$ -	0.00%	N/A	$ 554.75	$ -	0.00%	N/A	$ 563.55	$ -	0.00%	N/A	$ 572.49	$ -	0.00%
			Double	N/A	$ 1,092.16	$ -	0.00%	N/A	$ 1,109.49	$ -	0.00%	N/A	$ 1,127.10	$ -	0.00%	N/A	$ 1,144.98	$ -	0.00%
			Emp/Child(ren)	N/A	$ 928.34	$ -	0.00%	N/A	$ 943.07	$ -	0.00%	N/A	$ 958.03	$ -	0.00%	N/A	$ 973.24	$ -	0.00%
			Family	N/A	$ 1,556.33	$ -	0.00%	N/A	$ 1,581.03	$ -	0.00%	N/A	$ 1,606.11	$ -	0.00%	N/A	$ 1,631.60	$ -	0.00%
Gold	HMO	N/A	95456NY1820086																
			Single	N/A	$ 552.12	$ -	0.00%	N/A	$ 560.88	$ -	0.00%	N/A	$ 569.78	$ -	0.00%	N/A	$ 578.83	$ -	0.00%
			Double	N/A	$ 1,104.24	$ -	0.00%	N/A	$ 1,121.77	$ -	0.00%	N/A	$ 1,139.57	$ -	0.00%	N/A	$ 1,157.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.61	$ -	0.00%	N/A	$ 953.50	$ -	0.00%	N/A	$ 968.63	$ -	0.00%	N/A	$ 984.00	$ -	0.00%
			Family	N/A	$ 1,573.55	$ -	0.00%	N/A	$ 1,598.52	$ -	0.00%	N/A	$ 1,623.88	$ -	0.00%	N/A	$ 1,649.65	$ -	0.00%
Silver	HMO	N/A	95456NY1820087																
			Single	N/A	$ 486.07	$ -	0.00%	N/A	$ 493.79	$ -	0.00%	N/A	$ 501.62	$ -	0.00%	N/A	$ 509.58	$ -	0.00%
			Double	N/A	$ 972.15	$ -	0.00%	N/A	$ 987.57	$ -	0.00%	N/A	$ 1,003.24	$ -	0.00%	N/A	$ 1,019.16	$ -	0.00%
			Emp/Child(ren)	N/A	$ 826.32	$ -	0.00%	N/A	$ 839.44	$ -	0.00%	N/A	$ 852.76	$ -	0.00%	N/A	$ 866.29	$ -	0.00%
			Family	N/A	$ 1,385.31	$ -	0.00%	N/A	$ 1,407.29	$ -	0.00%	N/A	$ 1,429.62	$ -	0.00%	N/A	$ 1,452.31	$ -	0.00%
Silver	HMO	N/A	95456NY1820088																
			Single	N/A	$ 463.23	$ -	0.00%	N/A	$ 470.58	$ -	0.00%	N/A	$ 478.05	$ -	0.00%	N/A	$ 485.64	$ -	0.00%
			Double	N/A	$ 926.46	$ -	0.00%	N/A	$ 941.16	$ -	0.00%	N/A	$ 956.10	$ -	0.00%	N/A	$ 971.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 787.49	$ -	0.00%	N/A	$ 799.99	$ -	0.00%	N/A	$ 812.68	$ -	0.00%	N/A	$ 825.58	$ -	0.00%
			Family	N/A	$ 1,320.21	$ -	0.00%	N/A	$ 1,341.16	$ -	0.00%	N/A	$ 1,362.44	$ -	0.00%	N/A	$ 1,384.06	$ -	0.00%
Silver	HMO	N/A	95456NY1820089																
			Single	N/A	$ 469.82	$ -	0.00%	N/A	$ 477.28	$ -	0.00%	N/A	$ 484.85	$ -	0.00%	N/A	$ 492.54	$ -	0.00%
			Double	N/A	$ 939.64	$ -	0.00%	N/A	$ 954.55	$ -	0.00%	N/A	$ 969.70	$ -	0.00%	N/A	$ 985.09	$ -	0.00%
			Emp/Child(ren)	N/A	$ 798.70	$ -	0.00%	N/A	$ 811.37	$ -	0.00%	N/A	$ 824.25	$ -	0.00%	N/A	$ 837.33	$ -	0.00%
			Family	N/A	$ 1,338.99	$ -	0.00%	N/A	$ 1,360.24	$ -	0.00%	N/A	$ 1,381.83	$ -	0.00%	N/A	$ 1,403.75	$ -	0.00%
Silver	HMO	N/A	95456NY1840016																
			Single	N/A	$ 477.37	$ -	0.00%	N/A	$ 484.95	$ -	0.00%	N/A	$ 492.64	$ -	0.00%	N/A	$ 500.46	$ -	0.00%
			Double	N/A	$ 954.74	$ -	0.00%	N/A	$ 969.89	$ -	0.00%	N/A	$ 985.28	$ -	0.00%	N/A	$ 1,000.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 811.53	$ -	0.00%	N/A	$ 824.41	$ -	0.00%	N/A	$ 837.49	$ -	0.00%	N/A	$ 850.78	$ -	0.00%
			Family	N/A	$ 1,360.51	$ -	0.00%	N/A	$ 1,382.09	$ -	0.00%	N/A	$ 1,404.03	$ -	0.00%	N/A	$ 1,426.31	$ -	0.00%
Bronze	HMO	N/A	95456NY1820090																
			Single	N/A	$ 385.12	$ -	0.00%	N/A	$ 391.23	$ -	0.00%	N/A	$ 397.44	$ -	0.00%	N/A	$ 403.74	$ -	0.00%
			Double	N/A	$ 770.23	$ -	0.00%	N/A	$ 782.45	$ -	0.00%	N/A	$ 794.87	$ -	0.00%	N/A	$ 807.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 654.70	$ -	0.00%	N/A	$ 665.09	$ -	0.00%	N/A	$ 675.64	$ -	0.00%	N/A	$ 686.36	$ -	0.00%
			Family	N/A	$ 1,097.58	$ -	0.00%	N/A	$ 1,115.00	$ -	0.00%	N/A	$ 1,132.69	$ -	0.00%	N/A	$ 1,150.66	$ -	0.00%
Bronze	HMO	N/A	95456NY1820091																
			Single	N/A	$ 387.98	$ -	0.00%	N/A	$ 394.14	$ -	0.00%	N/A	$ 400.39	$ -	0.00%	N/A	$ 406.75	$ -	0.00%
			Double	N/A	$ 775.96	$ -	0.00%	N/A	$ 788.28	$ -	0.00%	N/A	$ 800.78	$ -	0.00%	N/A	$ 813.49	$ -	0.00%
			Emp/Child(ren)	N/A	$ 659.57	$ -	0.00%	N/A	$ 670.03	$ -	0.00%	N/A	$ 680.67	$ -	0.00%	N/A	$ 691.47	$ -	0.00%
			Family	N/A	$ 1,105.75	$ -	0.00%	N/A	$ 1,123.29	$ -	0.00%	N/A	$ 1,141.12	$ -	0.00%	N/A	$ 1,159.23	$ -	0.00%
Bronze	HMO	N/A	95456NY1820092																
			Single	N/A	$ 394.45	$ -	0.00%	N/A	$ 400.71	$ -	0.00%	N/A	$ 407.07	$ -	0.00%	N/A	$ 413.53	$ -	0.00%
			Double	N/A	$ 788.90	$ -	0.00%	N/A	$ 801.42	$ -	0.00%	N/A	$ 814.14	$ -	0.00%	N/A	$ 827.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 670.56	$ -	0.00%	N/A	$ 681.21	$ -	0.00%	N/A	$ 692.02	$ -	0.00%	N/A	$ 703.00	$ -	0.00%
			Family	N/A	$ 1,124.18	$ -	0.00%	N/A	$ 1,142.02	$ -	0.00%	N/A	$ 1,160.14	$ -	0.00%	N/A	$ 1,178.55	$ -	0.00%
Platinum	POS	N/A	95456NY1870049																
			Single	N/A	$ 831.09	$ -	0.00%	N/A	$ 844.27	$ -	0.00%	N/A	$ 857.67	$ -	0.00%	N/A	$ 871.28	$ -	0.00%
			Double	N/A	$ 1,662.17	$ -	0.00%	N/A	$ 1,688.55	$ -	0.00%	N/A	$ 1,715.34	$ -	0.00%	N/A	$ 1,742.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,412.84	$ -	0.00%	N/A	$ 1,435.26	$ -	0.00%	N/A	$ 1,458.04	$ -	0.00%	N/A	$ 1,481.18	$ -	0.00%
			Family	N/A	$ 2,368.59	$ -	0.00%	N/A	$ 2,406.18	$ -	0.00%	N/A	$ 2,444.36	$ -	0.00%	N/A	$ 2,483.15	$ -	0.00%
Platinum	POS	N/A	95456NY1870050																
			Single	N/A	$ 830.40	$ -	0.00%	N/A	$ 843.58	$ -	0.00%	N/A	$ 856.96	$ -	0.00%	N/A	$ 870.56	$ -	0.00%
			Double	N/A	$ 1,660.80	$ -	0.00%	N/A	$ 1,687.15	$ -	0.00%	N/A	$ 1,713.93	$ -	0.00%	N/A	$ 1,741.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,411.68	$ -	0.00%	N/A	$ 1,434.08	$ -	0.00%	N/A	$ 1,456.84	$ -	0.00%	N/A	$ 1,479.95	$ -	0.00%
			Family	N/A	$ 2,366.64	$ -	0.00%	N/A	$ 2,404.19	$ -	0.00%	N/A	$ 2,442.34	$ -	0.00%	N/A	$ 2,481.10	$ -	0.00%
Platinum	POS	N/A	95456NY1870051																
			Single	N/A	$ 853.35	$ -	0.00%	N/A	$ 866.89	$ -	0.00%	N/A	$ 880.65	$ -	0.00%	N/A	$ 894.62	$ -	0.00%
			Double	N/A	$ 1,706.71	$ -	0.00%	N/A	$ 1,733.79	$ -	0.00%	N/A	$ 1,761.30	$ -	0.00%	N/A	$ 1,789.25	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,450.70	$ -	0.00%	N/A	$ 1,473.72	$ -	0.00%	N/A	$ 1,497.11	$ -	0.00%	N/A	$ 1,520.86	$ -	0.00%
			Family	N/A	$ 2,432.06	$ -	0.00%	N/A	$ 2,470.65	$ -	0.00%	N/A	$ 2,509.85	$ -	0.00%	N/A	$ 2,549.68	$ -	0.00%
Gold	POS	N/A	95456NY1870052																
			Single	N/A	$ 719.91	$ -	0.00%	N/A	$ 731.34	$ -	0.00%	N/A	$ 742.94	$ -	0.00%	N/A	$ 754.73	$ -	0.00%
			Double	N/A	$ 1,439.83	$ -	0.00%	N/A	$ 1,462.68	$ -	0.00%	N/A	$ 1,485.89	$ -	0.00%	N/A	$ 1,509.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,223.85	$ -	0.00%	N/A	$ 1,243.27	$ -	0.00%	N/A	$ 1,263.00	$ -	0.00%	N/A	$ 1,283.04	$ -	0.00%
			Family	N/A	$ 2,051.76	$ -	0.00%	N/A	$ 2,084.31	$ -	0.00%	N/A	$ 2,117.39	$ -	0.00%	N/A	$ 2,150.99	$ -	0.00%
Gold	POS	N/A	95456NY1870053																
			Single	N/A	$ 691.82	$ -	0.00%	N/A	$ 702.79	$ -	0.00%	N/A	$ 713.95	$ -	0.00%	N/A	$ 725.27	$ -	0.00%
			Double	N/A	$ 1,383.63	$ -	0.00%	N/A	$ 1,405.59	$ -	0.00%	N/A	$ 1,427.89	$ -	0.00%	N/A	$ 1,450.55	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,176.09	$ -	0.00%	N/A	$ 1,194.75	$ -	0.00%	N/A	$ 1,213.71	$ -	0.00%	N/A	$ 1,232.97	$ -	0.00%
			Family	N/A	$ 1,971.67	$ -	0.00%	N/A	$ 2,002.96	$ -	0.00%	N/A	$ 2,034.74	$ -	0.00%	N/A	$ 2,067.03	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	POS	N/A	95456NY1870054																
			Single	N/A	$ 699.15	$ -	0.00%	N/A	$ 710.24	$ -	0.00%	N/A	$ 721.51	$ -	0.00%	N/A	$ 732.96	$ -	0.00%
			Double	N/A	$ 1,398.29	$ -	0.00%	N/A	$ 1,420.48	$ -	0.00%	N/A	$ 1,443.02	$ -	0.00%	N/A	$ 1,465.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,188.55	$ -	0.00%	N/A	$ 1,207.41	$ -	0.00%	N/A	$ 1,226.57	$ -	0.00%	N/A	$ 1,246.03	$ -	0.00%
			Family	N/A	$ 1,992.57	$ -	0.00%	N/A	$ 2,024.18	$ -	0.00%	N/A	$ 2,056.30	$ -	0.00%	N/A	$ 2,088.93	$ -	0.00%
Silver	POS	N/A	95456NY1870055																
			Single	N/A	$ 577.45	$ -	0.00%	N/A	$ 586.62	$ -	0.00%	N/A	$ 595.92	$ -	0.00%	N/A	$ 605.38	$ -	0.00%
			Double	N/A	$ 1,154.90	$ -	0.00%	N/A	$ 1,173.23	$ -	0.00%	N/A	$ 1,191.85	$ -	0.00%	N/A	$ 1,210.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 981.67	$ -	0.00%	N/A	$ 997.25	$ -	0.00%	N/A	$ 1,013.07	$ -	0.00%	N/A	$ 1,029.15	$ -	0.00%
			Family	N/A	$ 1,645.74	$ -	0.00%	N/A	$ 1,671.85	$ -	0.00%	N/A	$ 1,698.38	$ -	0.00%	N/A	$ 1,725.33	$ -	0.00%
Silver	POS	N/A	95456NY1870056																
			Single	N/A	$ 550.32	$ -	0.00%	N/A	$ 559.05	$ -	0.00%	N/A	$ 567.92	$ -	0.00%	N/A	$ 576.93	$ -	0.00%
			Double	N/A	$ 1,100.63	$ -	0.00%	N/A	$ 1,118.10	$ -	0.00%	N/A	$ 1,135.84	$ -	0.00%	N/A	$ 1,153.86	$ -	0.00%
			Emp/Child(ren)	N/A	$ 935.54	$ -	0.00%	N/A	$ 950.38	$ -	0.00%	N/A	$ 965.46	$ -	0.00%	N/A	$ 980.78	$ -	0.00%
			Family	N/A	$ 1,568.40	$ -	0.00%	N/A	$ 1,593.29	$ -	0.00%	N/A	$ 1,618.57	$ -	0.00%	N/A	$ 1,644.26	$ -	0.00%
Silver	POS	N/A	95456NY1870057																
			Single	N/A	$ 557.82	$ -	0.00%	N/A	$ 566.67	$ -	0.00%	N/A	$ 575.66	$ -	0.00%	N/A	$ 584.79	$ -	0.00%
			Double	N/A	$ 1,115.63	$ -	0.00%	N/A	$ 1,133.33	$ -	0.00%	N/A	$ 1,151.32	$ -	0.00%	N/A	$ 1,169.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 948.29	$ -	0.00%	N/A	$ 963.33	$ -	0.00%	N/A	$ 978.62	$ -	0.00%	N/A	$ 994.15	$ -	0.00%
			Family	N/A	$ 1,589.77	$ -	0.00%	N/A	$ 1,615.00	$ -	0.00%	N/A	$ 1,640.63	$ -	0.00%	N/A	$ 1,666.66	$ -	0.00%
Bronze	POS	N/A	95456NY1870058																
			Single	N/A	$ 500.45	$ -	0.00%	N/A	$ 508.39	$ -	0.00%	N/A	$ 516.46	$ -	0.00%	N/A	$ 524.65	$ -	0.00%
			Double	N/A	$ 1,000.89	$ -	0.00%	N/A	$ 1,016.78	$ -	0.00%	N/A	$ 1,032.91	$ -	0.00%	N/A	$ 1,049.30	$ -	0.00%
			Emp/Child(ren)	N/A	$ 850.76	$ -	0.00%	N/A	$ 864.26	$ -	0.00%	N/A	$ 877.97	$ -	0.00%	N/A	$ 891.91	$ -	0.00%
			Family	N/A	$ 1,426.27	$ -	0.00%	N/A	$ 1,448.91	$ -	0.00%	N/A	$ 1,471.90	$ -	0.00%	N/A	$ 1,495.26	$ -	0.00%
Bronze	POS	N/A	95456NY1870059																
			Single	N/A	$ 504.17	$ -	0.00%	N/A	$ 512.17	$ -	0.00%	N/A	$ 520.30	$ -	0.00%	N/A	$ 528.55	$ -	0.00%
			Double	N/A	$ 1,008.34	$ -	0.00%	N/A	$ 1,024.34	$ -	0.00%	N/A	$ 1,040.60	$ -	0.00%	N/A	$ 1,057.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 857.09	$ -	0.00%	N/A	$ 870.69	$ -	0.00%	N/A	$ 884.51	$ -	0.00%	N/A	$ 898.54	$ -	0.00%
			Family	N/A	$ 1,436.89	$ -	0.00%	N/A	$ 1,459.69	$ -	0.00%	N/A	$ 1,482.85	$ -	0.00%	N/A	$ 1,506.38	$ -	0.00%
Bronze	POS	N/A	95456NY1870060																
			Single	N/A	$ 512.22	$ -	0.00%	N/A	$ 520.35	$ -	0.00%	N/A	$ 528.61	$ -	0.00%	N/A	$ 536.99	$ -	0.00%
			Double	N/A	$ 1,024.44	$ -	0.00%	N/A	$ 1,040.70	$ -	0.00%	N/A	$ 1,057.21	$ -	0.00%	N/A	$ 1,073.99	$ -	0.00%
			Emp/Child(ren)	N/A	$ 870.78	$ -	0.00%	N/A	$ 884.59	$ -	0.00%	N/A	$ 898.63	$ -	0.00%	N/A	$ 912.89	$ -	0.00%
			Family	N/A	$ 1,459.83	$ -	0.00%	N/A	$ 1,483.00	$ -	0.00%	N/A	$ 1,506.53	$ -	0.00%	N/A	$ 1,530.44	$ -	0.00%
Platinum	POS	N/A	95456NY1870061																
			Single	N/A	$ 832.75	$ -	0.00%	N/A	$ 845.96	$ -	0.00%	N/A	$ 859.39	$ -	0.00%	N/A	$ 873.03	$ -	0.00%
			Double	N/A	$ 1,665.50	$ -	0.00%	N/A	$ 1,691.93	$ -	0.00%	N/A	$ 1,718.78	$ -	0.00%	N/A	$ 1,746.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,415.68	$ -	0.00%	N/A	$ 1,438.14	$ -	0.00%	N/A	$ 1,460.96	$ -	0.00%	N/A	$ 1,484.14	$ -	0.00%
			Family	N/A	$ 2,373.34	$ -	0.00%	N/A	$ 2,411.00	$ -	0.00%	N/A	$ 2,449.26	$ -	0.00%	N/A	$ 2,488.12	$ -	0.00%
Platinum	POS	N/A	95456NY1870062																
			Single	N/A	$ 832.06	$ -	0.00%	N/A	$ 845.27	$ -	0.00%	N/A	$ 858.68	$ -	0.00%	N/A	$ 872.31	$ -	0.00%
			Double	N/A	$ 1,664.13	$ -	0.00%	N/A	$ 1,690.53	$ -	0.00%	N/A	$ 1,717.36	$ -	0.00%	N/A	$ 1,744.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,414.51	$ -	0.00%	N/A	$ 1,436.95	$ -	0.00%	N/A	$ 1,459.76	$ -	0.00%	N/A	$ 1,482.92	$ -	0.00%
			Family	N/A	$ 2,371.38	$ -	0.00%	N/A	$ 2,409.01	$ -	0.00%	N/A	$ 2,447.24	$ -	0.00%	N/A	$ 2,486.07	$ -	0.00%
Platinum	POS	N/A	95456NY1870063																
			Single	N/A	$ 855.06	$ -	0.00%	N/A	$ 868.63	$ -	0.00%	N/A	$ 882.42	$ -	0.00%	N/A	$ 896.42	$ -	0.00%
			Double	N/A	$ 1,710.13	$ -	0.00%	N/A	$ 1,737.26	$ -	0.00%	N/A	$ 1,764.83	$ -	0.00%	N/A	$ 1,792.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,453.61	$ -	0.00%	N/A	$ 1,476.67	$ -	0.00%	N/A	$ 1,500.11	$ -	0.00%	N/A	$ 1,523.91	$ -	0.00%
			Family	N/A	$ 2,436.93	$ -	0.00%	N/A	$ 2,475.60	$ -	0.00%	N/A	$ 2,514.88	$ -	0.00%	N/A	$ 2,554.79	$ -	0.00%
Gold	POS	N/A	95456NY1870064																
			Single	N/A	$ 721.36	$ -	0.00%	N/A	$ 732.80	$ -	0.00%	N/A	$ 744.43	$ -	0.00%	N/A	$ 756.24	$ -	0.00%
			Double	N/A	$ 1,442.71	$ -	0.00%	N/A	$ 1,465.61	$ -	0.00%	N/A	$ 1,488.86	$ -	0.00%	N/A	$ 1,512.49	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,226.31	$ -	0.00%	N/A	$ 1,245.77	$ -	0.00%	N/A	$ 1,265.53	$ -	0.00%	N/A	$ 1,285.62	$ -	0.00%
			Family	N/A	$ 2,055.87	$ -	0.00%	N/A	$ 2,088.49	$ -	0.00%	N/A	$ 2,121.63	$ -	0.00%	N/A	$ 2,155.30	$ -	0.00%
Gold	POS	N/A	95456NY1870065																
			Single	N/A	$ 693.20	$ -	0.00%	N/A	$ 704.20	$ -	0.00%	N/A	$ 715.38	$ -	0.00%	N/A	$ 726.73	$ -	0.00%
			Double	N/A	$ 1,386.40	$ -	0.00%	N/A	$ 1,408.40	$ -	0.00%	N/A	$ 1,430.75	$ -	0.00%	N/A	$ 1,453.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,178.44	$ -	0.00%	N/A	$ 1,197.14	$ -	0.00%	N/A	$ 1,216.14	$ -	0.00%	N/A	$ 1,235.44	$ -	0.00%
			Family	N/A	$ 1,975.63	$ -	0.00%	N/A	$ 2,006.98	$ -	0.00%	N/A	$ 2,038.82	$ -	0.00%	N/A	$ 2,071.17	$ -	0.00%
Gold	POS	N/A	95456NY1870066																
			Single	N/A	$ 700.55	$ -	0.00%	N/A	$ 711.66	$ -	0.00%	N/A	$ 722.96	$ -	0.00%	N/A	$ 734.43	$ -	0.00%
			Double	N/A	$ 1,401.09	$ -	0.00%	N/A	$ 1,423.33	$ -	0.00%	N/A	$ 1,445.91	$ -	0.00%	N/A	$ 1,468.86	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,190.93	$ -	0.00%	N/A	$ 1,209.83	$ -	0.00%	N/A	$ 1,229.03	$ -	0.00%	N/A	$ 1,248.53	$ -	0.00%
			Family	N/A	$ 1,996.56	$ -	0.00%	N/A	$ 2,028.24	$ -	0.00%	N/A	$ 2,060.43	$ -	0.00%	N/A	$ 2,093.12	$ -	0.00%
Silver	POS	N/A	95456NY1870067																
			Single	N/A	$ 578.61	$ -	0.00%	N/A	$ 587.79	$ -	0.00%	N/A	$ 597.12	$ -	0.00%	N/A	$ 606.59	$ -	0.00%
			Double	N/A	$ 1,157.22	$ -	0.00%	N/A	$ 1,175.58	$ -	0.00%	N/A	$ 1,194.24	$ -	0.00%	N/A	$ 1,213.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.64	$ -	0.00%	N/A	$ 999.24	$ -	0.00%	N/A	$ 1,015.10	$ -	0.00%	N/A	$ 1,031.21	$ -	0.00%
			Family	N/A	$ 1,649.04	$ -	0.00%	N/A	$ 1,675.20	$ -	0.00%	N/A	$ 1,701.79	$ -	0.00%	N/A	$ 1,728.79	$ -	0.00%
Silver	POS	N/A	95456NY1870068																
			Single	N/A	$ 551.42	$ -	0.00%	N/A	$ 560.17	$ -	0.00%	N/A	$ 569.06	$ -	0.00%	N/A	$ 578.09	$ -	0.00%
			Double	N/A	$ 1,102.84	$ -	0.00%	N/A	$ 1,120.34	$ -	0.00%	N/A	$ 1,138.12	$ -	0.00%	N/A	$ 1,156.18	$ -	0.00%
			Emp/Child(ren)	N/A	$ 937.41	$ -	0.00%	N/A	$ 952.29	$ -	0.00%	N/A	$ 967.40	$ -	0.00%	N/A	$ 982.75	$ -	0.00%
			Family	N/A	$ 1,571.54	$ -	0.00%	N/A	$ 1,596.48	$ -	0.00%	N/A	$ 1,621.82	$ -	0.00%	N/A	$ 1,647.55	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	POS	N/A	95456NY1870069																
			Single	N/A	$ 558.93	$ -	0.00%	N/A	$ 567.80	$ -	0.00%	N/A	$ 576.81	$ -	0.00%	N/A	$ 585.97	$ -	0.00%
			Double	N/A	$ 1,117.87	$ -	0.00%	N/A	$ 1,135.60	$ -	0.00%	N/A	$ 1,153.62	$ -	0.00%	N/A	$ 1,171.93	$ -	0.00%
			Emp/Child(ren)	N/A	$ 950.19	$ -	0.00%	N/A	$ 965.26	$ -	0.00%	N/A	$ 980.58	$ -	0.00%	N/A	$ 996.14	$ -	0.00%
			Family	N/A	$ 1,592.96	$ -	0.00%	N/A	$ 1,618.24	$ -	0.00%	N/A	$ 1,643.92	$ -	0.00%	N/A	$ 1,670.00	$ -	0.00%
Bronze	POS	N/A	95456NY1870070																
			Single	N/A	$ 501.45	$ -	0.00%	N/A	$ 509.41	$ -	0.00%	N/A	$ 517.49	$ -	0.00%	N/A	$ 525.70	$ -	0.00%
			Double	N/A	$ 1,002.90	$ -	0.00%	N/A	$ 1,018.81	$ -	0.00%	N/A	$ 1,034.98	$ -	0.00%	N/A	$ 1,051.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 852.47	$ -	0.00%	N/A	$ 865.99	$ -	0.00%	N/A	$ 879.73	$ -	0.00%	N/A	$ 893.69	$ -	0.00%
			Family	N/A	$ 1,429.13	$ -	0.00%	N/A	$ 1,451.81	$ -	0.00%	N/A	$ 1,474.85	$ -	0.00%	N/A	$ 1,498.25	$ -	0.00%
Bronze	POS	N/A	95456NY1870071																
			Single	N/A	$ 505.18	$ -	0.00%	N/A	$ 513.20	$ -	0.00%	N/A	$ 521.34	$ -	0.00%	N/A	$ 529.61	$ -	0.00%
			Double	N/A	$ 1,010.36	$ -	0.00%	N/A	$ 1,026.40	$ -	0.00%	N/A	$ 1,042.68	$ -	0.00%	N/A	$ 1,059.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 858.81	$ -	0.00%	N/A	$ 872.44	$ -	0.00%	N/A	$ 886.28	$ -	0.00%	N/A	$ 900.34	$ -	0.00%
			Family	N/A	$ 1,439.77	$ -	0.00%	N/A	$ 1,462.61	$ -	0.00%	N/A	$ 1,485.82	$ -	0.00%	N/A	$ 1,509.40	$ -	0.00%
Bronze	POS	N/A	95456NY1870072																
			Single	N/A	$ 513.25	$ -	0.00%	N/A	$ 521.39	$ -	0.00%	N/A	$ 529.67	$ -	0.00%	N/A	$ 538.07	$ -	0.00%
			Double	N/A	$ 1,026.50	$ -	0.00%	N/A	$ 1,042.78	$ -	0.00%	N/A	$ 1,059.33	$ -	0.00%	N/A	$ 1,076.14	$ -	0.00%
			Emp/Child(ren)	N/A	$ 872.52	$ -	0.00%	N/A	$ 886.37	$ -	0.00%	N/A	$ 900.43	$ -	0.00%	N/A	$ 914.72	$ -	0.00%
			Family	N/A	$ 1,462.76	$ -	0.00%	N/A	$ 1,485.97	$ -	0.00%	N/A	$ 1,509.55	$ -	0.00%	N/A	$ 1,533.50	$ -	0.00%
Platinum	POS	N/A	95456NY1870073																
			Single	N/A	$ 816.39	$ -	0.00%	N/A	$ 829.34	$ -	0.00%	N/A	$ 842.51	$ -	0.00%	N/A	$ 855.87	$ -	0.00%
			Double	N/A	$ 1,632.78	$ -	0.00%	N/A	$ 1,658.69	$ -	0.00%	N/A	$ 1,685.01	$ -	0.00%	N/A	$ 1,711.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,387.86	$ -	0.00%	N/A	$ 1,409.89	$ -	0.00%	N/A	$ 1,432.26	$ -	0.00%	N/A	$ 1,454.99	$ -	0.00%
			Family	N/A	$ 2,326.71	$ -	0.00%	N/A	$ 2,363.63	$ -	0.00%	N/A	$ 2,401.14	$ -	0.00%	N/A	$ 2,439.24	$ -	0.00%
Platinum	POS	N/A	95456NY1870074																
			Single	N/A	$ 815.72	$ -	0.00%	N/A	$ 828.66	$ -	0.00%	N/A	$ 841.81	$ -	0.00%	N/A	$ 855.17	$ -	0.00%
			Double	N/A	$ 1,631.43	$ -	0.00%	N/A	$ 1,657.32	$ -	0.00%	N/A	$ 1,683.62	$ -	0.00%	N/A	$ 1,710.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,386.72	$ -	0.00%	N/A	$ 1,408.72	$ -	0.00%	N/A	$ 1,431.08	$ -	0.00%	N/A	$ 1,453.79	$ -	0.00%
			Family	N/A	$ 2,324.79	$ -	0.00%	N/A	$ 2,361.68	$ -	0.00%	N/A	$ 2,399.16	$ -	0.00%	N/A	$ 2,437.23	$ -	0.00%
Platinum	POS	N/A	95456NY1870075																
			Single	N/A	$ 838.26	$ -	0.00%	N/A	$ 851.57	$ -	0.00%	N/A	$ 865.08	$ -	0.00%	N/A	$ 878.81	$ -	0.00%
			Double	N/A	$ 1,676.53	$ -	0.00%	N/A	$ 1,703.13	$ -	0.00%	N/A	$ 1,730.16	$ -	0.00%	N/A	$ 1,757.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,425.05	$ -	0.00%	N/A	$ 1,447.66	$ -	0.00%	N/A	$ 1,470.63	$ -	0.00%	N/A	$ 1,493.97	$ -	0.00%
			Family	N/A	$ 2,389.05	$ -	0.00%	N/A	$ 2,426.96	$ -	0.00%	N/A	$ 2,465.48	$ -	0.00%	N/A	$ 2,504.60	$ -	0.00%
Gold	POS	N/A	95456NY1870076																
			Single	N/A	$ 707.18	$ -	0.00%	N/A	$ 718.41	$ -	0.00%	N/A	$ 729.81	$ -	0.00%	N/A	$ 741.39	$ -	0.00%
			Double	N/A	$ 1,414.37	$ -	0.00%	N/A	$ 1,436.81	$ -	0.00%	N/A	$ 1,459.61	$ -	0.00%	N/A	$ 1,482.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,202.21	$ -	0.00%	N/A	$ 1,221.29	$ -	0.00%	N/A	$ 1,240.67	$ -	0.00%	N/A	$ 1,260.36	$ -	0.00%
			Family	N/A	$ 2,015.48	$ -	0.00%	N/A	$ 2,047.46	$ -	0.00%	N/A	$ 2,079.95	$ -	0.00%	N/A	$ 2,112.95	$ -	0.00%
Gold	POS	N/A	95456NY1870077																
			Single	N/A	$ 679.58	$ -	0.00%	N/A	$ 690.37	$ -	0.00%	N/A	$ 701.32	$ -	0.00%	N/A	$ 712.45	$ -	0.00%
			Double	N/A	$ 1,359.17	$ -	0.00%	N/A	$ 1,380.73	$ -	0.00%	N/A	$ 1,402.64	$ -	0.00%	N/A	$ 1,424.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,155.29	$ -	0.00%	N/A	$ 1,173.62	$ -	0.00%	N/A	$ 1,192.25	$ -	0.00%	N/A	$ 1,211.17	$ -	0.00%
			Family	N/A	$ 1,936.81	$ -	0.00%	N/A	$ 1,967.55	$ -	0.00%	N/A	$ 1,998.77	$ -	0.00%	N/A	$ 2,030.48	$ -	0.00%
Gold	POS	N/A	95456NY1870078																
			Single	N/A	$ 686.78	$ -	0.00%	N/A	$ 697.68	$ -	0.00%	N/A	$ 708.75	$ -	0.00%	N/A	$ 720.00	$ -	0.00%
			Double	N/A	$ 1,373.57	$ -	0.00%	N/A	$ 1,395.36	$ -	0.00%	N/A	$ 1,417.51	$ -	0.00%	N/A	$ 1,440.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,167.53	$ -	0.00%	N/A	$ 1,186.06	$ -	0.00%	N/A	$ 1,204.88	$ -	0.00%	N/A	$ 1,224.00	$ -	0.00%
			Family	N/A	$ 1,957.33	$ -	0.00%	N/A	$ 1,988.39	$ -	0.00%	N/A	$ 2,019.95	$ -	0.00%	N/A	$ 2,052.00	$ -	0.00%
Silver	POS	N/A	95456NY1870079																
			Single	N/A	$ 567.24	$ -	0.00%	N/A	$ 576.24	$ -	0.00%	N/A	$ 585.39	$ -	0.00%	N/A	$ 594.68	$ -	0.00%
			Double	N/A	$ 1,134.48	$ -	0.00%	N/A	$ 1,152.49	$ -	0.00%	N/A	$ 1,170.77	$ -	0.00%	N/A	$ 1,189.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 964.31	$ -	0.00%	N/A	$ 979.61	$ -	0.00%	N/A	$ 995.16	$ -	0.00%	N/A	$ 1,010.95	$ -	0.00%
			Family	N/A	$ 1,616.64	$ -	0.00%	N/A	$ 1,642.29	$ -	0.00%	N/A	$ 1,668.35	$ -	0.00%	N/A	$ 1,694.83	$ -	0.00%
Silver	POS	N/A	95456NY1870080																
			Single	N/A	$ 540.59	$ -	0.00%	N/A	$ 549.16	$ -	0.00%	N/A	$ 557.88	$ -	0.00%	N/A	$ 566.73	$ -	0.00%
			Double	N/A	$ 1,081.17	$ -	0.00%	N/A	$ 1,098.33	$ -	0.00%	N/A	$ 1,115.76	$ -	0.00%	N/A	$ 1,133.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 919.00	$ -	0.00%	N/A	$ 933.58	$ -	0.00%	N/A	$ 948.39	$ -	0.00%	N/A	$ 963.44	$ -	0.00%
			Family	N/A	$ 1,540.67	$ -	0.00%	N/A	$ 1,565.12	$ -	0.00%	N/A	$ 1,589.95	$ -	0.00%	N/A	$ 1,615.18	$ -	0.00%
Silver	POS	N/A	95456NY1870081																
			Single	N/A	$ 547.95	$ -	0.00%	N/A	$ 556.65	$ -	0.00%	N/A	$ 565.48	$ -	0.00%	N/A	$ 574.45	$ -	0.00%
			Double	N/A	$ 1,095.90	$ -	0.00%	N/A	$ 1,113.29	$ -	0.00%	N/A	$ 1,130.96	$ -	0.00%	N/A	$ 1,148.91	$ -	0.00%
			Emp/Child(ren)	N/A	$ 931.52	$ -	0.00%	N/A	$ 946.30	$ -	0.00%	N/A	$ 961.32	$ -	0.00%	N/A	$ 976.57	$ -	0.00%
			Family	N/A	$ 1,561.66	$ -	0.00%	N/A	$ 1,586.44	$ -	0.00%	N/A	$ 1,611.62	$ -	0.00%	N/A	$ 1,637.19	$ -	0.00%
Bronze	POS	N/A	95456NY1870082																
			Single	N/A	$ 491.60	$ -	0.00%	N/A	$ 499.40	$ -	0.00%	N/A	$ 507.32	$ -	0.00%	N/A	$ 515.37	$ -	0.00%
			Double	N/A	$ 983.20	$ -	0.00%	N/A	$ 998.80	$ -	0.00%	N/A	$ 1,014.65	$ -	0.00%	N/A	$ 1,030.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 835.72	$ -	0.00%	N/A	$ 848.98	$ -	0.00%	N/A	$ 862.45	$ -	0.00%	N/A	$ 876.14	$ -	0.00%
			Family	N/A	$ 1,401.06	$ -	0.00%	N/A	$ 1,423.29	$ -	0.00%	N/A	$ 1,445.87	$ -	0.00%	N/A	$ 1,468.82	$ -	0.00%
Bronze	POS	N/A	95456NY1870083																
			Single	N/A	$ 495.26	$ -	0.00%	N/A	$ 503.12	$ -	0.00%	N/A	$ 511.10	$ -	0.00%	N/A	$ 519.21	$ -	0.00%
			Double	N/A	$ 990.51	$ -	0.00%	N/A	$ 1,006.23	$ -	0.00%	N/A	$ 1,022.20	$ -	0.00%	N/A	$ 1,038.42	$ -	0.00%
			Emp/Child(ren)	N/A	$ 841.94	$ -	0.00%	N/A	$ 855.30	$ -	0.00%	N/A	$ 868.87	$ -	0.00%	N/A	$ 882.66	$ -	0.00%
			Family	N/A	$ 1,411.48	$ -	0.00%	N/A	$ 1,433.88	$ -	0.00%	N/A	$ 1,456.63	$ -	0.00%	N/A	$ 1,479.75	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	POS	N/A	95456NY1870084																
			Single	N/A	$ 503.16	$ -	0.00%	N/A	$ 511.15	$ -	0.00%	N/A	$ 519.26	$ -	0.00%	N/A	$ 527.50	$ -	0.00%
			Double	N/A	$ 1,006.33	$ -	0.00%	N/A	$ 1,022.30	$ -	0.00%	N/A	$ 1,038.52	$ -	0.00%	N/A	$ 1,055.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 855.38	$ -	0.00%	N/A	$ 868.95	$ -	0.00%	N/A	$ 882.74	$ -	0.00%	N/A	$ 896.75	$ -	0.00%
			Family	N/A	$ 1,434.02	$ -	0.00%	N/A	$ 1,456.77	$ -	0.00%	N/A	$ 1,479.89	$ -	0.00%	N/A	$ 1,503.37	$ -	0.00%
Platinum	POS	N/A	95456NY1870085																
			Single	N/A	$ 831.09	$ -	0.00%	N/A	$ 844.27	$ -	0.00%	N/A	$ 857.67	$ -	0.00%	N/A	$ 871.28	$ -	0.00%
			Double	N/A	$ 1,662.17	$ -	0.00%	N/A	$ 1,688.55	$ -	0.00%	N/A	$ 1,715.34	$ -	0.00%	N/A	$ 1,742.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,412.84	$ -	0.00%	N/A	$ 1,435.26	$ -	0.00%	N/A	$ 1,458.04	$ -	0.00%	N/A	$ 1,481.18	$ -	0.00%
			Family	N/A	$ 2,368.59	$ -	0.00%	N/A	$ 2,406.18	$ -	0.00%	N/A	$ 2,444.36	$ -	0.00%	N/A	$ 2,483.15	$ -	0.00%
Platinum	POS	N/A	95456NY1870086																
			Single	N/A	$ 830.40	$ -	0.00%	N/A	$ 843.58	$ -	0.00%	N/A	$ 856.96	$ -	0.00%	N/A	$ 870.56	$ -	0.00%
			Double	N/A	$ 1,660.80	$ -	0.00%	N/A	$ 1,687.15	$ -	0.00%	N/A	$ 1,713.93	$ -	0.00%	N/A	$ 1,741.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,411.68	$ -	0.00%	N/A	$ 1,434.08	$ -	0.00%	N/A	$ 1,456.84	$ -	0.00%	N/A	$ 1,479.95	$ -	0.00%
			Family	N/A	$ 2,366.64	$ -	0.00%	N/A	$ 2,404.19	$ -	0.00%	N/A	$ 2,442.34	$ -	0.00%	N/A	$ 2,481.10	$ -	0.00%
Platinum	POS	N/A	95456NY1870087																
			Single	N/A	$ 853.35	$ -	0.00%	N/A	$ 866.89	$ -	0.00%	N/A	$ 880.65	$ -	0.00%	N/A	$ 894.62	$ -	0.00%
			Double	N/A	$ 1,706.71	$ -	0.00%	N/A	$ 1,733.79	$ -	0.00%	N/A	$ 1,761.30	$ -	0.00%	N/A	$ 1,789.25	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,450.70	$ -	0.00%	N/A	$ 1,473.72	$ -	0.00%	N/A	$ 1,497.11	$ -	0.00%	N/A	$ 1,520.86	$ -	0.00%
			Family	N/A	$ 2,432.06	$ -	0.00%	N/A	$ 2,470.65	$ -	0.00%	N/A	$ 2,509.85	$ -	0.00%	N/A	$ 2,549.68	$ -	0.00%
Gold	POS	N/A	95456NY1870088																
			Single	N/A	$ 719.91	$ -	0.00%	N/A	$ 731.34	$ -	0.00%	N/A	$ 742.94	$ -	0.00%	N/A	$ 754.73	$ -	0.00%
			Double	N/A	$ 1,439.83	$ -	0.00%	N/A	$ 1,462.68	$ -	0.00%	N/A	$ 1,485.89	$ -	0.00%	N/A	$ 1,509.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,223.85	$ -	0.00%	N/A	$ 1,243.27	$ -	0.00%	N/A	$ 1,263.00	$ -	0.00%	N/A	$ 1,283.04	$ -	0.00%
			Family	N/A	$ 2,051.76	$ -	0.00%	N/A	$ 2,084.31	$ -	0.00%	N/A	$ 2,117.39	$ -	0.00%	N/A	$ 2,150.99	$ -	0.00%
Gold	POS	N/A	95456NY1870089																
			Single	N/A	$ 691.82	$ -	0.00%	N/A	$ 702.79	$ -	0.00%	N/A	$ 713.95	$ -	0.00%	N/A	$ 725.27	$ -	0.00%
			Double	N/A	$ 1,383.63	$ -	0.00%	N/A	$ 1,405.59	$ -	0.00%	N/A	$ 1,427.89	$ -	0.00%	N/A	$ 1,450.55	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,176.09	$ -	0.00%	N/A	$ 1,194.75	$ -	0.00%	N/A	$ 1,213.71	$ -	0.00%	N/A	$ 1,232.97	$ -	0.00%
			Family	N/A	$ 1,971.67	$ -	0.00%	N/A	$ 2,002.96	$ -	0.00%	N/A	$ 2,034.74	$ -	0.00%	N/A	$ 2,067.03	$ -	0.00%
Gold	POS	N/A	95456NY1870090																
			Single	N/A	$ 699.15	$ -	0.00%	N/A	$ 710.24	$ -	0.00%	N/A	$ 721.51	$ -	0.00%	N/A	$ 732.96	$ -	0.00%
			Double	N/A	$ 1,398.29	$ -	0.00%	N/A	$ 1,420.48	$ -	0.00%	N/A	$ 1,443.02	$ -	0.00%	N/A	$ 1,465.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,188.55	$ -	0.00%	N/A	$ 1,207.41	$ -	0.00%	N/A	$ 1,226.57	$ -	0.00%	N/A	$ 1,246.03	$ -	0.00%
			Family	N/A	$ 1,992.57	$ -	0.00%	N/A	$ 2,024.18	$ -	0.00%	N/A	$ 2,056.30	$ -	0.00%	N/A	$ 2,088.93	$ -	0.00%
Silver	POS	N/A	95456NY1870091																
			Single	N/A	$ 577.45	$ -	0.00%	N/A	$ 586.62	$ -	0.00%	N/A	$ 595.92	$ -	0.00%	N/A	$ 605.38	$ -	0.00%
			Double	N/A	$ 1,154.90	$ -	0.00%	N/A	$ 1,173.23	$ -	0.00%	N/A	$ 1,191.85	$ -	0.00%	N/A	$ 1,210.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 981.67	$ -	0.00%	N/A	$ 997.25	$ -	0.00%	N/A	$ 1,013.07	$ -	0.00%	N/A	$ 1,029.15	$ -	0.00%
			Family	N/A	$ 1,645.74	$ -	0.00%	N/A	$ 1,671.85	$ -	0.00%	N/A	$ 1,698.38	$ -	0.00%	N/A	$ 1,725.33	$ -	0.00%
Silver	POS	N/A	95456NY1870092																
			Single	N/A	$ 550.32	$ -	0.00%	N/A	$ 559.05	$ -	0.00%	N/A	$ 567.92	$ -	0.00%	N/A	$ 576.93	$ -	0.00%
			Double	N/A	$ 1,100.63	$ -	0.00%	N/A	$ 1,118.10	$ -	0.00%	N/A	$ 1,135.84	$ -	0.00%	N/A	$ 1,153.86	$ -	0.00%
			Emp/Child(ren)	N/A	$ 935.54	$ -	0.00%	N/A	$ 950.38	$ -	0.00%	N/A	$ 965.46	$ -	0.00%	N/A	$ 980.78	$ -	0.00%
			Family	N/A	$ 1,568.40	$ -	0.00%	N/A	$ 1,593.29	$ -	0.00%	N/A	$ 1,618.57	$ -	0.00%	N/A	$ 1,644.26	$ -	0.00%
Silver	POS	N/A	95456NY1870093																
			Single	N/A	$ 557.82	$ -	0.00%	N/A	$ 566.67	$ -	0.00%	N/A	$ 575.66	$ -	0.00%	N/A	$ 584.79	$ -	0.00%
			Double	N/A	$ 1,115.63	$ -	0.00%	N/A	$ 1,133.33	$ -	0.00%	N/A	$ 1,151.32	$ -	0.00%	N/A	$ 1,169.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 948.29	$ -	0.00%	N/A	$ 963.33	$ -	0.00%	N/A	$ 978.62	$ -	0.00%	N/A	$ 994.15	$ -	0.00%
			Family	N/A	$ 1,589.77	$ -	0.00%	N/A	$ 1,615.00	$ -	0.00%	N/A	$ 1,640.63	$ -	0.00%	N/A	$ 1,666.66	$ -	0.00%
Bronze	POS	N/A	95456NY1870094																
			Single	N/A	$ 583.64	$ -	0.00%	N/A	$ 592.90	$ -	0.00%	N/A	$ 602.31	$ -	0.00%	N/A	$ 611.86	$ -	0.00%
			Double	N/A	$ 1,167.28	$ -	0.00%	N/A	$ 1,185.80	$ -	0.00%	N/A	$ 1,204.61	$ -	0.00%	N/A	$ 1,223.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 992.18	$ -	0.00%	N/A	$ 1,007.93	$ -	0.00%	N/A	$ 1,023.92	$ -	0.00%	N/A	$ 1,040.17	$ -	0.00%
			Family	N/A	$ 1,663.37	$ -	0.00%	N/A	$ 1,689.76	$ -	0.00%	N/A	$ 1,716.58	$ -	0.00%	N/A	$ 1,743.81	$ -	0.00%
Bronze	POS	N/A	95456NY1870095																
			Single	N/A	$ 587.98	$ -	0.00%	N/A	$ 597.31	$ -	0.00%	N/A	$ 606.79	$ -	0.00%	N/A	$ 616.42	$ -	0.00%
			Double	N/A	$ 1,175.96	$ -	0.00%	N/A	$ 1,194.62	$ -	0.00%	N/A	$ 1,213.58	$ -	0.00%	N/A	$ 1,232.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 999.57	$ -	0.00%	N/A	$ 1,015.43	$ -	0.00%	N/A	$ 1,031.54	$ -	0.00%	N/A	$ 1,047.91	$ -	0.00%
			Family	N/A	$ 1,675.74	$ -	0.00%	N/A	$ 1,702.33	$ -	0.00%	N/A	$ 1,729.35	$ -	0.00%	N/A	$ 1,756.79	$ -	0.00%
Bronze	POS	N/A	95456NY1870096																
			Single	N/A	$ 597.37	$ -	0.00%	N/A	$ 606.85	$ -	0.00%	N/A	$ 616.48	$ -	0.00%	N/A	$ 626.26	$ -	0.00%
			Double	N/A	$ 1,194.74	$ -	0.00%	N/A	$ 1,213.70	$ -	0.00%	N/A	$ 1,232.96	$ -	0.00%	N/A	$ 1,252.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,015.53	$ -	0.00%	N/A	$ 1,031.64	$ -	0.00%	N/A	$ 1,048.01	$ -	0.00%	N/A	$ 1,064.64	$ -	0.00%
			Family	N/A	$ 1,702.50	$ -	0.00%	N/A	$ 1,729.52	$ -	0.00%	N/A	$ 1,756.96	$ -	0.00%	N/A	$ 1,784.84	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

Benefit Summary

Small Group Rates Off-Exchange

Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	Product Type	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
	Small Group	HMO	Platinum	Medical	N/A	95458NY1860001	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$80	
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820001	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820002	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	
	Small Group	POS	Platinum	Medical	N/A	95458NY1840001	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	
	Small Group	HMO	Gold	Medical	N/A	95458NY1860002	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Small Group	HMO	Gold	Medical	N/A	95458NY1820003	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	
	Small Group	HMO	Gold	Medical	N/A	95458NY1820004	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	
	Small Group	HMO	Silver	Medical	N/A	95458NY1860003	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Small Group	HMO	Silver	Medical	N/A	95458NY1820005	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	
	Small Group	HMO	Silver	Medical	N/A	95458NY1820006	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	
	Small Group	POS	Silver	Medical	N/A	95458NY1840002	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	
	Small Group	HMO	Bronze	Medical	N/A	95458NY1860004	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820007	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820008	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820009	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$80	Age 29
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820010	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820011	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 Adult D&V
	Small Group	POS	Platinum	Medical	N/A	95458NY1840003	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	Age 29
	Small Group	HMO	Gold	Medical	N/A	95458NY1820012	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29
	Small Group	HMO	Gold	Medical	N/A	95458NY1820013	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	Age 29
	Small Group	HMO	Gold	Medical	N/A	95458NY1820014	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Age 29 Adult D&V
	Small Group	HMO	Silver	Medical	N/A	95458NY1820015	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29
	Small Group	HMO	Silver	Medical	N/A	95458NY1820016	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	Age 29
	Small Group	HMO	Silver	Medical	N/A	95458NY1820017	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Age 29 Adult D&V
	Small Group	POS	Silver	Medical	N/A	95458NY1840004	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	Age 29
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820018	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820019	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820020	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 Adult D&V
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820021	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$80	NC
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820022	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	NC
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820023	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult D&V NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1840005	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	NC
	Small Group	HMO	Gold	Medical	N/A	95458NY1820024	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	NC
	Small Group	HMO	Gold	Medical	N/A	95458NY1820025	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	NC
	Small Group	HMO	Gold	Medical	N/A	95458NY1820026	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult D&V NC
	Small Group	HMO	Silver	Medical	N/A	95458NY1820027	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	NC
	Small Group	HMO	Silver	Medical	N/A	95458NY1820028	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	NC
	Small Group	HMO	Silver	Medical	N/A	95458NY1820029	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult D&V NC
	Small Group	POS	Silver	Medical	N/A	95458NY1840006	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	NC
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820030	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	NC
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820031	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	NC
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820032	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Adult D&V NC
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820033	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$80	DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820034	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820035	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult D&V DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1840007	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820036	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820037	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820038	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult D&V DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820039	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820040	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$35/$70	DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820041	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult D&V DP
	Small Group	POS	Silver	Medical	N/A	95458NY1840008	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820042	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820043	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820044	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Adult D&V DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870001	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$80	
	Small Group	POS	Platinum	Medical	N/A	95458NY1870002	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	
	Small Group	POS	Platinum	Medical	N/A	95458NY1870003	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult D&V
	Small Group	POS	Gold	Medical	N/A	95458NY1870004	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Small Group	POS	Gold	Medical	N/A	95458NY1870005	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	
	Small Group	POS	Gold	Medical	N/A	95458NY1870006	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Adult D&V
	Small Group	POS	Silver	Medical	N/A	95458NY1870007	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Small Group	POS	Silver	Medical	N/A	95458NY1870008	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	
	Small Group	POS	Silver	Medical	N/A	95458NY1870009	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Adult D&V
	Small Group	POS	Bronze	Medical	N/A	95458NY1870010	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	
	Small Group	POS	Bronze	Medical	N/A	95458NY1870011	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	
	Small Group	POS	Bronze	Medical	N/A	95458NY1870012	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Adult D&V
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820045	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$80	Age 29 NC
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820046	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 NC

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

Benefit Summary

Small Group Rates Off-Exchange

Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	Product Type	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	ODIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON ODIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820047	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 Adult D&V NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1840008	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Coinsurance	$0/$30/$60	Age 29 NC
	Small Group	HMO	Gold	Medical	N/A	95458NY1820048	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29 NC
	Small Group	HMO	Gold	Medical	N/A	95458NY1820049	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$79	Age 29 NC
	Small Group	HMO	Gold	Medical	N/A	95458NY1820050	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$35/$79	Age 29 Adult D&V NC
	Small Group	HMO	Silver	Medical	N/A	95458NY1820051	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29 NC
	Small Group	HMO	Silver	Medical	N/A	95458NY1820052	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29 NC
	Small Group	HMO	Silver	Medical	N/A	95458NY1820053	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Age 29 Adult D&V NC
	Small Group	POS	Silver	Medical	N/A	95458NY1840010	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	Age 29 NC
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820054	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29 NC
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820055	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 NC
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820056	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 Adult D&V NC
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820057	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	Age 29 DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820058	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820059	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 Adult D&V DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1840011	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	Age 29 DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820060	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29 DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820061	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29 DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820062	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Age 29 Adult D&V DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820063	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29 DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820064	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29 DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820065	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Age 29 Adult D&V DP
	Small Group	POS	Silver	Medical	N/A	95458NY1840012	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	Age 29 DP
	Small Group	HMO	Bronzie	Medical	N/A	95458NY1820066	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29 DP
	Small Group	HMO	Bronzie	Medical	N/A	95458NY1820067	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 DP
	Small Group	HMO	Bronzie	Medical	N/A	95458NY1820068	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 Adult D&V DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870013	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$30/$60	Age 29
	Small Group	POS	Platinum	Medical	N/A	95458NY1870014	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$0/$30/$60	Age 29 Adult D&V
	Small Group	POS	Platinum	Medical	N/A	95458NY1870015	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 Adult D&V
	Small Group	POS	Gold	Medical	N/A	95458NY1870016	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29
	Small Group	POS	Gold	Medical	N/A	95458NY1870017	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29
	Small Group	POS	Gold	Medical	N/A	95458NY1870018	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29 Adult D&V
	Small Group	POS	Silver	Medical	N/A	95458NY1870019	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29
	Small Group	POS	Silver	Medical	N/A	95458NY1870020	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29
	Small Group	POS	Silver	Medical	N/A	95458NY1870021	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Age 29 Adult D&V
	Small Group	POS	Bronze	Medical	N/A	95458NY1870022	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	Age 29
	Small Group	POS	Bronze	Medical	N/A	95458NY1870023	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29
	Small Group	POS	Bronze	Medical	N/A	95458NY1870024	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 Adult D&V
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820069	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$30/$60	NC DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820070	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	NC DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820071	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult D&V NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1840013	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	NC DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820072	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	NC DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820073	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	NC DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820074	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult D&V NC DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820075	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	NC DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820076	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	NC DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820077	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$39/$79	Adult D&V NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1840014	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$39/$79	NC DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820078	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	NC DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820079	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	NC DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820080	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Adult D&V NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870025	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$30/$60	NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1870026	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1870027	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult D&V NC
	Small Group	POS	Gold	Medical	N/A	95458NY1870028	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	NC
	Small Group	POS	Gold	Medical	N/A	95458NY1870029	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	NC
	Small Group	POS	Gold	Medical	N/A	95458NY1870030	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Adult D&V NC
	Small Group	POS	Silver	Medical	N/A	95458NY1870031	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	NC
	Small Group	POS	Silver	Medical	N/A	95458NY1870032	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	NC
	Small Group	POS	Silver	Medical	N/A	95458NY1870033	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Adult D&V NC
	Small Group	POS	Bronze	Medical	N/A	95458NY1870034	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	$10/$35/$70	NC
	Small Group	POS	Bronze	Medical	N/A	95458NY1870035	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	NC
	Small Group	POS	Bronze	Medical	N/A	95458NY1870036	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Adult D&V NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1870037	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870038	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870039	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult D&V DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870040	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870041	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870042	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	Adult D&V DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870043	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870044	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$39/$79	DP

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

Benefit Summary

Small Group Rates Off-Exchange

Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	Product Type	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	ODIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	ODIN ODIN	ODIN Ded Single	ODIN Ded Family	ODIN Max Single	ODIN Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
	Small Group	POS	Silver	Medical	N/A	95458NY1870045	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Adult D&V DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870046	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870047	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	50%	DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870048	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	50%	Adult D&V DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820081	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	Age 29 NC DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820082	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$0/$30/$60	Age 29 NC DP
	Small Group	HMO	Platinum	Medical	N/A	95458NY1820083	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 Adult D&V NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1840015	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$0/$30/$60	Age 29 NC DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820084	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820085	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 NC DP
	Small Group	HMO	Gold	Medical	N/A	95458NY1820086	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$30/$70	Age 29 Adult D&V NC DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820087	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820088	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 NC DP
	Small Group	HMO	Silver	Medical	N/A	95458NY1820089	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$30/$70	Age 29 Adult D&V NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1840016	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	N/A	N/A	N/A	N/A	N/A	Aggregate	POS	Copayment	$5/$30/$70	Age 29 NC DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820090	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820091	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 NC DP
	Small Group	HMO	Bronze	Medical	N/A	95458NY1820092	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Coinsurance	50%	Age 29 Adult D&V NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870049	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	Age 29 NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1870050	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1870051	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$0/$30/$60	Age 29 Adult D&V NC
	Small Group	POS	Gold	Medical	N/A	95458NY1870052	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC
	Small Group	POS	Gold	Medical	N/A	95458NY1870053	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 NC
	Small Group	POS	Gold	Medical	N/A	95458NY1870054	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 Adult D&V NC
	Small Group	POS	Silver	Medical	N/A	95458NY1870055	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC
	Small Group	POS	Silver	Medical	N/A	95458NY1870056	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 NC
	Small Group	POS	Silver	Medical	N/A	95458NY1870057	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$5/$30/$70	Age 29 Adult D&V NC
	Small Group	POS	Bronze	Medical	N/A	95458NY1870058	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC
	Small Group	POS	Bronze	Medical	N/A	95458NY1870059	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	50%	Age 29 NC
	Small Group	POS	Bronze	Medical	N/A	95458NY1870060	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 Adult D&V NC
	Small Group	POS	Platinum	Medical	N/A	95458NY1870061	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$10/$30/$60	Age 29 DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870062	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$0/$30/$60	Age 29 DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870063	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Age 29 Adult D&V DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870064	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$10/$35/$70	Age 29 DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870065	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870066	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 Adult D&V DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870067	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870068	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870069	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 Adult D&V DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870070	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870071	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870072	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 Adult D&V DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870073	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870074	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870075	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$60	Adult D&V NC DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870076	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	NC DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870077	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	NC DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870078	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Adult D&V NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870079	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$10/$35/$70	NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870080	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870081	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Adult D&V NC DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870082	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	NC DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870083	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	50%	NC DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870084	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	50%	Adult D&V NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870085	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$30/$60	Age 29 NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870086	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$0/$30/$60	Age 29 NC DP
	Small Group	POS	Platinum	Medical	N/A	95458NY1870087	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	Accreceate	HMO	Coinsurance	$0/$30/$60	Age 29 Adult D&V NC DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870088	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870089	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 NC DP
	Small Group	POS	Gold	Medical	N/A	95458NY1870090	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 Adult D&V NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870091	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870092	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 NC DP
	Small Group	POS	Silver	Medical	N/A	95458NY1870093	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$0/$30/$70	Age 29 Adult D&V NC DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870094	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	$10/$35/$70	Age 29 NC DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870095	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 NC DP
	Small Group	POS	Bronze	Medical	N/A	95458NY1870096	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HMO	Copayment	50%	Age 29 Adult D&V NC DP

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group
III. Trend Factor

	Trend Factor
Quarter 1	0.9766611
Quarter 2	0.9921591
Quarter 3	1.0079029
Quarter 4	1.0238966

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

Small Group

IV. Conversion Factor Summary - 4-tier only

	Contract Mix	Average Contract Size	Desired Loading Factors	Conversion Factor
Four Tier Premiums				
Single	53.3%	1.00	1.00	
Double	12.8%	2.00	2.00	
Emp/Child(ren)	9.2%	2.65	1.70	
Family	24.8%	4.03	2.85	
Total 4T	100.0%	2.03	1.65	**1.230**

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Off Exchange
V. Tier Factors

2014 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1.00
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Product
VI. Sample Rate Calculation

Effective Date **July 1, 2014**
Plan Code 95456NY1860001

	Single	Employee and Spouse	Employee and Child(ren)	Family
(1) Starting Rate PMPM (I. Rate Pages)	$537.51	$537.51	$537.51	$537.51
(2) Trend Factor	1.01	1.01	1.01	1.01
(3) Conversion Factor (III. Conversion Factor)	1.230	1.230	1.230	1.230
(4) Tier Factors (V. Tier Factors)	1.000	2.000	1.700	2.850
(5) Rates (1) x (2) x (3)	$666.36	$1,332.72	$1,132.81	$1,899.12

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Small Group Off-Exchange
VII. Expected Loss Ratio

All policy forms

Expected Loss Ratio is 84.9%

Supporting Document Schedules

Satisfied - Item:	A&H Product Checklist
Comments:	
Attachment(s):	A&H_SG_OFF_2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Supporting Documents Group OFF.pdf NY Readability Certification SG_OFF.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Attachment A.pdf Small Group Actuarial Memo OFF 051413_V2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Attachment A.pdf Small Group Actuarial Memo OFF 051413_V2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 1-General Information
Comments:	

State: New York **Filing Company:** Atlantis Health Plan
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: Rates and Forms filing for 2014 OFF Exchanges
Project Name/Number: /

Attachment(s):	Required Exhibit 1 (5-18-12).xls Required Exhibit 1 (5-18-12).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 7-Historical Data
Comments:	
Attachment(s):	Required Exhibit 7 (4-2-13) (4).xls Required Exhibit 7 (4-2-13) (4).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 8-Adjustment Factors to Index Rate
Comments:	
Attachment(s):	Exhibit 8 - SG Off Exchange_V5.pdf Exhibit 8 - SG Off Exchange_V5.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 9-Summary of Administrative Expenses
Comments:	
Attachment(s):	Required Exhibit 9 (4-2-13) SG Off -Exchange.xlsx Required Exhibit 9 (4-2-13) SG Off -Exchange.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRT - ECN - SG.xlsm URRT - ECN - SG.pdf
Item Status:	
Status Date:	

Review Standards for

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups
As of 4/22/13

Instructions for SERFF Checklist:

A. For **ALL** filings, the "General Requirements for All Filings" section must be completed:

B. For a **FORM** filing, completion of additional sections may be required as follows, depending on the type of form being submitted:

- Policy or Contract – Also complete all sections
- Rider or endorsement – Also complete all items relevant to the form being submitted in all sections.

C. For filing of initial rates, complete the section entitled "Actuarial Section for New Product Rate Filings Only" in addition to completion of the applicable form sections identified above. For filing of rate changes to existing products (increases, decreases, or change in rate calculation rules or procedures), complete the "Actuarial Section for Existing Product Rate Filings Only" section. For filing of any other changes to rate or underwriting manuals (e.g., changes in commissions or underwriting), complete the "Actuarial Section for Existing Product Rate Filings Only" section.

D. For each item, enter in the last column the form number(s), page number(s) and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing. All items with shaded boxes must be answered.

E. Do not make any changes or revisions to this checklist.

F. **Checklist Updates:** Any items on the checklist that have been updated since the last posting are shaded.

G. **Instructions for Citations:** All citations to Insurance regulations link to the Department of State's website and an unofficial copy of the NYCRR. Please select title 11 for Insurance regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled "ISC".

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

LINE OF BUSINESS: **Group Major Medical or Similar-Type Comprehensive Health Insurance**

CODE:			LINE(S) OF INSURANCE	CODES
	H15G	Health	– Hospital/Surgical/Medical Expense	H15G.001
		H15		G.002
		H15		G.003
	H16G	Health	– Major Medical H16	G.001A
		H16		G.001B
				H16G.001C
		H16		G.002A
				H16G.002C
		H16		G.003A
				H16G.003D

H16 G.003G

IF CHECKLIST IS NOT APPLICABLE, OR IF THE SUBMISSION CONTAINS INSERT PAGES, RIDERS OR ENDORSEMENTS AND THE POLICY OR CONTRACT IN ITS ENTIRETY DOES NOT COMPLY WITH ALL STATUTORY AND REGULATORY PROVISIONS STATED BELOW, PLEASE EXPLAIN:

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS	*Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department of Financial Services Circular Letters and OGC opinions*	*Note: This checklist is intended to provide guidance in the preparation of policy or contract forms for submission and is not intended as a substitute for statute or regulation.*	Form/Page/Para Reference
Complete Policy or Contract Submission or Pages/Rider/Endorsement		This submission contains a complete policy or contract form. Yes ☒ No ☐ If this submission contains insert pages, riders or endorsements, then the policy or contract in its entirety complies with all the statutory and regulatory provisions stated below. Yes ☒ No ☐	pages 1-108

		(If no is checked, explain in the space provided above.) This rider, insert pages, or endorsements are being attached to a policy or contract that was approved by the Department on _____, submission number _____.	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	Each form in the filing must meet the following requirements: • This form contains no strikeouts. §52.31(b) • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. §52.31(d) • This form is submitted in the form intended for actual use. §52.31(e) • All blank spaces are filled in with hypothetical data. §52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. §52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable, if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as "will conform to law" or "as requested by group" to describe the variable material. §52.31(l) • All policy or contract forms must be placed on the Form Schedule in SERFF.	
Flesch Score	§3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	
SERFF Filing Description or Letter of Submission	11 NYCRR 52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	The filing must include a SERFF Filing Description or a letter of submission that contains the following: • The identifying form number of each form submitted. §52.33(a) • If the form is a policy or contract, the letter must indicate that the policy or contract is submitted pursuant to 11 NYCRR 52.7. §52.33(b) • Whether the form is new or supersedes an approved or filed form. § 52.33(c) • If the form supersedes an approved or filed form, the letter must state the form number and date of approval or filing of the superseded form and any material differences from the superseded form. § 52.33(d) • If the approval of the superseded form is still pending, the letter must include the form number, control number assigned by the Department and the submission date. § 52.33(d) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e) • If the form is submitted in accordance with 11 NYCRR 52.32(c), the letter must identify the prefiled group coverage. § 52.33(f) • If the form is other than a policyor contract form, the letter must identify the form number and	page 1

		approval date of the policy or contract with which it will be used. If the form is for general use, the Department may accept a description of the type of policy or contract with which it may be used in lieu of the form number and approval date. §52.33(g) • If the form is a policy or contract, the letter must identify the form numbers and dates of approval of any applications previously approved to be used with the policy or contract unless the application is required to be attached to the policy or contract upon submission. §52.33(h) • If the policy or contract is designed to be used with insert pages, the letter must contain a statement of the insert page forms which must always be included in the policy or contract and a list of all optional pages, together with an explanation of their use. § 52.33(i) • *Note: Submission letters and or the SERFF filing description should advise as to whether the policy or contract is intended for internet sales and should describe any proposed electronic procedures and/or the proposed use of electronic signatures associated with the sale of the policy or contract.*	
Group Status and Recognition	§ 4235(c)(1)(A) §3201(b)(1) 11 NYCRR 59	The SERFF filing description or submission letter should include a statement that policy or contract forms will be sold to a group specified in Insurance Law §4235(c)(1). However, a more detailed statement must be included where discretionary group status is sought under Insurance Law §4235(c)(1)(M). The size of the group should be indicated as small. Please indicate whether the submission is for general use or is submitted on a one case basis. If the submission is for use on a one case basis, the group must be identified along with the subpart of Insurance Law §4235(c)(1) in which the group fits and a confirmation that the group meets all of the requirements of the identified subpart. Requests for discretionary group recognition, pursuant to Insurance Law §4235(c)(1)(M), must be accompanied by written documentation that demonstrates that the proposed group meets each and every element stated in the named statute. The documentation must also make clear that the request for discretionary group recognition is not a subterfuge, evasion technique, or a marketing tool to avoid compliance with other statutory or regulatory requirements and recognized marketing mechanisms. This provision is not intended to allow approval of groups recognized in the various subparagraphs of §4235(c)(1), but for which the proposed discretionary group does not meet one or more of the requisites specifically required or proscribed by §4235. The request for allowance of a discretionary group must be granted before it may be used. Pursuant to §3201(b)(1) and Insurance Regulation 123, an accident and health certificate is deemed delivered in New York and subject to review and approval regardless of the actual place of delivery, if the policy is issued to certain groups. In these cases, the group certificate is reviewed for compliance with New York Law. The group policy/contract that is delivered out-of-state is not reviewed.	
Prefiled Group Coverage	11 NYCRR 52.32	A copy of the letter of confirmation sent to the group by the insurer must be submitted to the Department within 30 days after the date the insurer agrees to provide insurance and must include the following: • The effective date of coverage. § 52.32(a)(1) • The nature and extent of the benefits or change in benefits as then known. § 52.32(a)(2) • That the contractual forms may be executed and issued for delivery only after filing with or	

		approval by the Department. §52.32(a)(3) • That if the forms are not filed or approved or are disapproved, the parties will be returned to the status quo insofar as possible, or the coverage will be modified retroactively to meet all requirements necessary for approval. §52.32(a)(4) *Note: At the time the insurer agrees to provide insurance, it cannot have been reasonably possible to obtain approval prior to the effective date of coverage because the group requested the insurer provide immediate coverage. Also, the actual forms must be submitted for approval within six months from the date the insurer agrees to provide insurance. § 52.32(c). Failure to meet any of the conditions within the time specified shall be a violation of the Insurance Law, unless reasons for delay, including its probable extent, satisfactory to the Department are submitted to the Department within the respective times specified.*	
Statement of ERISA rights Is the insurer providing document as the plan administrator or for the plan administrator? Yes ☒ No ☐	29 CFR § 2520.104b-2 29 CFR § 2520.102-3(t)	Plan administrators of an employee benefit plan are required to furnish a copy of a Statement of ERISA rights as provided for in 29 CFR § 2520.102-3(t). If the insurer is providing this document as the plan administrator, or for the plan administrator, please indicate in the adjacent box.	Page 90
APPLICATION FORMS Model Application Used? Yes ☒ No ☐	Model Language		Form/Page/Para Reference
Authorization	11 NYCRR 420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	
Fraud Warning Statement	§403(d) 11 NYCRR 86.4	The application contains the prescribed fraud warning statement immediately above the insured's signature.	
Prohibited Questions and Provisions	§3221(q)(1) §3204 11 NYCRR 52.51	The application does NOT contain: Questions as to the applicant's health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of domestic violence), disability or the applicant's race. A provision that changes the terms of the policy or contract to which it is attached. A statement that the applicant has not withheld any information or concealed any facts. An agreement that an untrue or false answer material to the risk will render the policy or contract void. An agreement that acceptance of any policy or contract issued upon the application will constitute a ratification of any changes or amendments made by the insurer and inserted in the application, except to conform to §3204(d).	
Verification of Compliance with Pediatric Essential Dental Health Benefit.	45 CFR § 156.150	In order to verify whether an individual has obtained stand-alone dental coverage through an Exchange-certified stand-alone dental plan offered outside the Exchange, insurers should use the following language on their application/enrollment form:	

		A. Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? Yes No B. If you answered "yes", please provide the name of the company issuing the stand-alone dental coverage. _____ If you answered "no", we will provide you coverage of the pediatric dental essential health benefit.	
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/Para Reference
COVER PAGE			
Insurer name Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form contains the name and full address of the issuing insurer on the front or back cover.	
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy or contract form (such as on the cover).	
Table of Contents Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	A table of contents is required.	Pages 2-3
DEFINITIONS Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	*For a complete listing of the definitions click on the adjacent Model Language link.*	Form/Page/Para Reference
Services Performed at Comprehensive Care Center for Eating Disorders	§3221(k)(14) §4303(dd)	This policy or contract form may not exclude coverage for services covered under the policy or contract when provided by a comprehensive care center for eating disorders pursuant to Article 27-J of the Public Health Law. Reimbursement for services provided through such comprehensive care centers shall, to the extent possible or practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.	
HOW THIS COVERAGE WORKS			Form/Page/Para Reference
Selecting a Primary Care Provider			
Selecting, Accessing and Changing Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(9) §3217-a(a)(10) §4324(a)(9); (10) PHL § 4408(1)(i) Model Language	Where applicable, this policy or contract form includes a description of the procedures for insureds to select, access, and change primary and specialty care providers, including notice of how to determine whether a participating provider is accepting new patients.	Page 14
Designation of Primary Care	§3217-e	If the policy or contract requires the designation of a Primary Care Provider, this policy or contract	

Provider (PCP) & Access to Pediatricians Does this product require a PCP to be designated? Yes ☒ No ☐ Model Language Used? Yes ☒ No ☐	§4306-d PHL §4403(7) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	form permits an insured to designate any participating PCP who is available to accept the insured. If designation of a PCP for a child is required, the insured is permitted to designate a physician who specializes in pediatrics as the child's PCP if the provider is in-network and available to accept the child.	Page 14
Direct Access to OB/GYN Services Does this product require a PCP to be designated? Yes ☒ No ☐ Model Language Used? Yes ☒ No ☐	§3217-c §4306-b(a) §4324(16-a) PHL §4406-b PHL §4408(1)(p-1) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	If the policy or contract requires the designation of a Primary Care Provider, it must provide a female insured direct access to primary and preventive obstetric and gynecologic services including annual examinations, care resulting from such annual examinations, and treatment of acute gynecologic conditions from a qualified participating provider of such services of her choice or for any care related to pregnancy provided that: • such qualified provider discusses such services and treatment plan with the individual's primary care practitioner in accordance with the insurer's requirements; and • such qualified provider agrees to adhere to the insurer's policies and procedures, including any procedures regarding referrals and obtaining prior authorization for services other than obstetric and gynecologic services rendered by such qualified provider, and agrees to provide services pursuant to a treatment plan approved by the insurer.	Page 14
Preauthorization			
Preauthorization Requirements Model Language Used? Yes ☒ No ☐	§3217-a(a)(2) §3238 §4324(a)(1) PHL § 4408(1)(b) Model Language	This policy or contract form includes a description of all preauthorization or other notification requirements for treatments and services. If the policy or contract form requires a gatekeeper, the preauthorization requirements may not be imposed on the insured for In-Network services. A preauthorization or notification penalty of either 50% of the allowable amount for services rendered or $500.00, whichever is less, is permissible.	pages 11-13
Medical Necessity			
Definition of Medical Necessity Model Language Used? Yes ☒ No ☐	§3217-a(a)(1) §4324(a)(1) Model Language	This policy or contract form includes a definition of "medical necessity" used in determining whether benefits will be covered.	Page 12
Contact Information Model Language Used? Yes ☒ No ☐	§3217-a(a)(16) §4324(a)(16) PHL§4408(1)(q) Model Language	This policy or contract form includes all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization.	Page 13
ACCESS TO CARE AND TRANSITIONAL CARE			
Referral to Non-Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(11) §4324(a)(11) PHL §4408(1)(k) Model Language	If a policy or contract form is a managed care product as defined in §4801(c) or an HMO, or an EPO it must describe how an insured may obtain a referral to a health care provider outside of the insurer's network when the insurer does not have a health care provider with appropriate training and experience in the network to meet the health care needs of the insured and the procedure by which the	Page 14

		insured can obtain such referral.	
Specialty Care Provider as PCP Model Language Used? Yes ☐ No ☐	§3217-a(a)(13) §3217-d(b) §4324(a)(13) §4306-C(b) PHL §4408(1)(m) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, is permitted to request that a specialist be designated as their PCP to provide or coordinate the insured's medical care and describe the procedure for requesting and obtaining a specialist as a PCP.	Page 14
Standing Referrals Model Language Used? Yes ☐ No ☐	§3217-a(a)(12) §3217-d(b) §4324(a)(12) §4306-C(b) PHL § 4408(1)(l) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, it must include a notice that an insured with a condition which requires on-going care from a specialist, may request a standing referral to such specialist and describe the procedure for requesting and obtaining such a standing referral.	Page 14
Specialty Care Center Model Language Used? Yes ☐ No ☐	§3217-a(a)(14) §3217-d(b) §4324(a)(14) §4306-C(b) PHL §4408(1)(n) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, may request access to a specialty care center and describe the procedure for requesting and obtaining such a referral to a specialty care center.	Page 14
Transitional Care When A Provider Leaves the Network Model Language Used? Yes ☒ No ☐	§4804(e) §3217-d(c) §4306-C(c) PHL §4403(6)(e) Model Language	If an insured is in an ongoing course of treatment when a provider leaves the network, then the policy or contract form must describe how an insured may to continue to receive treatment for the ongoing treatment from the former Participating Provider for up to ninety (90) days from the date the provider's contractual obligation to provide services terminated. If the insured is pregnant and in the second or third trimester, the insured may be able to continue care with a former participating provider through delivery and any postpartum care directly related to the delivery. In order for the insured to continue to receive care for up to ninety (90) days or through a pregnancy with a former participating provider, the provider must agree to accept as payment the negotiated fee that was in effect just prior to the termination of the insurer's contractual agreement with the provider and must also agree to provide the insurer with the necessary medical information related to the insured's care and adhere to the insurer's policies and procedures, including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	Page 15
Transitional Care For A New Member in a Course of Treatment Model Language Used? Yes ☒ No ☐	§4804(f) §3217-d(c) §4306-C(c) PHL §4403(6)(f) Model Language	If an insured is in an ongoing course of treatment with a non-participating provider when the insured's coverage becomes effective for (1) a life-threatening disease or condition or a degenerative and disabling condition or disease, or (2) for care for pregnancy if the insured is in the second or third trimester, then this policy or contract form must describe how the insured may continue to receive care for the ongoing course of treatment from the non-participating provider for up to sixty (60) days from the effective date of the insured's coverage. The insured may continue care through delivery and any post-partum services directly related to the delivery. In order for the insured to continue to receive care for up to sixty (60) days or through pregnancy, the	Page 15

		non-participating provider must agree to accept as payment the insurer's fees for such services. The provider must also agree to provide the insurer with necessary medical information related to the insured's care and to adhere to the insurer's policies and procedures including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	
COST-SHARING EXPENSES AND ALLOWED AMOUNT.			
Cost of Service Model Language Used? Yes ☐ No ☐	§3201(c)(3) 11 NYCRR 52.1(c) Model Language	If the cost of the service is less than the copayment for the service, the patient is responsible for the lesser amount.	Pages 17-18
Reimbursement of Providers Model Language Used? Yes ☐ No ☐	§3217-a(a)(4) §4324(a)(4) PHL §4408(1)(d) Model Language	This policy or contract form includes a description of the types of methodologies the insurer uses to reimburse providers.	Pages 17-18
Non-Participating Providers and Non-Authorized Services Model Language Used? Yes ☐ No ☐	§3217-a(a)(6) §4324(a)(6) PHL §4408(1)(f) Model Language	This policy or contract form includes a description of the insured's financial responsibility for payment when services are provided by a health care provider who is not part of the insurer's network or by any provider without the required authorization or when a procedure, treatment or service is not a covered health care benefit.	Pages 17-18
ELIGIBILITY Model Language Used? Yes ☐ No ☐	Model Language		Form/Page/Para Reference
Spouse	§4235(f)(1)(A) §4305(c)(1) Circular Letter No. 27 (2008) Model Language	If dependent coverage is selected by the group, this policy or contract form must provide coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes marriages between same-sex partners legally performed in this state and in other jurisdictions.	Pages 19
Dependents	§4235(f)(1)(A)(i) §4305(c)(1) §3221(a)(7) 42 USC §300gg-14 26 CFR §§ 144.101, 146.101, 147.100 and 147.120 Model Language	If dependent coverage is selected by the group, this policy or contract form provides coverage of children until age 26. *Note: Pursuant to §2608-a, an insurer may not deny enrollment to a child under the health coverage of the child's parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the insurer's service area.*	Pages 19

Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	If dependent coverage is selected by the group, this policy or contract must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in 4235(f).	Page 87
Unmarried Students on Medical Leave of Absence	§3237 §4306-a 42 USC §300gg-7	If this policy or contract form provides coverage for dependent children who are full-time students to a higher age than other dependent children, then coverage shall continue when such dependent takes a medical leave of absence from school due to illness or injury for a period of 12 months from the last day of attendance at school, provided, however, that coverage of a dependent student is not required beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the insurer may require that the medical necessity of the leave be certified to by the student's attending physician who is licensed to practice in the state of New York.	Page 19
Unmarried Disabled Children	§4235(f)(1)(A)(ii) §4305(c)(1) Model Language	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap, and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate. *Note: Such coverage shall not terminate while the coverage remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.*	Page 19
Newborn Infants	§4235(f)(2) §4305(c)(1) Model Language 45 C.F.R. § 155.420 45 C.F.R. § 155.725	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to §115-c of the domestic relations law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care. *Note: In the case of individual or two-person coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.*	Page 20
Adopted Children and Step-Children	11NYCRR52.18(e)(2); (3) §4305(c)(1)	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides that adopted children and stepchildren dependent upon the insured are eligible for coverage on the same basis as natural children. Further, a family policy or contract form covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child be eligible for coverage	Page 19

		on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.	
Domestic Partners	§4235(f)(1)(A) §4305(c)(1) OGC Opinion 01-11-23 Model Language	This policy or contract form may cover domestic partners, who are financially interdependent on the employee, but such coverage is not required. If such coverage is provided, the policy or contract form shall require the applicant to provide the following: • Registration as a domestic partner, where such registry exists, or an affidavit of domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six months • Proof of cohabitation • Proof of financial interdependency by evidence of two or more of the following: joint bank account; joint credit or charge card; joint obligation on a loan; status as authorized signatory on the partner's bank account, credit card or charge card; joint ownership or holding of investments; joint ownership of residence; joint ownership of real estate other than residence; listing of both partners as tenants on lease; shared rental payments; shared household expenses; shared household budget for purposes of receiving government benefits; joint ownership of major items of personal property; joint ownership of a motor vehicle; joint responsibility for child care; shared child-care expenses; execution of wills naming each other as executor and/or beneficiary; designation as beneficiary under the other's life insurance policy or retirement benefits account; mutual grant of durable power of attorney; mutual grant of authority to make health care decisions; affidavit by creditor or other individual able to testify to partners' financial interdependence; other items of sufficient proof to establish economic interdependency under the circumstances of the particular case.	
New Family Members Model Language Used? Yes ☒ No ☐	45 C.F.R. § 155.420 Model Language	The policy or contract form describes the requirements to add new family members to the policy or contract.	Page 21
New Employees	§3221(a)(3)	New employees or members of the class must be added to the class for which they are eligible.	
Enrollment Periods	http://government.westlaw.com/linkedslice/default.asp?SP=nycrr-100011NYCRR52.70(e)(3) 45 C.F.R. § 155.410 45 C.F.R. § 155.420 45 C.F.R. § 155.305 45 C.F.R. § 155.725 Model Language	This policy or contract form must provide for an initial open enrollment period, an annual open enrollment period, and special enrollment periods, including those special enrollment periods that allow for the addition of a new family member.	Page 20
MANDATORY COVERED ESSENTIAL HEALTH BENEFITS		**Except where noted below, the following benefits must be included in the policy or contract forms.** Insurers may either (i) substitute benefits within certain categories listed below, (ii) modify cost-sharing in any category; (iii) add benefits to an essential health benefit category, including higher visit	Form/Page/Para Reference

		limitations; and/or (iv) add benefits that are not considered essential health benefits, provided all changes are in accordance with federal and state regulation and guidance, as well as DFS review. The categories of benefits that may be substituted are: A. Preventive/Wellness/Chronic Disease Management B. Rehabilitative and Habilitative	
PREVENTIVE CARE			
Primary and Preventive Health Services Model Language Used? Yes ☒ No ☐	§3221(l)(8) §3221(k)(18) §4303(j) Circular Letter No. 3 (1994) Circular Letter No. 13 (2006) Required Immunizations 42 USC § 300gg-13 45 CFR §147.130 45 CFR § 156.100	This policy or contract form includes the following coverage for primary and preventive health services for a covered child from the date of birth through age 19: • An initial hospital check-up and well child visits scheduled in accordance with the American Academy of Pediatrics. • At each visit, services in accordance with the American Academy of Pediatrics, including a medical history, complete physical examination, developmental assessment, anticipatory guidance, laboratory tests and necessary immunizations in accordance with the Advisory Committee on Immunization Practices. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	Page 22
Federal Mandated Preventive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language HRSA Guidelines	This policy or contract form includes coverage for the following preventive care and screenings for children and adults with no cost-sharing: • Evidence-based items or services for children and adults with a rating of A or B by the U.S. Preventive Services Task Force. • Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. • Preventive care and screenings for infants, children and adolescents in guidelines supported by the Health Resources and Services Administration. • Preventive care and screenings for women in guidelines supported by the Health Resources and Services Administration. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	Page 23
Cervical Cytology Screening Model Language Used? Yes ☒ No ☐	§3 221(l)(14) § 4303(t) 42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	This policy or contract form includes coverage for annual cervical cytology screening for cervical cancer and its precursor states for women aged eighteen and older. Cervical cytology screening includes an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	Page 23, 24
Mammography Screening	§ 3221(l)(11) § 4303(p)	This policy or contract form includes the following coverage for mammography screening for occult breast cancer:	Page 23

Model Language Used? Yes ☐ No ☐	42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	• Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer. • A single, baseline mammogram for covered persons aged 35-39, inclusive. • An annual mammogram for covered persons aged 40 and older. • Diagnostic mammograms (mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever they are Medically Necessary. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	Page 23
Family Planning & Reproductive Health Services Model Language Used? Yes ☐ No ☐	45 CFR § 156.100 Model Language 42 USC § 300gg-13 HRSA Guidelines	This policy or contract form includes coverage for family planning services which consist of FDA approved contraceptive methods prescribed by a provider (not covered under the prescription drug benefits), counseling on use of contraceptives, related topics and sterilization procedures for women. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF. This policy or contract form includes coverage for vasectomies. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 24
Bone Mineral Density Measurements or Tests, Drugs and Devices Model Language Used? Yes ☒ No ☐	§ 3221(k)(13) § 4303(bb) 42 USC § 300gg-13 45 CFR §147.130 Model Language	This policy or contract form includes coverage for bone mineral density measurements or tests, prescription drugs, and devices approved by the FDA or generic equivalents as approved substitutes. Bone mineral density measurements or tests, drugs or devices shall include those covered for individuals meeting the criteria under the federal Medicare program and those in accordance with the criteria of the National Institutes of Health. Individuals qualifying for coverage, at a minimum, include individuals: • Previously diagnosed as having osteoporosis or having a family history of osteoporosis; or • With symptoms or conditions indicative of the presence or significant risk of osteoporosis; or • On a prescribed drug regimen posing a significant risk of osteoporosis; or • With lifestyle factors to a degree as posing a significant risk of osteoporosis; or, • With such age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis. Such coverage, when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF, shall not be subject to deductibles, copayments and/or coinsurance. Other such coverage provided may be subject to deductibles, copayments and/or coinsurance	Page 24
Prostate Cancer Screening Model Language Used? Yes ☒ No ☐	§ 3221(l)(11-a) § 4303(z-1) Model Language	This policy or contract form includes coverage for the diagnostic screening for prostate cancer including: • Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and	Page 24

		• An annual standard diagnostic examination for men age 50 and over who are asymptomatic and for men age 40 or older with a family history of prostate cancer or other prostate cancer risk factors. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
EMERGENCY SERVICES AND URGENT CARE			
Pre-Hospital Emergency Medical and Ambulance Services Model Language Used? Yes ☒ No ☐	§ 3221(l)(15) § 4303(aa) Model Language	**Emergency Medical and Ambulance Services:** This policy or contract form includes coverage for pre-hospital emergency medical services for the treatment of an emergency condition when such services are provided by an ambulance service (either ground, water or air) issued a certificate to operate pursuant to §3005 of the Public Health Law. This policy or contract form will, however, only provide coverage when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (i) Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) Serious impairment to such person's bodily functions; (iii) Serious dysfunction of any bodily organ or part of such person; or (iv) Serious disfigurement of such person. An ambulance service may not charge or seek reimbursement from the insured for Pre-Hospital Emergency Medical Services relating to non-airborne transportation to a Hospital except for the collection of any applicable copayment, coinsurance, or deductible. Pre-Hospital Emergency Medical Services and ambulance services for medical emergencies do not require preauthorization. **Non-Emergency Ambulance Services:** This policy or contract form covers non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as appropriate) between facilities when the transport is any of the following: • From a Non-Participating Hospital to a Participating Hospital. • To a Hospital that provides a higher level of care that was not available at the original Hospital. • To a more cost-effective acute care facility. • From an acute facility to a sub-acute setting.	Pages 26-27
Emergency Services Model Language Used? Yes ☒ No ☐	§ 3221(k)(4) § 3217-a(a)(8) § 4900(c) § 4303(a)(2) Circular Letter No.1	This policy or contract form includes coverage for the treatment of an emergency condition in hospital facilities: • without the need for any prior authorization; • regardless of whether the provider is a participating provider; • without imposing any administrative requirement or limitation on out-of-network coverage	Page 28

	(2002) PHL § 4408(1)(h) 10 NYCRR § 98-1.13 42 USC § 300gg-19a 45 CFR §147.138(b) 45 CFR § 156.100 Model Language	that is more restrictive than the requirements or limitations that apply to emergency services received from participating providers; • the cost-sharing (copayment or coinsurance) shall be the same regardless of whether the services are provided by a participating or a non-participating provider; and • The benefits for out-of-network emergency services must at a minimum equal the greatest of the following amounts: (i) the amount negotiated with in-network providers for the emergency service; (ii) the amount for the emergency service calculated using the same method the insurer uses to determine payments for out-of-network services excluding any in-network co-payment or coinsurance; or (iii) the amount that would be paid under Medicare for the emergency service excluding any in-network co-payment or coinsurance. *Note the following definitions must be used:* *Emergency condition means a medical or behavioral condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; (iii)serious dysfunction of any bodily organ or part of such person; or (iv)serious disfigurement of such person; or a condition described in §1867(e)(1)(A)(i), (ii) or (iii) of the Social Security Act.* *Emergency services means with respect to an emergency condition (i) a medical screening examination as required under 42 U.S.C. §1395dd, which is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and (ii) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under 42 U.S.C. §1395dd to stabilize the patient. For purposes of this paragraph" to stabilize" means, with respect to an emergency condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the insured from a facility or to deliver a newborn child (including the placenta).*	Pages 28-29
Urgent Care Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100	This policy or contract form includes coverage for Urgent Care. Urgent Care is medical care for an illness, injury or condition that is serious enough for a reasonable person to seek care right away, but not so severe as to require emergency care.	Page 30
OUTPATIENT SERVICES, INPATIENT SERVICES, EQUIPMENT AND DEVICES			
Advanced Imaging	45 CFR § 156.100	This policy or contract form provides coverage for PET scans, MRI, nuclear medicine, and CAT	Page 31

Model Language Used? Yes ☒ No ☐	Model Language	scans. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 31
Allergy Testing and Treatment Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for testing and evaluations including: injections, and scratch and prick tests to determine the existence of an allergy. This policy or contract form also provides coverage for allergy treatment, including desensitization treatments, routine allergy injections and serums. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 31
Ambulatory Surgery Center Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for surgical procedures performed at an Ambulatory Surgical Center including services and supplies provided by the center the day the surgery is performed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 31
Chemotherapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for chemotherapy in an outpatient facility or in a professional provider office. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 31
Chiropractic Care Model Language Used? Yes ☒ No ☐	§3221(k)(11) §4303(y) Model Language	This policy or contract form includes coverage for chiropractic care in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment, or sublaxation in the vertebral column. Chiropractic care and services may be subject to reasonable deductible, copayment and coinsurance amounts, reasonable fee or benefit limits, and reasonable utilization review, provided that any such amounts, limits and review: shall not function to direct treatment in a manner discriminative against chiropractic care and individually and collectively shall be no more restrictive than those applicable under the coverage to care or services provided by other health care professionals in the diagnosis, treatment and management of the same or similar conditions, injuries, complaints, disorders or ailments even if differing nomenclature is used to describe the condition, injury, complaint, disorder or ailment. *Note: The Department interprets this mandate to mean that policy or contract forms may not subject a visit to a chiropractor or to a provider of chiropractic care to higher cost sharing than that which applies to other specialty office visits under the policy or contract. Additionally, a policy or contract may not impose a greater level of utilization review to chiropractic care and services than that which applies to specialty office care in general under the policy or contract. This means, for example, that a policy or contract may not require pre-certification or preauthorization of chiropractic care and services if it does not require the same for specialty office visits in general.*	Page 31
Dialysis Coverage	§3221(k)(16) §4303(gg)	This policy or contract form provides coverage for dialysis treatment of an acute of chronic kidney ailment. If the policy or contract form does not otherwise cover out-of-network services, dialysis	Page 31-32

Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	treatment or services provided by a non-participating provider must be covered if the following conditions are met: • The out-of-network provider is duly licensed to practice and authorized to provide such treatment; • The out-of-network provider is located outside the service area of the insurer; • The in-network provider treating the insured for the condition issues a written order stating that the dialysis treatment is necessary; • The insured notifies the insurer in writing 30 days in advance of the proposed date(s) of the out-of-network dialysis treatment and attaches the written order of the in-network provider. If the insured must travel on sudden notice due to family or other emergency, shorter notice may be permitted, provided that the insurer has a reasonable opportunity to review the travel and treatment plans of the insured; • The insurer has the right to pre-approve the dialysis treatment schedule; and • Such coverage may be limited to 10 out-of-network treatments in a calendar year. Benefits for services of a Non-Participating Provider are subject to any applicable cost sharing that applies to dialysis treatments by a Participating Provider. However, the insured will also be responsible for paying any difference between the amount the insurer would have paid had the service been provided by a Participating Provider and the Non-Participating Provider's charge.	Page 31-32
Outpatient Habilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☒ No ☐ Are additional benefits being added to this EHB category? Yes ☒ No ☐ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for habilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 32
Benefit explanation:			

Home Health Services Model Language Used? Yes ☒ No ☐	§3221(k)(1) §4303(a)(3) Model Language	This policy or contract form includes coverage of home care for not less than 40 visits in a plan year for each person covered under the policy or contract if hospitalization or confinement in a nursing facility would otherwise be required. Home care must be provided by an agency possessing a valid certificate of approval or license issued pursuant to Article 36 of the Public Health Law and shall consist of one or more of the following: • Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse. • Part-time or intermittent home health aide services which consist primarily of caring for the patient. • Physical, occupational or speech therapy if provided by the home health service or agency. • Medical supplies, drugs and medications prescribed by a physician and laboratory services by or on behalf of a certified or licensed home health agency. • Each visit by a member of a home care team shall be considered as one home care visit. • Four hours of home health aide service shall be considered as one home care visit Such coverage may be subject to an annual deductible of not more than $50 per person covered under the policy or contract form and may be subject to a coinsurance provision which provides not less than 75% of reasonable charges for services. Such coverage may be subject to copayments.	Page 32
Interruption of Pregnancy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for therapeutic abortions. Non-therapeutic abortions in cases of rape, incest or fetal malformation are also covered. Elective abortions are covered for one procedure per Member, per Year. *Note: Plans must include the one procedure limit and may provide coverage that is more favorable.*	Page 32
Treatment of Correctable Medical Conditions that Cause Infertility/Infertility Treatments Model Language Used? Yes ☒ No ☐	§3221(k)(6) 4303(s) 11 NYCRR 52.18(a)(10) Definition of Infertility OGC Opinion 05-11-10 Model Language	This policy or contract form shall not exclude coverage for hospital, surgical or medical care for the diagnosis and treatment of correctable medical conditions otherwise covered under the policy or contract solely because the medical condition results in infertility. • Coverage shall not exclude surgical or medical procedures which would correct malformation, disease or dysfunction resulting in infertility. • Coverage shall not exclude diagnostic tests and procedures including hysterosalpingogram, hysteroscopy, endometrial biopsy, laparoscopy, sono-hysterogram, post coital tests, testis biopsy, semen analysis, blood tests, ultrasound and artificial insemination, or prescription drugs if prescription drug coverage is otherwise provided under the policy or contract. • Coverage shall be provided for persons aged 21-44 years; however, coverage beyond this age range is not precluded. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract. • This mandate does not require coverage of the following treatments in connection with infertility: in vitro fertilization; gamete intrafallopian tube transfers; zygote intrafallopian tube transfers; the reversal of elective sterilizations; cost for an ovum donor or donor sperm; sperm storage costs;	Page 32-33

		cryopreservation and storage of embryos; ovulation predictor kits; reversal of tubal ligations; sex change procedures; cloning; or medical or surgical services or procedures determined to be experimental. These are the only infertility treatments that may be expressly excluded in the policy or contract form.	
Infusion Therapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for infusion therapy which is the administration of drugs using specialized delivery systems which otherwise would have required hospitalization. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 33
Laboratory Procedures, Diagnostic Testing and Radiology Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for x-ray, laboratory procedures and diagnostic testing, services and materials, including diagnostic X-rays, X-ray therapy, fluoroscopy, electrocardiograms, electroencephalograms, laboratory tests, and therapeutic radiology services. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 34
Office Visits Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for office visits for the diagnosis and treatment of injury, disease, and medical conditions. Office visits may include house calls. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 34
Outpatient Hospital Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hospital services and supplies described in the inpatient hospital section of the policy or contract form that can be provided while being treated in an outpatient facility. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 34
Preadmission Testing Model Language Used? Yes ☒ No ☐	§3221(k)(2) §4303(a)(1) Model Language	This policy or contract form includes coverage for preadmission testing ordered by a physician performed in the out-patient facilities of a hospital as a planned preliminary to admission of the patient as an in-patient for surgery in the same hospital provided that: tests are necessary for and consistent with the diagnosis and treatment of the condition for which surgery is to be performed; reservations for a hospital bed and for an operating room were made prior to the performance of the tests; the surgery actually takes place within seven days of the tests; and the patient is physically present at the hospital for the tests. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 34
Outpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for rehabilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.* Speech and physical therapy is covered only when: such therapy are related to the treatment or diagnosis of a physical illness or injury (in the case of a dependent child, this includes a medically diagnosed congenital defect); is ordered by a physician; and the insured has been hospitalized or has	Page 34-35

Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.		undergone surgery for such illness or injury. Speech, physical and occupational therapy services must begin within six months of the later to occur: • The date of the injury or illness that caused the need for the therapy; • The date You are discharged from a Hospital where surgical treatment was rendered; or • The date outpatient surgical care is rendered. In no event will the therapy continue beyond 365 days after such event. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Plans may: increase the number of covered visits; cover 60 or more visits per therapy or condition; cover visits per year rather than per condition; remove the lifetime limit; remove the other conditions/ limitations for coverage; and/or omit the requirement for a prior hospitalization or surgery.*	Page 35
Benefit explanation:			
Second Medical Opinion for Cancer Diagnosis Model Language Used? Yes ☒ No ☐	§3221(k)(9) §4303(w) Model Language	This policy or contract form includes coverage for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. • This benefit includes coverage for a second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer when the attending physician provides a written referral to the non-participating specialist, at no additional cost to the insured beyond what such insured would have paid for services from a participating specialist. • This benefit also includes coverage for a second medical opinion by a non-participating specialist where there is no referral from the attending physician and where the insurer has not pre-authorized the service. In such cases, the insurer is responsible for covering the medically necessary services at a usual, customary and reasonable rate. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Page 35
Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) 4303(b) Circular Letter No. 29 (1979) Model Language	This policy or contract form includes coverage for a second surgical opinion by a qualified physician on the need for surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 35
Mandatory Second Surgical Opinion	§3221(k)(3) 4303(b)	The policy or contract form may contain a mandatory second surgical opinion provision only if such provision is consistent with Circular Letter No. 29 (1979).	Page 35

Model Language Used? Yes ☒ No ☐	Circular Letter No. 29 (1979) Model Language	Such coverage may not be subject to deductibles, copayments and/or coinsurance.	
Second Opinion in Other Cases Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form shall include coverage for a second opinion in cases when a subscriber disagrees with a provider's recommended course of treatment. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 35
Surgical Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.6 Model Language	This policy or contract form includes coverage for physicians' services for surgical procedures, including operating and cutting procedures for the treatment of a sickness or injury, and closed reduction of fractures and dislocations of bones, endoscopies, incisions, or punctures of the skin on an inpatient and outpatient basis, including the services of the surgeon or specialist, assistant (including a physician's assistant or a nurse practitioner), and anesthetist or anesthesiologist, together with preoperative and post-operative care. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 35-36
Oral Surgery Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.16(c)(9) Model Language	This policy or contract form provides coverage for the following limited dental and oral surgical procedures: • Oral surgical procedures for jaw bones or surrounding tissue and dental services for the repair or replacement of sound natural teeth that are required due to accidental injury. Replacement is covered only when repair is not possible. Dental services must be obtained within 12 months of the injury. • Oral surgical procedures for jaw bones or surrounding tissue and dental services necessary due to congenital disease or anomaly. • Oral surgical procedures required for the correction of a non-dental physiological condition which has resulted in a severe functional impairment. • Removal of tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth. Cysts related to teeth are not covered. • Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 36
Mastectomy Care Model Language Used? Yes ☒ No ☐	§3221(k)(8) §4303(v) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for a period of inpatient hospital care as is determined by the attending physician in consultation with the patient to be medically appropriate for a person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered under the policy or contract, and any physical complications arising from the mastectomy, including lymphedema. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Page 36
Post Mastectomy Reconstruction	§3221(k)(10) §4303(x) Women's Health and	This policy or contract form includes coverage for breast reconstruction surgery after a mastectomy or partial mastectomy including all stages of reconstruction of the breast on which the mastectomy or partial mastectomy has been performed, surgery and reconstruction of the other breast to produce a	Page 36-37

Model Language Used? Yes ☒ No ☐	Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	symmetrical appearance, and prostheses and physical complications of mastectomy including lymphedemas in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract.	
Transplants Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for transplants determined to be non-experimental and non-investigational. Covered transplants include but are not limited to: kidney, corneal, liver, heart, and heart/lung transplants; and bone marrow transplants for aplastic anemia, leukemia, severe combined immunodeficiency disease and Wiskott-Aldrich Syndrome. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 37
Autism Spectrum Disorder Model Language Used? Yes ☒ No ☐	§3221(l)(17) §4303(ee) Model Language 11 NYCRR 440	This policy or contract form includes coverage for the screening, diagnosis and treatment of autism spectrum disorder, including the following care and assistive communication devices prescribed or ordered for an individual diagnosed with autism spectrum disorder by a licensed physician or a licensed psychologist: • behavioral health treatment; • psychiatric care; • psychological care; • medical care provided by a licensed health care provider; • therapeutic care, including therapeutic care which is deemed habilitative or nonrestorative, in the event that the policy or contract provides coverage for therapeutic care; and • pharmacy care in the event that the policy or contract provides coverage for prescription drugs. This policy or contract form shall include a definition of "autism spectrum disorder" which means any pervasive developmental disorder defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder; Asperger's disorder; Rett's disorder; childhood disintegrative disorder; and pervasive developmental disorder not otherwise specified (PDD-NOS). The policy or contract form shall include a definition of "behavioral health treatment" which means counseling and treatment programs, when provided by a licensed provider and applied behavior analysis, when provided or supervised by a behavior analysis provider as defined and described in 11 NYCRR 440, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. The policy or contract form shall include coverage for "applied behavior analysis" which means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Coverage for applied behavioral analysis is limited to 680 hours per covered individual per year.	Page 38

		The policy or contract form shall include a definition of "assistive communication devices" which at a minimum shall include dedicated devices which are specifically designed to aid in communication and are not generally useful to a person in the absence of a communication impairment and software applications that enable a non-covered device to function as a communication device. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Diabetes Equipment, Supplies and Self-Management Education Model Language Used? Yes ☒ No ☐	§3221(k)(7) §4303(u) 10NYCRR60-3.1 Model Language	This policy or contract form includes coverage for equipment, supplies and self-management education described in §§ 3221(k)(7) or 4303(u) for the treatment of diabetes. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits. *Note: Plans may apply either a medical or a prescription benefit depending upon whichever will provide a more generous benefit.* *Note: Since the statute refers to equipment, supplies and self-management education that are prescribed by a physician "or other licensed health care provider legally authorized to prescribe under title eight of the education law…," the policy or contract form may not limit coverage to care prescribed by a physician.*	Page 40
Durable Medical Equipment and Braces Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for the rental or purchase of durable medical equipment and braces. Coverage is for standard equipment only. Repairs or replacement are covered when made necessary by normal wear and tear. Coverage does not include the cost of repairs or replacement that are the result of misuse or abuse. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 41
Hearing Aids Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hearing aids required for the correction of a hearing impairment (a reduction in the ability to perceive sound which may range from slight to complete deafness). Hearing aids are electronic amplifying devices designed to bring sound more effectively into the ear. A hearing aid consists of a microphone, amplifier and receiver. Coverage must be provided for a single purchase (including repair and/or replacement) of hearing aids for one or both ears once every three years. *{Note: The three year limit on hearing aids is required for plans but the limit may be removed or modified so that coverage is more favorable.}* Bone anchored hearing aids must be covered only if an insured has either of the following: • Craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or • Hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Coverage must be provided for one hearing aid per ear during the period of time the insured is enrolled. Replacements and/or repairs for a bone anchored hearing aid are Covered only for	Page 42

		malfunctions. *{Drafting Note: The limit on hearing aids is required for plans but this limit may be removed or modified so that coverage is more favorable.}* Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Hospice Care Model Language Used? Yes ☒ No ☐	§3221(l)(10) §4303(o) 45 CFR § 156.100 Model Language	This policy or contract form provides Hospice Care to Member who has been certified by his or her primary attending physician as having a life expectancy of six months or less which is provided by a hospice organization certified pursuant to Article 40 of the Public Health Law or under a similar certification process required by the state in which the hospice is located. Coverage will include inpatient hospice care in a hospital or hospice and home care and outpatient services provided by the hospice, including drugs and medical supplies. Coverage is provided for 210 days of hospice care. This policy or contract form will also cover five visits for supportive care and guidance for the purpose of helping the Member and the Member's immediate family cope with the emotional and social issues related to the Member's death. Hospice care will be covered only when provided as part of a Hospice Care program certified pursuant to Article 40 of the N.Y. Public Health Law. If care is provided outside New York State, the Hospice must have an operating license issued by the state in which the hospice is located under a certification process that is similar to that used in New York. Coverage is not provided for: funeral arrangements; pastoral, financial, or legal counseling; homemaker, caretaker, or respite care. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with those imposed on other benefits. *Note: A plan must cover 210 days of hospice care; however plans can cover more than 210 days.*	Page 42
Prosthetics Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	External Prosthetic Devices**:** This policy or contract form provides coverage for prosthetic devices (including wigs) that are worn externally and that temporarily or permanently replace all or part of an external body part that has been lost or damaged because of an injury or disease. Coverage is limited to one external prosthetic device per limb per lifetime. Replacements are covered for children for devices that have been outgrown. *Note: The limit on prosthetic devices is required for plans, but the limit may be removed or modified so that coverage is more favorable.* Internal Prosthetic Devices**:** This policy or contract form provides coverage for surgically implanted prosthetic devices and special appliances if they improve or restore the function of an internal body part which has been removed or damaged due to disease or injury. This includes implanted breast prostheses following a mastectomy or partial mastectomy in a manner determined by the insured and his/her attending physician to be appropriate. Coverage also includes repair and replacement due to normal growth or normal wear and tear. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 43

Hospital Services Model Language Used? Yes ☒ No ☐	11NYCRR52.5 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Hospital services for acute care, for an illness, injury or disease of a severity that must be treated on an inpatient basis including: • Semiprivate room and board; • General, special, and critical nursing care; • Meals and special diets; • The use of operating, recovery, and cystocopic rooms and equipment; • The use of intensive care, special care, or cardiac care units and equipment; • Diagnostic and therapeutic items, such as drugs and medications, sera, biologicals and vaccines, intravenous preparations and visualizing dyes and administration, but not including those which are not commercially available for purchase and readily obtainable by the hospital; • Dressings and plaster casts; • Supplies and the use of equipment in connection with oxygen, anesthesia, physiotherapy, chemotherapy, electrocardiographs, electroencephalographs, X-ray examinations and radiation therapy, laboratory and pathological examinations; • Blood and blood products except when participation in a volunteer blood replacement program is available • Radiation therapy, inhalation therapy, chemotherapy, pulmonary rehabilitation, infusion therapy and cardiac rehabilitation; • Short-term physical, speech and occupational therapy; and • Any additional medical services and supplies which are customarily provided by hospitals. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 44
Maternity Care Model Language Used? Yes ☒ No ☐	§3221(k)(5) 4303(c) Model Language	This policy or contract form includes coverage for maternity care, to the same extent as coverage is provided for illness or disease under the policy or contract. Such coverage, other than for perinatal complications, includes inpatient hospital coverage for mother and newborn for at least 48 hours after childbirth for any delivery other than a caesarean section, and for at least 96 hours following a caesarean section. Such coverage may be subject to deductibles, copayments and/or coinsurance. The mother has the option to be discharged earlier than the time periods listed above, and, in such cases, is entitled to one home care visit in addition to any home care provided under §3221(k)(1), or 4303(a)(3). Such home care is not subject to deductibles, copayments and/or coinsurance. Maternity coverage also includes coverage of the services of a midwife licensed pursuant to Article 140 of the Education Law, practicing consistent with a collaborative relationship with a physician or a hospital licensed pursuant to Article 28 of the Public Health Law, consistent with the requirements Education Law §6951. Maternity coverage also includes parent education, training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. The cost of renting one breast pump per pregnancy in conjunction with childbirth is covered in full.	Page 44-45

		Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Autologous Blood Banking Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for autologous blood banking services when they are being provided in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury. In such instances, this policy or contract form will cover storage fees for what are determined to be a reasonable storage period that is appropriate for having the blood available when it is needed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 45
Inpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☒ No ☐ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for Rehabilitation Services including physical therapy, speech therapy, and occupational therapy for up to one consecutive 60-day period, per condition, per lifetime in a Rehabilitation Facility. *Note: Plans must cover 60 days; however plans may exceed the required 60 day, and also may remove the "per condition" and/or "per lifetime" limit.* Such coverage may be subject to deductibles, copayments and/or coinsurance. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.*	Page 45
Benefit explanation:			
Skilled Nursing Facility Model Language Used? Yes ☒ No ☐	§3221(l)(2) §4303(d) 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for services provided in a Skilled Nursing Facility, including care and treatment in a semi-private room, for up to 200 days, per Calendar Year, for non-custodial care. Custodial, convalescent or domiciliary care is not covered. *Note: Plans must cover 200 days, but may cover more than 200 days.* Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 45-46
End of Life Care Model Language Used?	§4805 PHL §4406-e 45 CFR § 156.100	This policy or contract form provides coverage for acute care provided in a licensed Article 28 facility or acute care facility that specializes in the care of terminally ill patients if the subscriber is diagnosed with advanced cancer and has fewer 60 days to live.	Page 46

Yes ☒ No ☐	Model Language		
MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES			
Inpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	§3221(l)(5) §4303(g) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Mental Health Care services relating to the diagnosis and treatment of mental, nervous and emotional disorders at least equal to the coverage provided for other health conditions under this policy or contract. Coverage for inpatient services for mental health care is limited to facilities as defined by New York Mental Hygiene Law § 1.03(10). Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, small group health policies or contracts that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	Page 47
Outpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	3221(l)(5) §4303(g) §4303(h) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient mental health care services including, but not limited to, partial hospitalization program and intensive outpatient program services, relating to the diagnosis and treatment of mental, nervous and emotional disorders. Such coverage is limited to facilities that have an operating certificate issued pursuant to Article 31 of the New York Mental Hygiene Law; a facility operated by the Office of Mental Health; services provided by a psychiatrist or psychologist licensed to practice in this state; a licensed clinical social worker who meets the requirements of Ins. Law §§ 3221(l)(4)(D), 4303(h)(1); or a professional corporation or a university faculty practice corporation thereof. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the*	Page 48

		treatment of mental health conditions and substance use disorder consistent with the federal law.	
Inpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(6) §4303(k) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. This includes coverage for detoxification and/or rehabilitation services as a consequence of chemical use and/or substance use. Inpatient Substance Use services are limited to facilities in New York which are certified by the Office of Alcoholism and Substance Abuse Services (OASAS), and in other states, to those which are accredited by the Joint Commission as alcoholism, substance abuse or chemical dependence treatment programs. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	Page 47
Outpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(7) §4303(l) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Such coverage is limited to facilities in New York State, certified by the Office of Alcoholism and Substance Abuse Services (OASAS) or licensed by OASAS as outpatient clinics or medically supervised ambulatory substance abuse programs or by physicians who have been granted a waiver pursuant to the Drug Addiction and Treatment Act of 2000 to prescribe Schedule III, IV and V narcotic medications for the treatment of opiod addiction during the acute detoxification stage of treatment or during stages of rehabilitation, and, in other states, to those accredited by the Joint Commission as alcoholism or chemical dependence treatment programs. Coverage is also available in a professional office setting for outpatient substance use services related to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Coverage must also be provided for up to 20 outpatient visits for family counseling. A family member will be deemed to be covered, for the purposes of this provision, so long as that family member (i) identifies himself or herself as a family member of a person suffering from substance use and/or dependency, and (ii) is covered under the same family policy or contract that covers the person receiving, or in need of, treatment for Substance Use, and/or Dependence. Payment for a family member should be the same amount regardless of the number of family members who attend the family therapy session.	Page 48

		Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Note: The insurer may not deny coverage to a family member who identifies himself or herself as a family member of a person suffering from substance abuse or dependency and who seeks treatment as a family member who is otherwise covered by the policy or contract. The coverage provided under this statute includes treatment as a family member pursuant to such family member's own policy or contract provided such family member does not exceed the allowable number of family visits and is otherwise entitled to the coverage pursuant to this mandate.* *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	Page 48
PRESCRIPTION DRUGS			
Prescription Drugs Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form covers prescription drugs that, except as specifically provided otherwise, can be dispensed only pursuant to a prescription and that are required by law to bear the legend "Caution – Federal Law prohibits dispensing without a prescription" so long as they are FDA approved, ordered by a provider authorized to prescribe, prescribed within the approved FDA administration and dosing guidelines, and are dispensed by a Pharmacy. This policy or contract form covers at least the greater of one drug in every United States Pharmacopia Category and Class; or the same number of prescription drugs in each category and class as the benchmark plan. This policy or contract form may have up to a three tier cost-sharing plan design. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 49
Enteral Formulas Model Language Used? Yes ☒ No ☐	§3221(k)(11) §4303(y) OGC Opinion 10-12-03 Model Language	This policy or contract form provides coverage for enteral formulas for home use for which a physician or other licensed health care provider legally authorized to prescribe under Title 8 of the Education Law has issued a written order. The order must state that the formula is medically necessary and has been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Specific diseases that enteral formulas are effective for include, but are not limited to: inherited amino-acid or organic acid metabolism; Crohn's Disease; gastroesophageal reflux with failure to thrive; disorders of gastrointestinal motility such as chronic intestinal pseudo-obstruction; and multiple, severe food allergies which if left untreated will cause malnutrition, chronic physical disability, mental retardation or death. Coverage for certain inherited	Page 49

		diseases of amino acid and organic acid metabolism shall include coverage of modified solid food products. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Off-Label Cancer Drug Usage Model Language Used? Yes ☒ No ☐	§3221(l)(12) §4303(q) Model Language	This policy or contract form may not exclude, or deny, prescription drug coverage because the drug is being prescribed to treat a type of cancer for which the FDA has not approved the drug. The drug must be recognized for treatment of the specific type of cancer for which it has been prescribed in one of the following reference compendia: the American Hospital Formulary Service-Drug Information; National Comprehensive Cancer Networks Drugs and Biologics Compendium; Thomson Micromedex DrugDex; Elsevier Gold Standard's Clinical Pharmacology; or other authoritative compendia as identified by the Federal Secretary of Health and Human Services or the Centers for Medicare and Medicaid Services; or recommended by review article or editorial comment in a major peer reviewed professional journal.	Page 49-50
Usual and Customary Cost of Prescribed Drugs Model Language Used? Yes ☒ No ☐	§4325(h) PHL §4406-c(6) Model Language	Copayments relating to prescription drugs shall not exceed the usual and customary cost of such prescribed drug.	Page 50
Prohibition for Tier IV Drugs	§3221(a)(16) §4303(gg) PHL §4406-c(7)	The policy or contract form shall not impose cost-sharing (copayment, coinsurance and deductible) for any prescription drug that exceeds the cost-sharing for non-preferred brand drugs or its equivalent (or brand drugs if there is no non-preferred brand drug category).	
Eye Drops Model Language Used? Yes ☒ No ☐	§3221(k)(17) §4303(hh) Model Language	The policy or contract form shall allow for the limited refilling of eye drop medication requiring a prescription prior to the last day of the approved dosage period. Any refill dispensed prior to the expiration of the approved coverage period shall, to the extent practicable, be limited in quantity so as not to exceed the remaining dosage initially approved for coverage. The limited refilling shall not limit or restrict coverage with respect to any previously or subsequently approved prescription for eye drop medication.	Page 50
Orally Administered Anticancer Medications Model Language Used? Yes ☒ No ☐	§3221(l)(12-a) §4303(q-1) Model Language	The policy or contract form provides coverage for a prescribed orally administered anticancer medication used to kill or slow the growth of cancerous cells. Such coverage may be subject to deductibles, copayments and/or coinsurance that apply to coverage for intravenous or injected anticancer medications.	Page 50
Mail Order Drugs for Policies With a Provider Network Model Language Used? Yes ☒ No ☐	§3221(l)(18) §4303(hh) Model Language	If this policy or contract form provides coverage for mail order drugs, then this policy or contract shall permit an insured to fill any prescription that may be obtained at a network participating mail order or other non-retail pharmacy, at the insured's option, at a network participating non-mail order retail pharmacy provided that the network participating non-mail order retail pharmacy agrees in advance, through a contractual network agreement, to the same reimbursement amount and the same terms and conditions that the insurer has established for the network participating mail order or other non-retail pharmacy.	Page 52
Contraceptive Drugs and Devices Model Language Used?	§3221(l)(16) §4303(cc) 42 USC §300gg-13 Model Language	This policy or contract form provides coverage for contraceptive drugs and devices or generic equivalents approved as substitutes by the Federal Food and Drug Administration. For groups that meet the definition of a religious employer in §§3221(l)(16)(A); 4303(cc)(1)(A), the subscriber will have the option to purchase the stand alone contraceptive coverage rider. Contraceptive coverage	Page 51

Yes ☒ No ☐		must be provided with no cost-sharing. *Note: Since the statute refers to contraceptive drugs and devices prescribed by a physician "or other licensed health care provide legally authorized to prescribe under title eight of the education law…," the policy or contract may not limit coverage to contraceptive drug and devices prescribed by a physician.*	
WELLNESS	45 CFR § 156.100 §3239		
Exercise Facility Reimbursement Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☒ No ☐ *Note: If an insurer is substituting for this benefit, the benefit that is substituted must comply with §3239.* Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 §3239 Model Language	This policy or contract form partially reimburses the subscriber and the subscriber's covered spouse for certain exercise facility fees or membership fees. If such fees are paid to facilities which maintain equipment and programs that promote cardiovascular wellness and if 50 visits are completed in a 6 month period. The reimbursement is the lesser of $200.00 for the subscriber and $100.00 for the subscriber's spouse or the actual cost of the membership for a 6 month period. *Note: Plans may offer more comprehensive coverage or may substitute this benefit.*	Page 59
Benefit explanation:			
Other Wellness Benefits	45 CFR § 156.100 §3239	Additional Wellness Benefits may be covered. All additional wellness benefits must comply with § 3239 of Insurance Law.	Page 59
VISION CARE	45 CFR § 156.100		
Pediatric Vision Care	45 CFR § 156.100	This policy or contract form provides coverage for pediatric vision care including: emergency,	Page 60

Model Language Used? Yes ☒ No ☐	Model Language	preventive and routine vision care for children up to age 19; one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; and prescribed lenses & frames; and contact lenses. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
DENTAL CARE			
Pediatric Dental Care Model Language Used? Yes ☒ No ☐ Is dental coverage being provided by the insurer in this filing? Yes ☒ No ☐ If No, please provide information in the explanation box below as to how the insurer is meeting the requirement to offer the pediatric essential health benefit.	45 CFR § 156.100 45 CFR § 156.150 Model Language	This policy or contract form provides coverage for pediatric dental care including the following dental care services for children up to age 19: emergency dental care; preventive dental care; routine dental care; endodontics; prosthodontics; and orthodontics used to help restore oral structures to health and function and to treat serious medical conditions. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Insurers are required to offer the pediatric dental essential health benefit as either an embedded benefit (coverage provided by the insurer) or bundled benefit (coverage provided through an arrangement with another insurer).* *Embedded pediatric dental benefits must comply with all of the market reform and rating rules such guaranteed availability, rating tiers, rating regions, etc. For rating purposes, the pediatric dental benefit would be included in the insurer's single risk pool, medical loss ratio calculations and actuarial value calculations. Expenses related to an embedded pediatric dental benefit must also be included as part of the calculation of deductibles and out of pocket expense maximums.* *If the insurer offers a bundled stand-alone pediatric dental benefit, the following conditions must all be met:* *• The bundled dental benefit is identical to a stand-alone dental plan offered by the same dental carrier that is certified by the Exchange but offered outside the Exchange, including at the same premiums;* *• The policyholder or contractholder is informed that the dental benefit is being offered by a separate insurer, even if only one issuer collects the premiums;* *• The policyholder or contractholder is clearly informed of the medical plan design and the dental plan design and that the two plan designs have different deductibles, cost sharing and OOP maximums;* *• The policyholder or contractholder is clearly informed that they can purchase any stand-alone dental plan, other than the bundled dental plan, that has been certified by the Exchange but offered outside the Exchange.* *• The pediatric dental benefit meets the 70% or 85% actuarial value and $700 OOP maximum for one covered child (or $1,400 if more than one child in the family is covered);*	Page 61-62

		• The stand alone dental plan complies with all ACA provisions and CMS regulations pertaining to stand alone dental plans; *• Insurers should specifically describe the legal and business arrangement between the medical issuer and the dental issuer when submitting the forms and rates to DFS, and each insurer must separately submit its own forms and rates for approval.* *If the insurer is reasonably assured that an individual has obtained stand-alone pediatric dental coverage through an Exchange-certified stand-alone dental plan offered outside the Exchange the insurer does not need to provide the dental benefit when coverage is issued. Insurers may include a question in their application/enrollment form in order to verify whether an insured has obtained stand-alone pediatric dental coverage through an Exchange-certified stand-alone dental plan offered outside the Exchange*	
Explanation:			
ADDITIONAL BENEFITS			
Family Vision Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form provides coverage for vision care including: emergency, preventive and routine vision care; including one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; prescribed lenses & frames; and contact lenses.	Page 65 & 97
Orthotics Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form covers orthotic devices that are necessary to: support, restore or protect body function; redirect, eliminate or restrict motion of an impaired body part; or relieve or correct a condition caused by an injury or illness.	Page 43
Additional Benefits Provided In Policy or Contract, or By Rider Additional Benefits Provided? Yes ☒ No ☐ If additional benefits are provided, please explain in box below.	http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS11 NYCRR 52.1(c)	The policy or contract form may provide new forms of coverage and new ways of reducing health care costs by rider. Innovations should provide health care benefits of real economic value. Innovations should not be designed merely to produce superficial differences or play upon people's fears of particular diseases, be unduly complex and serve to confuse and make intelligent choice more difficult. Benefits which are contrary to the health care needs of the public and only serve to confuse or obfuscate and provide no economic value are prohibited.	Page 99
Explanation:			

Acupuncture		This policy or contract form provides coverage for acupuncture.	
MAKE AVAILABLE BENEFITS			
Care in a Nursing Home or Skilled Nursing Facility	§ 3221(l)(2) § 4303(d)	This policy or contract must make available coverage for care in a nursing home, as defined by Public Health Law §2801, or a skilled nursing facility as defined in 42 USC §§1395, when such services are preceded by a hospital stay of at least three days and further hospitalization would otherwise be necessary.	Page 32
Licensed Clinical Social Worker	§ 3221(l)(4) § 4303(i)	If this policyor contract provides reimbursement for psychiatric or psychological services or for the diagnosis and treatment of mental, nervous or emotional disorders and ailments by physicians, psychiatrists or psychologists, the policy or contract must make available and if requested by the policyholder, provide the same coverage to insureds for the such services when performed by a licensed clinical social worker, within the lawful scope of his or her practice, who is licensed pursuant to Article 154 of the Education Law (Education Law § 7700 et seq.).	Page 39
PERMISSIBLE EXCLUSIONS AND LIMITATIONS		*No policy or contract form shall limit or exclude coverage by type of illness, accident, treatment or medical condition, with an exception for the following exclusions.* *The following exclusions are permissible. A Plan does not need to include all the exclusions. However, if an exclusion is included, the language below must be used.*	Form/Page/Para Reference
Aviation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(iii) Model Language	This policy or contract form excludes coverage for services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	Page 63
Convalescent and Custodial Care Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(11) Model Language	This policy or contract form excludes coverage for services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be Medically Necessary.	Page 63
Cosmetic Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(5) 11NYCRR56 Model Language	This policy or contract form excludes coverage for cosmetic services, prescription drugs, or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.	Page 63
Coverage Outside of the United States, Canada or Mexico Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(12) Model Language	This policy or contract form excludes coverage for care or treatment provided outside of the United States, its possessions, Canada or Mexico except for services are provided to treat an Emergency Condition.	Page 63
Dental Services	11NYCRR52.16(c)(9	This policy or contract form excludes coverage for dental services except for: care or treatment due to	Page 63

Model Language Used? Yes ☒ No ☐	) Model Language	accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as required in the Oral Surgery or Pediatric Dental benefits, as applicable.	Page 63
Experimental or Investigational Treatment. Model Language Used? Yes ☒ No ☐	§3221(k)(12) § 4303(z) Article 49 Model Language	This policy or contract form excludes coverage for any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, coverage will be provided for experimental or investigational treatments, including, treatment of rare diseases, or patient costs for the insured's participation in a clinical trial, when the denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, no coverage will be provided for the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy or contract form for non-investigational treatments.	Page 63
Felony Participation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for any illness, treatment or medical condition due to participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence.	Page 64
Foot Care Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(6) .Model Language	This policy or contract form excludes coverage for foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, except as specifically listed in this policy or contract form.	Page 64
Government Facility Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.	Page 64
Medically Necessary Model Language Used? Yes ☒ No ☐	§3201(c)(3) Article 49 Model Language	This policy or contract form generally excludes coverage for any health care service, procedure, treatment, device or prescription drug that is determined to not be medically necessary; however, coverage will be provided when the denial of services is overturned by an External Appeal Agent certified by the State.	Page 64
Medicare or Other Governmental Program Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).	Page 64
Military Service Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.	Page 65
No-Fault Automobile Insurance Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.	Page 64

Services Separately Billed by Hospital Employees Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	Page 64
Services Provided by a Family Member Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services performed by a member of the Covered person's immediate family. "Immediate family" shall mean a: child, spouse, mother, father, sister, or brother of the insured or the insured's spouse.	Page 64
Services With No Charge Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services for which no charge is normally made.	Page 64
Services not Listed Model Language Used? Yes ☒ No ☐	§3201(c)(3) Model Language	This policy or contract form excludes coverage for services that are not listed in the policy or contract form as being covered.	Page 64
Vision Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(10) Model Language	This policy or contract form excludes coverage for the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the pediatric vision benefit.	Page 65
Workers' Compensation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.	Page 65
War Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to war, declared or undeclared.	Page 65
CLAIM DETERMINATION			Form/Page/Para Reference
Notice of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(8) Model Language	The policy or contract form provides that the insured has to provide the insurer with written notice of claim as applicable. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.	Page 66
Submission of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(9) §4305(m) Model Language	The policy or contract must provide that the insured has a minimum of 120 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.	Page 66

GRIEVANCE, UTILIZATION REVIEW & EXTERNAL APPEALS			Form/Page/Para Reference
Grievance Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(7) §3217-d(a) §4802 §4324(a)(7) §4306-C(a) PHL §4408(1)(p) PHL § 4408-a 42 USC §00gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	A policy or contract form that is a managed care product as defined in §4801(c), or a comprehensive policy that utilizes a network of providers, or a HMO, shall include a description of the grievance procedure to be used to resolve disputes between the insurer and the insured, including: • the right to file a grievance regarding any dispute between an insured and the insurer; • the right to file a grievance orally when the dispute is about referrals or covered benefits; • the toll-free telephone number which insureds may use to file an oral grievance; • the timeframes and circumstances for expedited and standard grievances; • the right to appeal a grievance determination and the procedures for filing such an appeal; • the timeframes and circumstances for expedited and standard appeals; • the right to designate a representative; • a notice that all disputes involving clinical decisions will be made by qualified clinical personnel; and, • that all notices of determination will include information about the basis of the decision and further appeal rights, if any.	Page 68
Utilization Review Policies and Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(3) §4324(a)(3) Article 49 PHL § 4408(1)(c) 42 USC §300gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	This policy or contract form includes a description of the utilization review policies and procedures, including: • The circumstances under which utilization review will be undertaken; • the toll-free telephone number of the utilization review agent; • the timeframes under which utilization review decisions must be made for prospective, retrospective and concurrent decisions; • the right to reconsideration; • the right to appeal, including the expedited and standard appeals processes and the timeframes for such appeals; • the right to designate a representative; • a notice that all denials of claims will be made by qualified clinical personnel and that all notices of denials will include information about the basis of the decision; • a notice of the right to an external appeal, together with a description, jointly promulgated by the commissioner of health and superintendent of insurance, of the external appeal process and the timeframes for such appeals; and • further appeal rights, if any.	Page 70
External Appeal Procedures Model Language Used? Yes ☒ No ☐	Article 49 PHL Article 49 45 CFR §147.136 42 USC §300gg-19 Model Language	This policy or contract form includes a description of the external appeal procedures, including: • Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued (service denied as not medically necessary; experimental/investigational, including clinical trials and treatment for rare diseases; and for managed care health insurance contracts as defined as §4801(c), and HMOs, out-of-network denials when the service is not available in-network and the insurer recommends an alternate treatment); and • The timeframe for submitting an external appeal.	Page 75

COORDINATION OF BENEFITS Model Language Used? Yes ☒ No ☐	11 NYCRR 52.23 Model Language	If the policy or contract form contains a coordination of benefits provision, then it must comply with 11 NYCRR 52.23.	Form/Page/Para Reference
TERMINATION OF COVERAGE Model Language Used? Yes ☒ No ☐	Model Language	*The following are the only termination provisions permissible under the Insurance Law.*	Form/Page/Para Reference
Notice of Termination	11 NYCRR 52.18(c)	Unless otherwise specified under the Insurance Law, notices of nonrenewal or termination shall provide at least 30 days prior written notice.	Page 82
Termination for Failure to Pay Premiums	§3221(p)(2)(A) §4305(j)(2)(A)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or subscriber has failed to pay premiums or contributions within 30 days of when premiums are due in accordance with the terms of the policy or contract form if the insurer has not received timely premium payments.	Page 82
Termination for Fraud	§3221(p)(2)(B) §4305(j)(2)(B) §3105	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or a subscriber has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in writing on an enrollment application or in order to obtain coverage for a service.	Page 82
Termination for Failure to Comply With a Material Plan Provision	§3221(p)(2)(C) §4305(j)(2)(C)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to terminate coverage if the group has failed to comply with a material plan provision relating to employer contribution or group participation rules, as permitted in §4235.	Page 82-83
Discontinuation of a Class of Coverage	§3221(p)(2)(D); §3221(p)(3)(A) §4305(j)(2)(D) §4305(j)(3)(A)	This policy or contract form includes a provision permitting the insurer to discontinue this class of policy or contract upon written notice to each group, participant, and beneficiary not less than 90 days prior to the date of discontinuance. The insurer must offer groups the option to purchase all other hospital, surgical, and medical expense coverage currently being offered by the insurer to a group in such market and in exercising the option to discontinue coverage of this class, the insurer must act uniformly without regard to the claims experience of those groups or any health status-related factor relating to any insureds covered or new insureds who may become eligible for such coverage.	Page 82-3
Discontinuation of all Policies/Contracts in the Small Market	§3221(p)(2)(D); §3221(p)(3)(B) §4305(j)(2)(D) §4305(j)(3)(B)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to discontinue all hospital, surgical and medical expense coverage in the small group market upon written notice to the superintendent and to each group, participant, and beneficiary at least 180 days prior to the date of discontinuance.	Page 82-83
Termination for Failure to Meet Requirements of Group	§3221(p)(2)(E); §4235(c)(1) §4305(j)(2)(E)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group ceases to meet the requirements of a group under §4235. Coverage terminated pursuant to this provision shall be done uniformly without regard to any health status factor relating to any individual.	Page 82-83
Termination if there are No Longer Insureds in the Insurer's Service Area	§3221(p)(2)(F) §4305(j)(2)(F)	This policy or contract form includes a provision permitting the insurer, in regard to a network plan, to terminate coverage if there is no longer any insured who lives, resides, or works in the service area of the insurer, or in the area for which the insurer is authorized to do business.	Page 83
Termination for Spouses in cases of divorce		This policy or contract form provides that in cases of divorce, coverage for the Spouse shall terminate as of the date of the divorce.	Page 82

Termination upon death of Subscriber		This policy or contract form provides that upon the subscriber's death, the coverage will terminate unless there are dependents covered. If there is coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.	Page 82
Termination by Subscriber		This policy or contract form provides that termination will occur at the end of the month during which the subscriber provides written notice requesting termination or on such later date requested for such termination by the notice.	Page 82
Rescission Model Language Used? Yes ☒ No ☐	§3105 §3204 42 USC §300gg-12 45 CFR §147.128 Model Language	No misrepresentation shall avoid coverage or defeat any recovery there under unless the insured makes a misrepresentation that is material and intentional. This policy or contract form may include a provision that in the event a subscriber makes an intentional misrepresentation of material fact in writing upon his/her enrollment application, coverage may be rescinded if the facts misrepresented would have lead the insurer to refuse to issue the coverage. Notification must be given to the insured 30 calendar days prior to cancellation.	Page 82
Renewal	§3221(p) §3221(a)(5) 4305(j) 11 NYCRR 52.18(c)	This policy or contract provides that except as specified in §3221(p), or §4305(j) the insurer must renew or continue in force such coverage at the option of the group. The policy or contract must specify the conditions under which the insurer may refuse to renew the policy or contract.	Page 90
Premiums	§3221(a)(4)	The policy or contract form must provide that premiums are to be paid to the insurer by the employer or such other person designated, by the due date, with a grace period as specified.	Page 91
LOSS OF COVERAGE			Form/Page/Para Reference
Extension of Benefits Model Language Used? Yes ☒ No ☐	11 NYCRR 52.18(b)(4); (5); and (6) Model Language	This policy or contract form provides that when coverage under this policy or contract form ends, benefits will be provided during a period of total disability for a hospital stay commencing, or surgery performed, within 31 days from the date coverage ends. The hospital stay or surgery must be for the treatment of the injury, sickness, or pregnancy causing the total disability. If the covered persons' coverage terminates by reason of the termination of active employment, an extended benefit will be proved during a period of total disability for up to 12 months from the date coverage ends for covered services to treat the injury, sickness, or pregnancy that caused the total disability, unless these services are covered under another group health plan.	Page 84
Continuation Coverage Model Language Used? Yes ☒ No ☐	§3221(e)(11) §3221(m) §4305(e) COBRA, Title X of Public Law 99-272 Model Language	This policy or contract form contains a provision regarding continuation coverage. §§3221(m) and 4305(e) provide continuation coverage in circumstances when federal COBRA requirements do not apply, including for groups under 20 and upon application of the employee or member to continue hospital, surgical or medical expense insurance for himself or herself and his or her eligible dependents. An employee or member who wishes continuation of coverage must request continuation in writing and remit the first premium payment within the 60-day period following the later of: the date of termination or the date the employee is sent notice by first class mail of the right to continuation by the group. The Insurance Law permits the group to charge an additional 2% administrative fee for continued coverage.	Page 85

		The continuation benefits terminate: • 36 months after the date the employee or member's benefits would otherwise have terminated because of termination of employment or membership. • In the case of an eligible dependent, 36 months after the date such person's benefits would otherwise have terminated by reason of the death of the employee or member, divorce or legal separation of the employee or member from his or her spouse, the employee or member becoming eligible for Medicare, or a dependent child ceasing to be a dependent child under the generally applicable requirements of the policy or contract. • On the date which the employee or member becomes entitled to coverage under Medicare. • On the date which the employee or member becomes covered by an insured or uninsured arrangement which provides hospital, surgical or medical coverage. • The end of the period for which premiums were made if the employee or member fails to make timely payment.	
Young Adult Option Model Language Used? Yes ☒ No ☐	§3221(r) §4305(l) Model Language	This policy or contract form provides notice of a young adult's right, through the age of 29 (up to age 30), to independently purchase coverage through a parent group member's policy or contract, regardless of whether the parent's coverage includes coverage for dependents, as described in 3221(r), and/or 4305(l). If a young adult or the young adult's parent elects this coverage, the young adult is issued a separate individual policy or contract. The insurer must comply with the notice requirements to each employee or member as set forth in 3221(r), and/or 4305(l).	Page 87
Suspension of Coverage Model Language Used? Yes ☒ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) USERRA, 38 USC §4317 Model Language	This policy or contract form provides that: • Any covered persons who are also members of a reserve component of the armed forces of the United States, including the National Guard, shall be entitled, upon request, to have their coverage suspended during a period of active duty. • The insurer will refund any unearned premiums for the period of the suspension. • Persons covered by this policy or contract shall be entitled to resumption of coverage, upon written application and payment of the required premium within 60 days after the date of termination of the period of active duty. • Coverage shall be retroactive to the date of termination of the period of active duty. • No exclusion or waiting period may be imposed for any condition unless the condition arose during the period of active duty and the condition has been determined by the Secretary of Veterans Affairs to be a condition incurred in the line of duty or a waiting period had been imposed and was not completed at the time of suspension.	Page 86
Supplementary Coverage for Employees or Members who are also members of the reserve components of the armed services or the National Guard	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) Model Language	If the group does not choose to voluntarily maintain coverage for any employee or member of when they enter active duty, then such member or employee shall be entitled to continuation or conversion coverage.	Page 86

Model Language Used? Yes ☒ No ☐			
Conversion - Right to a New Contract After Termination Model Language Used? Yes ☒ No ☐	§3221(e) §4303(d)	This policy or contract form provides that if the employee under the group contract ceases to be covered because of termination of coverage because of: (1) termination for any reason of his employment, or (2) termination for any reason whatsoever of the group policy or contract itself, unless the group policy or contract holder has replaced the group policy or contract with similar and continuous coverage for the same group, such employee shall be entitled to a new policy or contract as a direct pay member, covering such member and his eligible dependents. Conversion must also be made available, upon the death of the employee, to the surviving spouse and dependents, and the former spouse of the employee upon the divorce or annulment of the marriage to the employee or member. Conversion must also be made available to a child covered under the contract who reaches the age limiting coverage under the group contract or whose young adult coverage terminates. The policy or contract form provides that the employee or his eligible dependents must request conversion within sixty days of the termination of the group coverage at which time they will be offered an individual direct pay contract at each level of coverage (i.e., bronze, silver, gold or platinum) that covers all benefits required by state and federal law. The employee or his eligible dependents must also pay the first premium of the new contract at the time they apply for coverage. Conversion is not available if the issuance of the new policy or contract will result in overinsurance or duplication of benefits according to the standards the issuer has on file with the Superintendent of the New York State Department of Financial Services.	Page 88
GENERAL PROVISIONS			Form/Page/Para Reference
Incontestability Model Language Used? Yes ☒ No ☐	§3221(a)(1) Model Language	The policy or contract form must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.	Page 91
Changes Model Language Used? Yes ☒ No ☐	§3221(a)(2) Model Language	The policy or contract form must provide that no agent has the authority to change the policy or contract or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy or contract, or by amendment to the policy or contract signed by the group and insurer.	Page 90
Action in Law or Equity Model Language Used? Yes ☒ No ☐	§3221(a)(14) Model Language	The policy or contract must provide that no action in law or equity shall be brought to recover on the policy or contract prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy or contract and that no such action shall be brought after the expiration of two years following the time such proof of loss is required by the policy or contract.	Page 90
Subrogation Model Language Used? Yes ☒ No ☐	General Obligations Law § 5-335 Civil Practice Law and Rules § 4545(a)	Although not required, if a subrogation provision is included in this policy or contract form, it must comply with NYS General Obligations Law § 5-335 and Civil Practice Law and Rules § 4545(a).	Page 94

	Model Language		
Unilateral Modification Model Language Used? Yes ☒ No ☐	11NYCRR52.18(a)(8) Model Language	Unilateral modifications by an insurer to an existing policy or contract must be made with at least 30 days prior written notice to the group. Unilateral modification by the insurer may be made only at the time of renewal. If the policy or contract form requires the group to provide written notice to terminate coverage, the notice of the unilateral modification by the insurer must be provided to such group no less than 14 days prior to the date by which the group is required to provide notice to terminate coverage.	Page 90
Non-English Speaking Insureds Model Language Used? Yes ☒ No ☐	§3217-a(a)(15) §4324(a)(15) PHL §4408(1)(p) Model Language	This policy or contract form includes a description of how the insurer addresses the needs of non-English speaking insureds.	Page 94
SCHEDULE OF BENEFITS Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract must contain a Schedule of Benefits. All services subject to preauthorization must be clearly indicated in the Schedule of Benefits.	Form/Page/Para Reference
Prohibition on Lifetime Dollar Limits Model Language Used? Yes ☒ No ☐	§3217-f 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not include a lifetime limit on essential health benefits. Essential health benefits are: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorders, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; pediatric services, including oral and vision care.	
Limitations on Annual Dollar Limits Model Language Used? Yes ☒ No ☐	§3217-f §4306-e 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not impose "restricted" annual dollar limits for essential health benefits.	Page 90
Insured's Financial Responsibility for Payment	§3217-a(a)(5) §4324(a)(5) PHL §4408(1)(e)	This policy or contract form includes a description of the insured's financial responsibility for payment of premiums, deductibles, copayments and/or coinsurance, and any other charges, annual limits on an insured's financial responsibility, caps on payments for covered services and financial responsibility for non-covered health care procedures, treatment or services.	Page 90
ADDITIONAL RIDERS			
Out-of-Network Coverage Model Language Used? Yes ☒ No ☐ If Out-of-Network coverage is offered please answer the following:	Model Language	If Out-of-Network coverage has been selected, this policy or contract form provides benefits for covered services that are received from Out-of-Network providers and have not been approved by the insurer to be covered on an in-network basis. Out-of-Network coverage may be provided in the base policy or contract, or by rider. *Note: The Department will not permit more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.*	Page 30

Out-of-Network coverage in the base policy/contract or by rider? Policy/Contract ☒ Rider ☐			
Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	For Parent and Child/Children and/or Family coverage , this policy or contract form must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in §§ 4235(f) or 4305(c)(1).	Page 87
Contraceptive Drugs and Devices and Family Planning Services	§3221(l)(16)	This policy or contract form includes a rider for situations when a Group has elected not to purchase coverage for contraceptive drugs or devices pursuant to the religious employer exemption pursuant to §§3221(l)(16)(A); 4303(cc)(1)(A). In accordance with law, if elected by an insured, this Rider amends the policy or contract and provides coverage for contraceptive drugs or devices or generic equivalents approved as substitutes by the federal food and drug administration and provides coverage for family planning services.	Rider
PROVIDER NETWORKS Has network been submitted to and/or approved by the Department of Health or the Exchange? Yes ☐ No ☐ If yes, please indicate the name of the network, the network ID number, and the dates that the network was submitted to and/or approved by the Department of Health or the Exchange. Network Name: Network ID #: Date Submitted: Date Approved:	§3201(c)	If the insurance (other than HMO) policy or contract will be used in conjunction with a provider network, please identify in the adjacent box whether the insurer is using the same network that was submitted to and/or approved by the Department of Health and/or the Exchange. Please indicate the network name and network ID number and include the date that the network was submitted to and/or approved by the Department of Health and/or the Exchange. If the network differs in any respect from that which was submitted to and/or approved by the Department of Health and/or the Exchange, please provide details on how the network differs in the Supporting Documentation Tab in SERFF. This includes, but is not limited to, detailing the providers and specialty types in each county that differ from the network that was submitted to and/or approved by the Department of Health and/or the Exchange . In addition, the following items or information must be submitted as part of this filing: • Participating provider directory; • Whether the provider network is capitated; • Provider selection criteria; • Quality assurance procedures; • Breakdown of geographic service area by county; • The underlying assumptions for the network regarding ratios of providers to insureds, the travel times and distances to participating providers; • Sample participating provider agreement; and, • Listing of providers by specialty type by county. *Note: The Department will not permit more than a 30% differential between in-network and out-of-*	

		network coverage unless supported by scholarly literature or actual claims experience of the insurer.	
ACTUARIAL SECTION FOR NEW PRODUCT RATE FILINGS ONLY		**PLEASE NOTE: A new and detailed set of instructions "Instructions for the Submission of 2014 Premium Rates for SHOP On-Exchange Plans and Off-Exchange Plans" has been posted on the Department website and on SERFF.** *Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (**select one**)* ☐ *The submission contains only application forms, disclosure statements, and/or advertising, OR* ☐ *The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR* ☐ *The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.* *For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.*	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	§3221 11NYCRR52.40(e) 11NYCRR360.10 11NYCRR360.11 §3231(e)(1)(B) §4308(c)(3)(A)	Small Group: a. Provide community rated rating methodology and assumptions used in calculating rates. b. Provide rating methodology and assumptions used in rate calculation for mental health coverage provided pursuant to §3221(l)(5). c. Actuarial justification for the use of claim costs and other assumptions. d. Non-claim expense components as a percentage of gross premium. e. Expected loss ratio 82.1 %.	See Actuarial Memorandum
Loss Ratios	§3231(e)(1)(B) §4308(c)(3)(A)	Expected loss ratio(s) – with actuarial justification	See Actuarial Memorandum
Reserve Basis	11NYCRR94	Description of bases for unpaid claim liabilities and extra reserves (if any).	See Actuarial Memorandum
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	See Actuarial Memorandum
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 82.1 %.	

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

GROUP RATE MANUAL	11NYCRR52.40(e)(2) §3231(e)(1)(B) §4308 (c)(3)(A)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		*Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.* *(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)*	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	11NYCRR52.40(e)	a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. b. History of previous New York rate revisions. c. Provide New York and nationwide claims experience respectively, including: (i) Earned premium; (ii) Paid and incurred claims; and (iii) Incurred loss ratios. d. Actuarial justification of proposed rates revision (increase/decrease). e. Non-claim expense components as a percentage of gross premium. f. Impact on rates as a result of each of the changes with actuarial justification. g. Expected loss ratio(s) after the proposed changes.	See Actuarial Memorandum
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans". c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	See Actuarial Memorandum
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 82.1 %.	See Actuarial Memorandum
REVISED RATE MANUAL PAGES	11NYCRR52.40(e)(2)	a. Table of contents. b. Rate pages.	

		c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	

New York Readability Certification

This is to certify that the forms listed below are in compliance with New York's Insurance Policy Readability Law.

A. Scoring Option *(select one)*

(●) 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 98.4 .

( ) 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

(●) 1. Test was applied to entire policy form(s).

( ) 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

( ) 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

(●) 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

(●) 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

(●) 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

(●) 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

(●) 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

(●) 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score
Group_Form_041	35566	1333	59887	32.8
Group_Form_042	36540	1381	61747	32.6
Group_Form_043	35739	1349	60222	33
* All contracts were created using DFS 'Model				
Language' which attained similar Flesch score.				

(Insert signature, name of officer, title of officer, and name of insurer)

[redacted]

Signature

[redacted]

Name of Officer

Chief Financial Officer / Chief Operating Officer

Title

Atlantis Health Plan dba Easy Choice Health Plan of New York

Name of Insurer

(To list more forms, complete and submit the 'Additional Sheet(s)' attached to the requirement for Readability Certification. If submitting multiple sheets complete and attach them individually.)

Reset Form

Attachment A

Plan Name	Plan ID
Select Elite X	95456NY1850001
Select Elite Savings X	95456NY1810001
Select Elite Complete X	95456NY1810002
Select Elite Plus X	95456NY1830001
Select Excel X	95456NY1850002
Select Excel Savings X	95456NY1810003
Select Excel Complete X	95456NY1810004
Select Extra X	95456NY1830003
Select Extra Savings X	95456NY1810005
Select Extra Complete X	95456NY1810006
Select Extra PLUS X	95456NY1830002
Select Essential X	95456NY1850004
Select Essential Savings X	95456NY1810007
Select Essential Complete X	95456NY1810008
Select Elite Age 29 X	95456NY1810009
Select Elite Savings Age 29 X	95456NY1810010
Select Elite Savings Complete Age 29 X	95456NY1810011
Select Elite PLUS Age 29 X	95456NY1830003
Select Excel Age 29 X	95456NY1810012
Select Excel Savings Age 29 X	95456NY1810013
Select Excel Savings Complete Age 29 X	95456NY1810014
Select Extra Age 29 X	95456NY1810015
Select Extra Savings Age 29 X	95456NY1810016
Select Extra Savings Complete Age 29 X	95456NY1810017
Select Extra PLUS Age 29 X	95456NY1830004
Select Essential Age 29 X	95456NY1810018
Select Essential Savings Age 29 X	95456NY1810019
Select Essential Savings Complete Age 29 X	95456NY1810020
Healthy Kids Elite X	95456NY1850005
Healthy Kids Elite Savings X	95456NY1810023
Healthy Kids Excel X	95456NY1850006
Healthy Kids Excel Savings X	95456NY1810024
Healthy Kids Extra X	95456NY1850007
Healty Kids Extra Savings X	95456NY1810025
Healthy Kids Essential X	95456NY1850008
Healthy Kids Essential Savings X	95456NY1810026
Simple & Essential X	95456NY099

Attachment A

Plan Name	Plan ID
Select Elite	95456NY1850001
Select Elite Savings	95456NY1810001
Select Elite Complete	95456NY1810002
Select Elite Plus	95456NY1830001
Select Excel	95456NY1850002
Select Excel Savings	95456NY1810003
Select Excel Complete	95456NY1810004
Select Extra	95456NY1830003
Select Extra Savings	95456NY1810005
Select Extra Complete	95456NY1810006
Select Extra PLUS	95456NY1830002
Select Essential	95456NY1850004
Select Essential Savings	95456NY1810007
Select Essential Complete	95456NY1810008
Select Elite Age 29	95456NY1810009
Select Elite Savings Age 29	95456NY1810010
Select Elite Savings Complete Age 29	95456NY1810011
Select Elite PLUS Age 29	95456NY1830003
Select Excel Age 29	95456NY1810012
Select Excel Savings Age 29	95456NY1810013
Select Excel Savings Complete Age 29	95456NY1810014
Select Extra Age 29	95456NY1810015
Select Extra Savings Age 29	95456NY1810016
Select Extra Savings Complete Age 29	95456NY1810017
Select Extra PLUS Age 29	95456NY1830004
Select Essential Age 29	95456NY1810018
Select Essential Savings Age 29	95456NY1810019
Select Essential Savings Complete Age 29	95456NY1810020
Healthy Kids Elite	95456NY1850005
Healthy Kids Elite Savings	95456NY1810023
Healthy Kids Excel	95456NY1850006
Healthy Kids Excel Savings	95456NY1810024
Healthy Kids Extra	95456NY1850007
Healty Kids Extra Savings	95456NY1810025
Healthy Kids Essential	95456NY1850008
Healthy Kids Essential Savings	95456NY1810026
Simple & Essential	95456NY099

Attachment A

Plan Name	Plan ID
Smart Business Elite X	95456NY1860001
Smart Business Elite Savings X	95456NY1820001
Smart Business Elite Complete X	95456NY1820002
Smart Business Elite PLUS X	95456NY1840001
Smart Business Excel X	95456NY1860002
Smart Business Excel Savings X	95456NY1820003
Smart Business Excel Complete X	95456NY1820004
Smart Business Extra X	95456NY1860003
Smart Business Extra Savings X	95456NY1820005
Smart Business Extra Complete X	95456NY1820006
Smart Business Extra PLUS X	95456NY1840002
Smart Business Essential X	95456NY1860004
Smart Business Essential Savings X	95456NY1820007
Smart Business Essential Complete X	95456NY1820008
Smart Business Elite Age 29 X	95456NY1820009
Smart Business Elite Savings Age 29 X	95456NY1820010
Smart Business Elite Adult D&V+Age 29 X	95456NY1820011
Smart Business Extra PLUS Age 29 X	95456NY1840003
Smart Business Excel Age 29 X	95456NY1820012
Smart Business Excel Savings Age 29 X	95456NY1820013
Smart Business Excel Savings Adult D&V + Age 29 X	95456NY1820014
Smart Business Extra Age 29 X	95456NY1820015
Smart Business Extra Savings Age 29 X	95456NY1820016
Smart Business Extra Savings Adult D&V + Age 29 X	95456NY1820017
Smart Business Extra PLUS Age 29 X	95456NY1840004
Smart Business Essential Age 29 X	95456NY1820018
Smart Business Essential Savings Age 29 X	95456NY1820019
Smart Business Essential Savings Adult D&V + Age 29 X	95456NY1820020
Smart Business Elite NC X	95456NY1820021
Smart Business Elite Savings NC X	95456NY1820022
Smart Business Elite Savings Adult D&V + NC X	95456NY1820023
Smart Business Elite PLUS NC X	95456NY1840005
Smart Business Excel NC X	95456NY1820024
Smart Business Excel Savings NC X	95456NY1820025
Smart Business Excel Savings Adult D&V + NC X	95456NY1820026
Smart Business Extra NC X	95456NY1820027
Smart Business Extra Savings NC X	95456NY1820028
Smart Business Extra Savings Adult D&V + NC X	95456NY1820029
Smart Business Extra PLUS NC X	95456NY1840006
Smart Business Essential NC X	95456NY1820030
Smart Business Essential Savings NC X	95456NY1820031
Smart Business Essential Savings Adult D&V + NC X	95456NY1820032

Smart Business Elite DP X	95456NY1820033
Smart Business Elite Savings DP X	95456NY1820034
Smart Business Elite Savings Adult D&V + DP X	95456NY1820035
Smart Business Elite PLUS DP X	95456NY1840007
Smart Business Excel DP X	95456NY1820036
Smart Business Excel Savings DP X	95456NY1820037
Smart Business Excel Savings Adult D&V + DP X	95456NY1820038
Smart Business Extra DP X	95456NY1820039
Smart Business Extra Savings DP X	95456NY1820040
Smart Business Extra Savings Adult D&V + DP X	95456NY1820041
Smart Business Extra PLUS DP X	95456NY1840008
Smart Business Essential DP X	95456NY1820042
Smart Business Essential Savings DP X	95456NY1820043
Smart Business Essential Savings Adult D&V + DP X	95456NY1820044
Smart Business Elite Age 29 NC X	95456NY1820045
Smart Business Elite Savings Age 29 NC X	95456NY1820046
Smart Business Elite Savings Adult D&V + Age 29 + NC X	95456NY1820047
Smart Business Elite PLUS Age 29 NC X	95456NY1840009
Smart Business Excel Age 29 NC X	95456NY1820048
Smart Business Excel Savings Age 29 NC X	95456NY1820049
Smart Business Excel Savings Adult D&V + Age 29 NC X	95456NY1820050
Smart Business Extra Age 29 NC X	95456NY1820051
Smart Business Extra Savings Age 29 NC X	95456NY1820052
Smart Businesss Extra Savings Adult D&V Age 29 + NC X	95456NY1820053
Smart Business Extra PLUS Age 29 NC X	95456NY1840010
Smart Business Essential Age 29 NC X	95456NY1820054
Smart Business Essential Savings Age 29 NC X	95456NY1820055
Smart Business Essential Savings Adult D&V Age 29 + NC X	95456NY1820056
Smart Business Elite Age 29 DP X	95456NY1820057
Smart Business Elite Savings Age 29 DP X	95456NY1820058
Smart Business Elite Savings Adult D&V Age 29 DP X	95456NY1820059
Smart Business Elite PLUS Age 29 DP X	95456NY1840011
Smart Business Excel Age 29 DP X	95456NY1820060
Smart Business Excel Savings Age 29 DP X	95456NY1820061
Smart Business Excel Savings Adult D&V + Age 29 DP X	95456NY1820062
Smart Business Extra Age 29 DP X	95456NY1820063
Smart Business Extra Savings Age 29 DP X	95456NY1820064
Smart Business Extra Savings Adult D&V + Age 29 DP X	95456NY1820065
Smart Business Extra PLUS Age 29 DP X	95456NY1840012
Smart Business Essential Age 29 DP X	95456NY1820066
Smart Business Essential Savings Age 29 DP X	95456NY1820067
Smart Business Essential Savings Adult D&V Age 29 + DP X	95456NY1820068
Smart Business Elite NC DP X	95456NY1820069
Smart Business Elite Savings NC DP X	95456NY1820070
Smart Business Elite Savings Adult D&V NC DP X	95456NY1820071
Smart Business Elite PLUS NC DP X	95456NY1840013
Smart Business Excel NC DP X	95456NY1820072

Smart Business Excel Savings NC DP X	95456NY1820073
Smart Business Excel Savings Adult D&V NC DP X	95456NY1820074
Smart Business Extra NC DP X	95456NY1820075
Smart Business Extra Savings NC DP X	95456NY1820076
Smart Business Extra Savings Adult D&V NC DP X	95456NY1820077
Smart Business Extra PLUS NC DP X	95456NY1840014
Smart Business Essential NC DP X	95456NY1820078
Smart Business Essential Savings NC DP X	95456NY1820079
Smart Business Essential Savings Adult D&V NC DP X	95456NY1820080
Smart Business Elite Age 29 NC DP X	95456NY1820081
Smart Business Elite Savings Age 29 NC DP X	95456NY1820082
Smart Business Elite Savings Adult D&V Age 29 NC DP X	95456NY1820083
Smart Business Elite PLUS Age 29 NC DP X	95456NY1840015
Smart Business Excel Age 29 NC DP X	95456NY1820084
Smart Business Excel Savings Age 29 NC DP X	95456NY1820085
Smart Business Excel Savings Adult D&V Age 29 NC DP X	95456NY1820086
Smart Business Extra Age 29 NC DP X	95456NY1820087
Smart Business Extra Savings Age 29 NC DP X	95456NY1820088
Smart Business Extra Savings Adult D&V Age 29 NC DP X	95456NY1820089
Smart Business PLUS Age 29 NC DP X	95456NY1840016
Smart Business Essential Age 29 NC DP X	95456NY1820090
Smart Business Essential Savings Age 29 NC DP X	95456NY1820091
Smart Business Essential Savings Adult D&V Age 29 NC DP X	95456NY1820092

Attachment A

Plan Name	Plan ID
Smart Business Elite	95456NY1860001
Smart Business Elite Savings	95456NY1820001
Smart Business Elite Complete	95456NY1820002
Smart Business Elite PLUS	95456NY1840001
Smart Business Excel	95456NY1860002
Smart Business Excel Savings	95456NY1820003
Smart Business Excel Complete	95456NY1820004
Smart Business Extra	95456NY1860003
Smart Business Extra Savings	95456NY1820005
Smart Business Extra Complete	95456NY1820006
Smart Business Extra PLUS	95456NY1840002
Smart Business Essential	95456NY1860004
Smart Business Essential Savings	95456NY1820007
Smart Business Essential Complete	95456NY1820008
Smart Business Elite Age 29	95456NY1820009
Smart Business Elite Savings Age 29	95456NY1820010
Smart Business Elite Adult D&V+Age 29	95456NY1820011
Smart Business Extra PLUS Age 29	95456NY1840003
Smart Business Excel Age 29	95456NY1820012
Smart Business Excel Savings Age 29	95456NY1820013
Smart Business Excel Savings Adult D&V + Age 29	95456NY1820014
Smart Business Extra Age 29	95456NY1820015
Smart Business Extra Savings Age 29	95456NY1820016
Smart Business Extra Savings Adult D&V + Age 29	95456NY1820017
Smart Business Extra PLUS Age 29	95456NY1840004
Smart Business Essential Age 29	95456NY1820018
Smart Business Essential Savings Age 29	95456NY1820019
Smart Business Essential Savings Adult D&V + Age 29	95456NY1820020
Smart Business Elite NC	95456NY1820021
Smart Business Elite Savings NC	95456NY1820022
Smart Business Elite Savings Adult D&V + NC	95456NY1820023
Smart Business Elite PLUS NC	95456NY1840005
Smart Business Excel NC	95456NY1820024
Smart Business Excel Savings NC	95456NY1820025
Smart Business Excel Savings Adult D&V + NC	95456NY1820026
Smart Business Extra NC	95456NY1820027
Smart Business Extra Savings NC	95456NY1820028
Smart Business Extra Savings Adult D&V + NC	95456NY1820029
Smart Business Extra PLUS NC	95456NY1840006
Smart Business Essential NC	95456NY1820030
Smart Business Essential Savings NC	95456NY1820031
Smart Business Essential Savings Adult D&V + NC	95456NY1820032

Smart Business Elite DP	95456NY1820033
Smart Business Elite Savings DP	95456NY1820034
Smart Business Elite Savings Adult D&V + DP	95456NY1820035
Smart Business Elite PLUS DP	95456NY1840007
Smart Business Excel DP	95456NY1820036
Smart Business Excel Savings DP	95456NY1820037
Smart Business Excel Savings Adult D&V + DP	95456NY1820038
Smart Business Extra DP	95456NY1820039
Smart Business Extra Savings DP	95456NY1820040
Smart Business Extra Savings Adult D&V + DP	95456NY1820041
Smart Business Extra PLUS DP	95456NY1840008
Smart Business Essential DP	95456NY1820042
Smart Business Essential Savings DP	95456NY1820043
Smart Business Essential Savings Adult D&V + DP	95456NY1820044
Easy Choice Smart Business Elite PLUS	95456NY1870001
Easy Choice Smart Business Elite Savings PLUS	95456NY1870002
Easy Choice Smart Business Elite PLUS Savings Adult D&V	95456NY1870003
Easy Choice Smart Business Excel PLUS	95456NY1870004
Easy Choice Smart Business Excel PLUS Savings	95456NY1870005
Easy Choice Smart Business Excel PLUS Savings Adult D&V	95456NY1870006
Easy Choice Smart Business Extra PLUS	95456NY1870007
Easy Choice Smart Business Extra PLUS Savings	95456NY1870008
Easy Choice Smart Business Extra PLUS Savings Adult D&V	95456NY1870009
Easy Choice Smart Business Essential PLUS	95456NY1870010
Easy Choice Smart Business Essential PLUS Savings	95456NY1870011
Easy Choice Smart Business Essential PLUS Savings Adult D&V	95456NY1870012
Smart Business Elite Age 29 NC	95456NY1820045
Smart Business Elite Savings Age 29 NC	95456NY1820046
Smart Business Elite Savings Adult D&V + Age 29 + NC	95456NY1820047
Smart Business Elite PLUS Age 29 NC	95456NY1840009
Smart Business Excel Age 29 NC	95456NY1820048
Smart Business Excel Savings Age 29 NC	95456NY1820049
Smart Business Excel Savings Adult D&V + Age 29 NC	95456NY1820050
Smart Business Extra Age 29 NC	95456NY1820051
Smart Business Extra Savings Age 29 NC	95456NY1820052
Smart Businesss Extra Savings Adult D&V Age 29 + NC	95456NY1820053
Smart Business Extra PLUS Age 29 NC	95456NY1840010
Smart Business Essential Age 29 NC	95456NY1820054
Smart Business Essential Savings Age 29 NC	95456NY1820055
Smart Business Essential Savings Adult D&V Age 29 + NC	95456NY1820056
Smart Business Elite Age 29 DP	95456NY1820057
Smart Business Elite Savings Age 29 DP	95456NY1820058
Smart Business Elite Savings Adult D&V Age 29 DP	95456NY1820059
Smart Business Elite PLUS Age 29 DP	95456NY1840011
Smart Business Excel Age 29 DP	95456NY1820060
Smart Business Excel Savings Age 29 DP	95456NY1820061
Smart Business Excel Savings Adult D&V + Age 29 DP	95456NY1820062

Smart Business Extra Age 29 DP	95456NY1820063
Smart Business Extra Savings Age 29 DP	95456NY1820064
Smart Business Extra Savings Adult D&V + Age 29 DP	95456NY1820065
Smart Business Extra PLUS Age 29 DP	95456NY1840012
Smart Business Essential Age 29 DP	95456NY1820066
Smart Business Essential Savings Age 29 DP	95456NY1820067
Smart Business Essential Savings Adult D&V Age 29 + DP	95456NY1820068
Easy Choice Smart Business Elite PLUS Age 29	95456NY1870013
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29	95456NY1870014
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29	95456NY1870015
Easy Choice Smart Business Excel PLUS Age 29	95456NY1870016
Easy Choice Smart Business Excel PLUS Savings Age 29	95456NY1870017
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29	95456NY1870018
Easy Choice Smart Business Extra PLUS Age 29	95456NY1870019
Easy Choice Smart Business Extra PLUS Savings Age 29	95456NY1870020
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29	95456NY1870021
Easy Choice Smart Business Essential PLUS Age 29	95456NY1870022
Easy Choice Smart Business Essential PLUS Savings Age 29	95456NY1870023
Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29	95456NY1870024
Smart Business Elite NC DP	95456NY1820069
Smart Business Elite Savings NC DP	95456NY1820070
Smart Business Elite Savings Adult D&V NC DP	95456NY1820071
Smart Business Elite PLUS NC DP	95456NY1840013
Smart Business Excel NC DP	95456NY1820072
Smart Business Excel Savings NC DP	95456NY1820073
Smart Business Excel Savings Adult D&V NC DP	95456NY1820074
Smart Business Extra NC DP	95456NY1820075
Smart Business Extra Savings NC DP	95456NY1820076
Smart Business Extra Savings Adult D&V NC DP	95456NY1820077
Smart Business Extra PLUS NC DP	95456NY1840014
Smart Business Essential NC DP	95456NY1820078
Smart Business Essential Savings NC DP	95456NY1820079
Smart Business Essential Savings Adult D&V NC DP	95456NY1820080
Easy Choice Smart Business Elite PLUS NC	95456NY1870025
Easy Choice Smart Business Elite PLUS Savings NC	95456NY1870026
Easy Choice Smart Business Elite PLUS Savings Adult D&V NC	95456NY1870027
Easy Choice Smart Business Excel PLUS NC	95456NY1870028
Easy Choice Smart Business Excel PLUS Savings NC	95456NY1870029
Easy Choice Smart Business Excel PLUS Savings Adult D&V NC	95456NY1870030
Easy Choice Smart Business Extra PLUS NC	95456NY1870031
Easy Choice Smart Business Extra PLUS Savings NC	95456NY1870032
Easy Choice Smart Business Extra PLUS Savings Adult D&V NC	95456NY1870033
Easy Choice Smart Business Essential PLUS NC	95456NY1870034
Easy Choice Smart Business Essential PLUS Savings NC	95456NY1870035
Easy Choice Smart Business Essential PLUS Savings Adult D&V NC	95456NY1870036
Easy Choice Smart Business Elite PLUS DP	95456NY1870037
Easy Choice Smart Business Elite PLUS Savings DP	95456NY1870038

Easy Choice Smart Business Elite PLUS Savings Adult D&V DP	95456NY1870039
Easy Choice Smart Business Extra PLUS DP	95456NY1870040
Easy Choice Smart Business Extra PLUS Savings DP	95456NY1870041
Easy Choice Smart Business Extra PLUS Savings Adult D&V DP	95456NY1870042
Easy Choice Smart Business Extra PLUS DP	95456NY1870043
Easy Choice Smart Business Extra PLUS Savings DP	95456NY1870044
Easy Choice Smart Business Extra PLUS Savings Adult D&V DP	95456NY1870045
Easy Choice Smart Business Essential PLUS DP	95456NY1870046
Easy Choice Smart Business Essential PLUS Savings DP	95456NY1870047
Easy Choice Smart Business Essential PLUS Savings Adult D&V DP	95456NY1870048
Smart Business Elite Age 29 NC DP	95456NY1820081
Smart Business Elite Savings Age 29 NC DP	95456NY1820082
Smart Business Elite Savings Adult D&V Age 29 NC DP	95456NY1820083
Smart Business Elite PLUS Age 29 NC DP	95456NY1840015
Smart Business Excel Age 29 NC DP	95456NY1820084
Smart Business Excel Savings Age 29 NC DP	95456NY1820085
Smart Business Excel Savings Adult D&V Age 29 NC DP	95456NY1820086
Smart Business Extra Age 29 NC DP	95456NY1820087
Smart Business Extra Savings Age 29 NC DP	95456NY1820088
Smart Business Extra Savings Adult D&V Age 29 NC DP	95456NY1820089
Smart Business PLUS Age 29 NC DP	95456NY1840016
Smart Business Essential Age 29 NC DP	95456NY1820090
Smart Business Essential Savings Age 29 NC DP	95456NY1820091
Smart Business Essential Savings Adult D&V Age 29 NC DP	95456NY1820092
Easy Choice Smart Business Essential PLUS Age 29 NC	95456NY1870049
Easy Choice Smart Business Essential PLUS Savings Age 29 NC	95456NY1870050
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 NC	95456NY1870051
Easy Choice Smart Business Excel PLUS Age 29 NC	95456NY1870052
Easy Choice Smart Business Excel PLUS Savings Age 29 NC	95456NY1870053
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 NC	95456NY1870054
Easy Choice Smart Business Extra PLUS Age 29 NC	95456NY1870055
Easy Choice Smart Business Extra PLUS Savings Age 29 NC	95456NY1870056
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 NC	95456NY1870057
Easy Choice Smart Business Essential PLUS Age 29 NC	95456NY1870058
Easy Choice Smart Business Essential PLUS Savings Age 29 NC	95456NY1870059
Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 NC	95456NY1870060
Easy Choice Smart Business Elite PLUS Age 29 DP	95456NY1870061
Easy Choice Smart Business Elite PLUS Savings Age 29 DP	95456NY1870062
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 DP	95456NY1870063
Easy Choice Smart Business Excel PLUS Age 29 DP	95456NY1870064
Easy Choice Smart Business Excel PLUS Savings Age 29 DP	95456NY1870065
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 DP	95456NY1870066
Easy Choice Smart Business Extra PLUS Age 29 DP	95456NY1870067
Easy Choice Smart Business Extra PLUS Savings Age 29 DP	95456NY1870068
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 DP	95456NY1870069
Easy Choice Smart Business Essential PLUS Age 29 DP	95456NY1870070
Easy Choice Smart Business Essential PLUS Savings Age 29 DP	95456NY1870071

Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 DP	95456NY1870072
Easy Choice Smart Business Elite PLUS NC DP	95456NY1870073
Easy Choice Smart Business Elite PLUS Savings NC DP	95456NY1870074
Easy Choice Smart Business Elite PLUS Savings Adult D&V NC DP	95456NY1870075
Easy Choice Smart Business Excel PLUS NC DP	95456NY1870076
Easy Choice Smart Business Excel PLUS Savings NC DP	95456NY1870077
Easy Choice Smart Business Excel PLUS Savings Adult D&V NC DP	95456NY1870078
Easy Choice Smart Business Extra PLUS NC DP	95456NY1870079
Easy Choice Smart Business Extra PLUS Savings NC DP	95456NY1870080
Easy Choice Smart Business Extra PLUS Savings Adult D&V NC DP	95456NY1870081
Easy Choice Smart Business Essential PLUS NC DP	95456NY1870082
Easy Choice Smart Business Essential PLUS Savings NC DP	95456NY1870083
Easy Choice Smart Business Essential PLUS Savings Adult D&V NC DP	95456NY1870084
Easy Choice Smart Business Elite PLUS Age 29 NC DP	95456NY1870085
Easy Choice Smart Business Elite PLUS Savings Age 29 NC DP	95456NY1870086
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 NC DP	95456NY1870087
Easy Choice Smart Business Excel PLUS Age 29 NC DP	95456NY1870088
Easy Choice Smart Business Excel PLUS Savings Age 29 NC DP	95456NY1870089
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 NC DP	95456NY1870090
Easy Choice Smart Business Extra PLUS Age 29 NC DP	95456NY1870091
Easy Choice Smart Business Extra PLUS Savings Age 29 NC DP	95456NY1870092
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 NC DP	95456NY1870093
Easy Choice Smart Business Essential PLUS Age 29 NC DP	95456NY1870094
Easy Choice Smart Business Essential PLUS Savings Age 29 NC DP	95456NY1870095
Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 NC DP	95456NY1870096

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange

Off-Exchange Plan Filing

Atlantis Health Plan d/b/a
Easy Choice Health Plan of NY

Prepared by:
Milliman, Inc.

[redacted]
FSA, MAAA

650 California Street
Suite 1700
San Francisco, CA 94108 USA

Tel +1 415 403 1333
Fax +1 415 403 1334

milliman.com

May 14, 2013

650 California Street, 17th Floor
San Francisco, California 94108-2702
USA

Tel +1 415 403 1333
Fax +1 415 403 1334

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Off Exchange Plan Filing

General Information

Company Legal Name: Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
State: New York
HIOS Issuer ID: 95456
QHP Template SERFF #: ATLP-129009942
Market: Small Group
Effective Date: January through December 2014
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: [redacted]

Overview

This document contains the Actuarial Memorandum for Atlantis Health Plan d/b/a Easy Choice Health Plan of NY ("Company") small group comprehensive medical block of business, effective January 1, 2014. These individual rates are guaranteed through December 31, 2014. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of Company. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Company's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for Company by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

The analysis in this report is based on our current understanding of federal and state rules and regulations. To the extent that these rules and regulations continue to evolve, our work may be

subject to change. Milliman is not a law firm. Nothing in this correspondence should be construed as legal advice. In the event a legal interpretation is required, we recommend review by your legal counsel.

Reliance

In performing this analysis, I relied on data and other information provided by Company. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

Identification

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by Company to assist in the development of premium rates for the Small Group plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all new Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

Company is filing small group rates with effective dates beginning January 1, 2014 for plans to be marketed off the NYHBE. The plan designs included in this filing are new to the small group market and are compliant with the EHB in accordance with the ACA. The new plans' design costs have been derived from the base claims experience for Company's existing small group pool. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2014. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Anticipated changes in morbidity for the covered population and new entrants into the market as well as the impact of the Federal Risk Adjustment Program and Federal Transitional Reinsurance program have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group pooled incurred claims and membership for all in-force plans, including grandfathered plans, for the 12 months ending December 2012, paid through March 2013. Company's rating region aligns with NYS's defined Rating Region 4. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period. Incurred claims and allowed claims presented on Worksheet 1 come directly from Company's claim payment records. Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology.

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

Projection Factors

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Changes in Benefits

Impact of compliance with Essential Health benefits:

The impact of the additional costs associated with Essential Health benefits not in the base period experience as noted below is and applied on Exhibit 8, Line 13 consistently for all plans.

Pediatric Dental & Vision – currently a non-covered benefit
Hearing Aids – currently a non-covered benefit
Gym Reimbursement – currently a non-covered benefit

Impact of compliance with NYS Mandates included in the NYS benchmark plan:

The NYS Autism mandate became effective for renewals beginning November 2012. Since the mandate was only effective for two months during the base period, an estimate for the cost associated for this benefit has been added to the base period starting point.

Additional Riders

Unique plan designs have been created to incorporate additional benefits available through a rider:

Description of Rider	Factor
Dependent to Age 29	1.018
Domestic Partner	1.000
Contraceptive Carve Out	0.998

Population/Demographic Change

No adjustment has been incorporated due to the uncertainty of the future demographic mix.

Other Adjustments

Other Market-wide adjustments considered in the rate development include:

- **Impact of changes in the provider network, fee schedules levels, or utilization management that apply to the entire market-wide risk pool not included in the claim trend:** There are no changes planned for the composition of the provider network, fee schedules levels or utilization management in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

- **Impact of anticipated changes in the expected covered membership risk characteristics of the market-wide pool:** Adjustment to Federal Risk Adjustment Factor simulation as discussed further below.

- **Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions:** Company's historical experience that formed the basis of the claim costs is solely in Region 4 (NYC Area). For 2014, Company will only offer products in Region 4. Therefore, no adjustments were made for rating region.

Development of Conversion Factor

The conversion factor has been calculated based on the standard demographics from the Milliman *Health Cost Guidelines*™. Effective January 1, 2014, Company will only offer a 4-tier structure in the small group market both on and off the Exchange. Required rate ratios as determined by the NYS Department of Financial Services were used in this calculation.

	Contract Mix	Average Contract Size	Desired Loading Factors	Conversion Factor
Four Tier Premiums				
Single	53.3%	1.00	1.00	
Double	12.8%	2.00	2.00	
Emp/Child(ren)	9.2%	2.65	1.70	
Family	24.8%	4.03	2.85	
Total 4T	100.0%	2.03	1.65	**1.230**

Cost and Utilization Trend Factors

The average annual trend factor applied is 6.50%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 13.42%.

We had limited historical experience to analyze for trend. Therefore, the basis for development of trend is Milliman's *Health Cost Guidelines*™, actual and projected contract provider reimbursement rates, and actuarial judgment. Given the limited data, an aggregate trend was chosen rather than at the service category. In addition, the following assumptions were applied:

Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated for small group.

Deductible Leveraging: No explicit additional adjustments have been applied.

Credibility Manual Rate Development

None

Credibility of Experience

Experience period is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Paid to Allowed Ratio

The Paid to Allowed Ratio was determined using the HHS AV Calculator for each standard and non-standard plan proposed and weighted by the projected membership.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

We relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting.

This factor was applied consistently across plans in each metal tier.

Reinsurance Premium

We derived a factor based on a per capita contribution rate of $5.25 per month divided by the overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The administrative expense load is based on actual 2012 administrative expense in the current small group market.

Profit (Contribution to Surplus) & Risk Margin

A 2.00% contribution to surplus is included. There is no additional load for Risk Margin included.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees.
PCORI Fee: $2 PMPY
Risk Adjustment User Fee: $0.96 PMPY

NYS Regulatory Authority license and fees: Based on a percent of premium using prior year actuals.

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	**% of Premium Projected**	**% of Premium based on 2012 Actuals**
General Administrative Expense	14.68%	17.68%
Broker Commissions	5.50%	5.50%
Quality Improvement	0.50%	0.50%
NYS Regulatory Authority license and fees	1.00%	1.00%
Subtotal – Excluding ACA Taxes and Fees	**21.68%**	**24.68%**
ACA Insurers tax	2.00%	n/a
ACA Fees	0.05%	n/a
Total Administrative Expense Including ACA	**23.73%**	**24.68%**
Profit and contribution to Surplus	2.00%	1.15%
Total Retention including Profit	**25.73%**	**25.83%**

Projected Loss Ratio

The pricing loss ratio and projected loss ratio based on the New York State prescribed MLR methodology are calculated as:

	Pricing NY MLR	Projected NY MLR
A. Projected Premium	$39,250,143	$39,250,143
B. Projected Incurred Claims	$29,151,081	$29,151,081
C. Allowable Taxes and Fees	$804,628	$804,628
D. ACA Reinsurance	$514,978	$514,978
E. ACA Risk Adjustment	$1,341,885	$1,750,000
F. Adjusted Claims (B + C + D + E)	$31,812,572	$32,220,687
G. Loss Ratio (F / A)	81.1%	82.1%

The projected risk adjustment payment is higher than the pricing risk adjustment payment. The pricing risk adjustment payment was reduced from the projected risk adjustment payment in order to achieve more competitive rates. Additionally, there was concern that the Company's small group data submitted for the NYS Department of Finance Service Risk Adjustment Simulation Project had inconsistencies as identified in their individual data.

Index Rate

The starting point claims cost PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in force plans included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS Actuarial Value Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force plan Index Rate Development		
Average Incurred Claims PMPM	$338.99	**A**
Average AV Pricing Value	.866	**B**
Index Rate **(Exhibit 8, line 12)**	$382.61	**A / B**

General Overview of Proposed Rate Development

The general methodology used to develop the rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended pmpm to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

Gross trended starting pmpm (net in-force pmpm / in-force AV)
Plan specific AV
Metal Tier induced demand
Impact of EHB not included in base data
Applicable factors as outlined above for additional riders
Risk Adjustment
Impact of Reinsurance
Administrative cost
Contribution to surplus

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
See Exhibit 8.

Quarterly rates are based on 6.5% annual trend rate.

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman *Health Cost Guidelines™* were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The assumptions for induced demand per guidance provided by NYS Department of Financial Services, component was set consistently for each plan within metal tier. Furthermore, the variation in adopted induced demand adjustment factors between any two metal plans does not exceed the HHS induced demand adjustment factors set forth in the Notice of Benefit and Payment Parameters for 2014.

Induced Demand assumed by Metal Tier:

	Induced Demand
Platinum	1.000
Gold	0.954
Silver	0.910
Bronze	0.884

Membership Projections

The existing book of business was mapped to a metal tier using the following ranges Actuarial Values as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The plans containing membership, for each metal tier, were then mapped to the standard plan design within the metal tier. As a final step the membership was redistributed under the assumption that 50%, 25%, and 25% of the Platinum, Gold and Silver tiers, respectively, would move into the Bronze metal tier. Based on this redistribution of the projected membership, Worksheet 2 does not balance to the projected costs on Worksheet 1 of the Unified Rate Review Template.

Terminated Products

The following products are being terminated.

AHP-HMO-GRP-Low
AHP-HMO-GRP-Low $15
AHP-HMO-GRP-10
AHP-HMO-GRP-10E
AHP-HMO-GRP-15
AHP-HMO-GRP-15E
AHP-HMO-GRP-20
AHP-HMO-GRP-20E
AHP-HMO-GRP-25E
AHP-HMO-GRP Low Option
AHP-POS-GRP-A10
AHP-POS-GRP-A10E
AHP-POS-GRP-A15
AHP-POS-GRP-A15E
AHP-POS-GRP-A20
AHP-POS-GRP-A20E
AHP-POS-GRP-A25E
AHP-POS-GRP-B10
AHP-POS-GRP-B10E
AHP-POS-GRP-B15
AHP-POS-GRP-B15E
AHP-POS-GRP-B20
AHP-POS-GRP-B20E
AHP-POS-GRP-B25E
AHP-POS-GRP-C10
AHP-POS-GRP-C10E
AHP-POS-GRP-C15
AHP-POS-GRP-C15E
AHP-POS-GRP-C20
AHP-POS-GRP-C20E
AHP-POS-GRP-D10
AHP-POS-GRP-D10E
AHP-POS-GRP-D15
AHP-POS-GRP-D15E
AHP-POS-GRP-D20
AHP-POS-GRP-D20E
AHP-POS-GRP-E10
AHP-POS-GRP-E10E
AHP-POS-GRP-E15
AHP-POS-GRP-E15E
AHP-POS-GRP-E20
AHP-POS-GRP-E20E
AHP-POS-GRP-F20
AHP-POS-GRP-F15
AHP-POS-GRP-F25
AHP-HMO-1
AHP-POS-1

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit A.

Actuarial Certification
Small Group – Off Exchange Plans

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance, and I am qualified to provide the following certification. I have been retained by Atlantis Health Plan d/b/a Easy Choice Health Plan of NY to assist in the development of premium rates for their Small Group plans not offered through the New York Health Benefits Exchange ("NYHBE").

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify that to the best of my knowledge and belief:

The filing is in compliance with the applicable laws and regulations of the State of New York and Federal Statutes and Regulations (45CFR 156.80(d)).

The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:

ASOP No. 5, Incurred Health and Disability Claims
ASOP No. 8, Regulatory Filings for Health Plan Entities
ASOP No. 12, Risk Classification
ASOP No. 23, Data Quality
ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
ASOP No. 41, Actuarial Communications

The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.

The benefits are reasonable in relation to the premiums charged.

The rates are not unfairly discriminatory.

The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))

The AV Calculator was used to determine the AV Metal Values.

The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop propose premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

[redacted]
[redacted] FSA, MAAA
Principal & Consulting Actuary
Milliman, San Francisco Health [redacted] Practice
[redacted]

5/14/2013
Date

Easy Choice
HEALTH PLAN OF NEW YORK
45 Broadway, Suite 300, New York, NY 10006

Health Insurance Plan
Toll Free 866.747.8422
Fax 212.747.0843

Medicare Plan
Toll Free 888.300.9320
Fax 646.929.9270

www.easychoiceny.com

April 29, 2013

[redacted] FSA, MAAA
Principal and Consulting Actuary
Milliman Inc.
650 California Street, Suite 1700
San Francisco, CA 94108

RE: Data Reliance Statement for 2014 Rate Filing

Dear [redacted]

I, [redacted] CFO/COO of Easy Choice Health Plan of New York, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to [redacted] Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2014 Rate filings, were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete, and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2014.

Sincerely,

[redacted]

CFO/COO

Attachment A

Plan Name	Plan ID
Select Elite X	95456NY1850001
Select Elite Savings X	95456NY1810001
Select Elite Complete X	95456NY1810002
Select Elite Plus X	95456NY1830001
Select Excel X	95456NY1850002
Select Excel Savings X	95456NY1810003
Select Excel Complete X	95456NY1810004
Select Extra X	95456NY1830003
Select Extra Savings X	95456NY1810005
Select Extra Complete X	95456NY1810006
Select Extra PLUS X	95456NY1830002
Select Essential X	95456NY1850004
Select Essential Savings X	95456NY1810007
Select Essential Complete X	95456NY1810008
Select Elite Age 29 X	95456NY1810009
Select Elite Savings Age 29 X	95456NY1810010
Select Elite Savings Complete Age 29 X	95456NY1810011
Select Elite PLUS Age 29 X	95456NY1830003
Select Excel Age 29 X	95456NY1810012
Select Excel Savings Age 29 X	95456NY1810013
Select Excel Savings Complete Age 29 X	95456NY1810014
Select Extra Age 29 X	95456NY1810015
Select Extra Savings Age 29 X	95456NY1810016
Select Extra Savings Complete Age 29 X	95456NY1810017
Select Extra PLUS Age 29 X	95456NY1830004
Select Essential Age 29 X	95456NY1810018
Select Essential Savings Age 29 X	95456NY1810019
Select Essential Savings Complete Age 29 X	95456NY1810020
Healthy Kids Elite X	95456NY1850005
Healthy Kids Elite Savings X	95456NY1810023
Healthy Kids Excel X	95456NY1850006
Healthy Kids Excel Savings X	95456NY1810024
Healthy Kids Extra X	95456NY1850007
Healty Kids Extra Savings X	95456NY1810025
Healthy Kids Essential X	95456NY1850008
Healthy Kids Essential Savings X	95456NY1810026
Simple & Essential X	95456NY099

Attachment A

Plan Name	Plan ID
Select Elite	95456NY1850001
Select Elite Savings	95456NY1810001
Select Elite Complete	95456NY1810002
Select Elite Plus	95456NY1830001
Select Excel	95456NY1850002
Select Excel Savings	95456NY1810003
Select Excel Complete	95456NY1810004
Select Extra	95456NY1830003
Select Extra Savings	95456NY1810005
Select Extra Complete	95456NY1810006
Select Extra PLUS	95456NY1830002
Select Essential	95456NY1850004
Select Essential Savings	95456NY1810007
Select Essential Complete	95456NY1810008
Select Elite Age 29	95456NY1810009
Select Elite Savings Age 29	95456NY1810010
Select Elite Savings Complete Age 29	95456NY1810011
Select Elite PLUS Age 29	95456NY1830003
Select Excel Age 29	95456NY1810012
Select Excel Savings Age 29	95456NY1810013
Select Excel Savings Complete Age 29	95456NY1810014
Select Extra Age 29	95456NY1810015
Select Extra Savings Age 29	95456NY1810016
Select Extra Savings Complete Age 29	95456NY1810017
Select Extra PLUS Age 29	95456NY1830004
Select Essential Age 29	95456NY1810018
Select Essential Savings Age 29	95456NY1810019
Select Essential Savings Complete Age 29	95456NY1810020
Healthy Kids Elite	95456NY1850005
Healthy Kids Elite Savings	95456NY1810023
Healthy Kids Excel	95456NY1850006
Healthy Kids Excel Savings	95456NY1810024
Healthy Kids Extra	95456NY1850007
Healty Kids Extra Savings	95456NY1810025
Healthy Kids Essential	95456NY1850008
Healthy Kids Essential Savings	95456NY1810026
Simple & Essential	95456NY099

Attachment A

Plan Name	Plan ID
Smart Business Elite X	95456NY1860001
Smart Business Elite Savings X	95456NY1820001
Smart Business Elite Complete X	95456NY1820002
Smart Business Elite PLUS X	95456NY1840001
Smart Business Excel X	95456NY1860002
Smart Business Excel Savings X	95456NY1820003
Smart Business Excel Complete X	95456NY1820004
Smart Business Extra X	95456NY1860003
Smart Business Extra Savings X	95456NY1820005
Smart Business Extra Complete X	95456NY1820006
Smart Business Extra PLUS X	95456NY1840002
Smart Business Essential X	95456NY1860004
Smart Business Essential Savings X	95456NY1820007
Smart Business Essential Complete X	95456NY1820008
Smart Business Elite Age 29 X	95456NY1820009
Smart Business Elite Savings Age 29 X	95456NY1820010
Smart Business Elite Adult D&V+Age 29 X	95456NY1820011
Smart Business Extra PLUS Age 29 X	95456NY1840003
Smart Business Excel Age 29 X	95456NY1820012
Smart Business Excel Savings Age 29 X	95456NY1820013
Smart Business Excel Savings Adult D&V + Age 29 X	95456NY1820014
Smart Business Extra Age 29 X	95456NY1820015
Smart Business Extra Savings Age 29 X	95456NY1820016
Smart Business Extra Savings Adult D&V + Age 29 X	95456NY1820017
Smart Business Extra PLUS Age 29 X	95456NY1840004
Smart Business Essential Age 29 X	95456NY1820018
Smart Business Essential Savings Age 29 X	95456NY1820019
Smart Business Essential Savings Adult D&V + Age 29 X	95456NY1820020
Smart Business Elite NC X	95456NY1820021
Smart Business Elite Savings NC X	95456NY1820022
Smart Business Elite Savings Adult D&V + NC X	95456NY1820023
Smart Business Elite PLUS NC X	95456NY1840005
Smart Business Excel NC X	95456NY1820024
Smart Business Excel Savings NC X	95456NY1820025
Smart Business Excel Savings Adult D&V + NC X	95456NY1820026
Smart Business Extra NC X	95456NY1820027
Smart Business Extra Savings NC X	95456NY1820028
Smart Business Extra Savings Adult D&V + NC X	95456NY1820029
Smart Business Extra PLUS NC X	95456NY1840006
Smart Business Essential NC X	95456NY1820030
Smart Business Essential Savings NC X	95456NY1820031
Smart Business Essential Savings Adult D&V + NC X	95456NY1820032

Smart Business Elite DP X	95456NY1820033
Smart Business Elite Savings DP X	95456NY1820034
Smart Business Elite Savings Adult D&V + DP X	95456NY1820035
Smart Business Elite PLUS DP X	95456NY1840007
Smart Business Excel DP X	95456NY1820036
Smart Business Excel Savings DP X	95456NY1820037
Smart Business Excel Savings Adult D&V + DP X	95456NY1820038
Smart Business Extra DP X	95456NY1820039
Smart Business Extra Savings DP X	95456NY1820040
Smart Business Extra Savings Adult D&V + DP X	95456NY1820041
Smart Business Extra PLUS DP X	95456NY1840008
Smart Business Essential DP X	95456NY1820042
Smart Business Essential Savings DP X	95456NY1820043
Smart Business Essential Savings Adult D&V + DP X	95456NY1820044
Smart Business Elite Age 29 NC X	95456NY1820045
Smart Business Elite Savings Age 29 NC X	95456NY1820046
Smart Business Elite Savings Adult D&V + Age 29 + NC X	95456NY1820047
Smart Business Elite PLUS Age 29 NC X	95456NY1840009
Smart Business Excel Age 29 NC X	95456NY1820048
Smart Business Excel Savings Age 29 NC X	95456NY1820049
Smart Business Excel Savings Adult D&V + Age 29 NC X	95456NY1820050
Smart Business Extra Age 29 NC X	95456NY1820051
Smart Business Extra Savings Age 29 NC X	95456NY1820052
Smart Businesss Extra Savings Adult D&V Age 29 + NC X	95456NY1820053
Smart Business Extra PLUS Age 29 NC X	95456NY1840010
Smart Business Essential Age 29 NC X	95456NY1820054
Smart Business Essential Savings Age 29 NC X	95456NY1820055
Smart Business Essential Savings Adult D&V Age 29 + NC X	95456NY1820056
Smart Business Elite Age 29 DP X	95456NY1820057
Smart Business Elite Savings Age 29 DP X	95456NY1820058
Smart Business Elite Savings Adult D&V Age 29 DP X	95456NY1820059
Smart Business Elite PLUS Age 29 DP X	95456NY1840011
Smart Business Excel Age 29 DP X	95456NY1820060
Smart Business Excel Savings Age 29 DP X	95456NY1820061
Smart Business Excel Savings Adult D&V + Age 29 DP X	95456NY1820062
Smart Business Extra Age 29 DP X	95456NY1820063
Smart Business Extra Savings Age 29 DP X	95456NY1820064
Smart Business Extra Savings Adult D&V + Age 29 DP X	95456NY1820065
Smart Business Extra PLUS Age 29 DP X	95456NY1840012
Smart Business Essential Age 29 DP X	95456NY1820066
Smart Business Essential Savings Age 29 DP X	95456NY1820067
Smart Business Essential Savings Adult D&V Age 29 + DP X	95456NY1820068
Smart Business Elite NC DP X	95456NY1820069
Smart Business Elite Savings NC DP X	95456NY1820070
Smart Business Elite Savings Adult D&V NC DP X	95456NY1820071
Smart Business Elite PLUS NC DP X	95456NY1840013
Smart Business Excel NC DP X	95456NY1820072

Smart Business Excel Savings NC DP X	95456NY1820073
Smart Business Excel Savings Adult D&V NC DP X	95456NY1820074
Smart Business Extra NC DP X	95456NY1820075
Smart Business Extra Savings NC DP X	95456NY1820076
Smart Business Extra Savings Adult D&V NC DP X	95456NY1820077
Smart Business Extra PLUS NC DP X	95456NY1840014
Smart Business Essential NC DP X	95456NY1820078
Smart Business Essential Savings NC DP X	95456NY1820079
Smart Business Essential Savings Adult D&V NC DP X	95456NY1820080
Smart Business Elite Age 29 NC DP X	95456NY1820081
Smart Business Elite Savings Age 29 NC DP X	95456NY1820082
Smart Business Elite Savings Adult D&V Age 29 NC DP X	95456NY1820083
Smart Business Elite PLUS Age 29 NC DP X	95456NY1840015
Smart Business Excel Age 29 NC DP X	95456NY1820084
Smart Business Excel Savings Age 29 NC DP X	95456NY1820085
Smart Business Excel Savings Adult D&V Age 29 NC DP X	95456NY1820086
Smart Business Extra Age 29 NC DP X	95456NY1820087
Smart Business Extra Savings Age 29 NC DP X	95456NY1820088
Smart Business Extra Savings Adult D&V Age 29 NC DP X	95456NY1820089
Smart Business PLUS Age 29 NC DP X	95456NY1840016
Smart Business Essential Age 29 NC DP X	95456NY1820090
Smart Business Essential Savings Age 29 NC DP X	95456NY1820091
Smart Business Essential Savings Adult D&V Age 29 NC DP X	95456NY1820092

Attachment A

Plan Name	Plan ID
Smart Business Elite	95456NY1860001
Smart Business Elite Savings	95456NY1820001
Smart Business Elite Complete	95456NY1820002
Smart Business Elite PLUS	95456NY1840001
Smart Business Excel	95456NY1860002
Smart Business Excel Savings	95456NY1820003
Smart Business Excel Complete	95456NY1820004
Smart Business Extra	95456NY1860003
Smart Business Extra Savings	95456NY1820005
Smart Business Extra Complete	95456NY1820006
Smart Business Extra PLUS	95456NY1840002
Smart Business Essential	95456NY1860004
Smart Business Essential Savings	95456NY1820007
Smart Business Essential Complete	95456NY1820008
Smart Business Elite Age 29	95456NY1820009
Smart Business Elite Savings Age 29	95456NY1820010
Smart Business Elite Adult D&V+Age 29	95456NY1820011
Smart Business Extra PLUS Age 29	95456NY1840003
Smart Business Excel Age 29	95456NY1820012
Smart Business Excel Savings Age 29	95456NY1820013
Smart Business Excel Savings Adult D&V + Age 29	95456NY1820014
Smart Business Extra Age 29	95456NY1820015
Smart Business Extra Savings Age 29	95456NY1820016
Smart Business Extra Savings Adult D&V + Age 29	95456NY1820017
Smart Business Extra PLUS Age 29	95456NY1840004
Smart Business Essential Age 29	95456NY1820018
Smart Business Essential Savings Age 29	95456NY1820019
Smart Business Essential Savings Adult D&V + Age 29	95456NY1820020
Smart Business Elite NC	95456NY1820021
Smart Business Elite Savings NC	95456NY1820022
Smart Business Elite Savings Adult D&V + NC	95456NY1820023
Smart Business Elite PLUS NC	95456NY1840005
Smart Business Excel NC	95456NY1820024
Smart Business Excel Savings NC	95456NY1820025
Smart Business Excel Savings Adult D&V + NC	95456NY1820026
Smart Business Extra NC	95456NY1820027
Smart Business Extra Savings NC	95456NY1820028
Smart Business Extra Savings Adult D&V + NC	95456NY1820029
Smart Business Extra PLUS NC	95456NY1840006
Smart Business Essential NC	95456NY1820030
Smart Business Essential Savings NC	95456NY1820031
Smart Business Essential Savings Adult D&V + NC	95456NY1820032

Smart Business Elite DP	95456NY1820033
Smart Business Elite Savings DP	95456NY1820034
Smart Business Elite Savings Adult D&V + DP	95456NY1820035
Smart Business Elite PLUS DP	95456NY1840007
Smart Business Excel DP	95456NY1820036
Smart Business Excel Savings DP	95456NY1820037
Smart Business Excel Savings Adult D&V + DP	95456NY1820038
Smart Business Extra DP	95456NY1820039
Smart Business Extra Savings DP	95456NY1820040
Smart Business Extra Savings Adult D&V + DP	95456NY1820041
Smart Business Extra PLUS DP	95456NY1840008
Smart Business Essential DP	95456NY1820042
Smart Business Essential Savings DP	95456NY1820043
Smart Business Essential Savings Adult D&V + DP	95456NY1820044
Easy Choice Smart Business Elite PLUS	95456NY1870001
Easy Choice Smart Business Elite Savings PLUS	95456NY1870002
Easy Choice Smart Business Elite PLUS Savings Adult D&V	95456NY1870003
Easy Choice Smart Business Excel PLUS	95456NY1870004
Easy Choice Smart Business Excel PLUS Savings	95456NY1870005
Easy Choice Smart Business Excel PLUS Savings Adult D&V	95456NY1870006
Easy Choice Smart Business Extra PLUS	95456NY1870007
Easy Choice Smart Business Extra PLUS Savings	95456NY1870008
Easy Choice Smart Business Extra PLUS Savings Adult D&V	95456NY1870009
Easy Choice Smart Business Essential PLUS	95456NY1870010
Easy Choice Smart Business Essential PLUS Savings	95456NY1870011
Easy Choice Smart Business Essential PLUS Savings Adult D&V	95456NY1870012
Smart Business Elite Age 29 NC	95456NY1820045
Smart Business Elite Savings Age 29 NC	95456NY1820046
Smart Business Elite Savings Adult D&V + Age 29 + NC	95456NY1820047
Smart Business Elite PLUS Age 29 NC	95456NY1840009
Smart Business Excel Age 29 NC	95456NY1820048
Smart Business Excel Savings Age 29 NC	95456NY1820049
Smart Business Excel Savings Adult D&V + Age 29 NC	95456NY1820050
Smart Business Extra Age 29 NC	95456NY1820051
Smart Business Extra Savings Age 29 NC	95456NY1820052
Smart Businesss Extra Savings Adult D&V Age 29 + NC	95456NY1820053
Smart Business Extra PLUS Age 29 NC	95456NY1840010
Smart Business Essential Age 29 NC	95456NY1820054
Smart Business Essential Savings Age 29 NC	95456NY1820055
Smart Business Essential Savings Adult D&V Age 29 + NC	95456NY1820056
Smart Business Elite Age 29 DP	95456NY1820057
Smart Business Elite Savings Age 29 DP	95456NY1820058
Smart Business Elite Savings Adult D&V Age 29 DP	95456NY1820059
Smart Business Elite PLUS Age 29 DP	95456NY1840011
Smart Business Excel Age 29 DP	95456NY1820060
Smart Business Excel Savings Age 29 DP	95456NY1820061
Smart Business Excel Savings Adult D&V + Age 29 DP	95456NY1820062

Smart Business Extra Age 29 DP	95456NY1820063
Smart Business Extra Savings Age 29 DP	95456NY1820064
Smart Business Extra Savings Adult D&V + Age 29 DP	95456NY1820065
Smart Business Extra PLUS Age 29 DP	95456NY1840012
Smart Business Essential Age 29 DP	95456NY1820066
Smart Business Essential Savings Age 29 DP	95456NY1820067
Smart Business Essential Savings Adult D&V Age 29 + DP	95456NY1820068
Easy Choice Smart Business Elite PLUS Age 29	95456NY1870013
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29	95456NY1870014
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29	95456NY1870015
Easy Choice Smart Business Excel PLUS Age 29	95456NY1870016
Easy Choice Smart Business Excel PLUS Savings Age 29	95456NY1870017
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29	95456NY1870018
Easy Choice Smart Business Extra PLUS Age 29	95456NY1870019
Easy Choice Smart Business Extra PLUS Savings Age 29	95456NY1870020
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29	95456NY1870021
Easy Choice Smart Business Essential PLUS Age 29	95456NY1870022
Easy Choice Smart Business Essential PLUS Savings Age 29	95456NY1870023
Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29	95456NY1870024
Smart Business Elite NC DP	95456NY1820069
Smart Business Elite Savings NC DP	95456NY1820070
Smart Business Elite Savings Adult D&V NC DP	95456NY1820071
Smart Business Elite PLUS NC DP	95456NY1840013
Smart Business Excel NC DP	95456NY1820072
Smart Business Excel Savings NC DP	95456NY1820073
Smart Business Excel Savings Adult D&V NC DP	95456NY1820074
Smart Business Extra NC DP	95456NY1820075
Smart Business Extra Savings NC DP	95456NY1820076
Smart Business Extra Savings Adult D&V NC DP	95456NY1820077
Smart Business Extra PLUS NC DP	95456NY1840014
Smart Business Essential NC DP	95456NY1820078
Smart Business Essential Savings NC DP	95456NY1820079
Smart Business Essential Savings Adult D&V NC DP	95456NY1820080
Easy Choice Smart Business Elite PLUS NC	95456NY1870025
Easy Choice Smart Business Elite PLUS Savings NC	95456NY1870026
Easy Choice Smart Business Elite PLUS Savings Adult D&V NC	95456NY1870027
Easy Choice Smart Business Excel PLUS NC	95456NY1870028
Easy Choice Smart Business Excel PLUS Savings NC	95456NY1870029
Easy Choice Smart Business Excel PLUS Savings Adult D&V NC	95456NY1870030
Easy Choice Smart Business Extra PLUS NC	95456NY1870031
Easy Choice Smart Business Extra PLUS Savings NC	95456NY1870032
Easy Choice Smart Business Extra PLUS Savings Adult D&V NC	95456NY1870033
Easy Choice Smart Business Essential PLUS NC	95456NY1870034
Easy Choice Smart Business Essential PLUS Savings NC	95456NY1870035
Easy Choice Smart Business Essential PLUS Savings Adult D&V NC	95456NY1870036
Easy Choice Smart Business Elite PLUS DP	95456NY1870037
Easy Choice Smart Business Elite PLUS Savings DP	95456NY1870038

Easy Choice Smart Business Elite PLUS Savings Adult D&V DP	95456NY1870039
Easy Choice Smart Business Extra PLUS DP	95456NY1870040
Easy Choice Smart Business Extra PLUS Savings DP	95456NY1870041
Easy Choice Smart Business Extra PLUS Savings Adult D&V DP	95456NY1870042
Easy Choice Smart Business Extra PLUS DP	95456NY1870043
Easy Choice Smart Business Extra PLUS Savings DP	95456NY1870044
Easy Choice Smart Business Extra PLUS Savings Adult D&V DP	95456NY1870045
Easy Choice Smart Business Essential PLUS DP	95456NY1870046
Easy Choice Smart Business Essential PLUS Savings DP	95456NY1870047
Easy Choice Smart Business Essential PLUS Savings Adult D&V DP	95456NY1870048
Smart Business Elite Age 29 NC DP	95456NY1820081
Smart Business Elite Savings Age 29 NC DP	95456NY1820082
Smart Business Elite Savings Adult D&V Age 29 NC DP	95456NY1820083
Smart Business Elite PLUS Age 29 NC DP	95456NY1840015
Smart Business Excel Age 29 NC DP	95456NY1820084
Smart Business Excel Savings Age 29 NC DP	95456NY1820085
Smart Business Excel Savings Adult D&V Age 29 NC DP	95456NY1820086
Smart Business Extra Age 29 NC DP	95456NY1820087
Smart Business Extra Savings Age 29 NC DP	95456NY1820088
Smart Business Extra Savings Adult D&V Age 29 NC DP	95456NY1820089
Smart Business PLUS Age 29 NC DP	95456NY1840016
Smart Business Essential Age 29 NC DP	95456NY1820090
Smart Business Essential Savings Age 29 NC DP	95456NY1820091
Smart Business Essential Savings Adult D&V Age 29 NC DP	95456NY1820092
Easy Choice Smart Business Essential PLUS Age 29 NC	95456NY1870049
Easy Choice Smart Business Essential PLUS Savings Age 29 NC	95456NY1870050
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 NC	95456NY1870051
Easy Choice Smart Business Excel PLUS Age 29 NC	95456NY1870052
Easy Choice Smart Business Excel PLUS Savings Age 29 NC	95456NY1870053
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 NC	95456NY1870054
Easy Choice Smart Business Extra PLUS Age 29 NC	95456NY1870055
Easy Choice Smart Business Extra PLUS Savings Age 29 NC	95456NY1870056
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 NC	95456NY1870057
Easy Choice Smart Business Essential PLUS Age 29 NC	95456NY1870058
Easy Choice Smart Business Essential PLUS Savings Age 29 NC	95456NY1870059
Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 NC	95456NY1870060
Easy Choice Smart Business Elite PLUS Age 29 DP	95456NY1870061
Easy Choice Smart Business Elite PLUS Savings Age 29 DP	95456NY1870062
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 DP	95456NY1870063
Easy Choice Smart Business Excel PLUS Age 29 DP	95456NY1870064
Easy Choice Smart Business Excel PLUS Savings Age 29 DP	95456NY1870065
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 DP	95456NY1870066
Easy Choice Smart Business Extra PLUS Age 29 DP	95456NY1870067
Easy Choice Smart Business Extra PLUS Savings Age 29 DP	95456NY1870068
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 DP	95456NY1870069
Easy Choice Smart Business Essential PLUS Age 29 DP	95456NY1870070
Easy Choice Smart Business Essential PLUS Savings Age 29 DP	95456NY1870071

Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 DP	95456NY1870072
Easy Choice Smart Business Elite PLUS NC DP	95456NY1870073
Easy Choice Smart Business Elite PLUS Savings NC DP	95456NY1870074
Easy Choice Smart Business Elite PLUS Savings Adult D&V NC DP	95456NY1870075
Easy Choice Smart Business Excel PLUS NC DP	95456NY1870076
Easy Choice Smart Business Excel PLUS Savings NC DP	95456NY1870077
Easy Choice Smart Business Excel PLUS Savings Adult D&V NC DP	95456NY1870078
Easy Choice Smart Business Extra PLUS NC DP	95456NY1870079
Easy Choice Smart Business Extra PLUS Savings NC DP	95456NY1870080
Easy Choice Smart Business Extra PLUS Savings Adult D&V NC DP	95456NY1870081
Easy Choice Smart Business Essential PLUS NC DP	95456NY1870082
Easy Choice Smart Business Essential PLUS Savings NC DP	95456NY1870083
Easy Choice Smart Business Essential PLUS Savings Adult D&V NC DP	95456NY1870084
Easy Choice Smart Business Elite PLUS Age 29 NC DP	95456NY1870085
Easy Choice Smart Business Elite PLUS Savings Age 29 NC DP	95456NY1870086
Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 NC DP	95456NY1870087
Easy Choice Smart Business Excel PLUS Age 29 NC DP	95456NY1870088
Easy Choice Smart Business Excel PLUS Savings Age 29 NC DP	95456NY1870089
Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 NC DP	95456NY1870090
Easy Choice Smart Business Extra PLUS Age 29 NC DP	95456NY1870091
Easy Choice Smart Business Extra PLUS Savings Age 29 NC DP	95456NY1870092
Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 NC DP	95456NY1870093
Easy Choice Smart Business Essential PLUS Age 29 NC DP	95456NY1870094
Easy Choice Smart Business Essential PLUS Savings Age 29 NC DP	95456NY1870095
Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 NC DP	95456NY1870096

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange

Off-Exchange Plan Filing

Atlantis Health Plan d/b/a
Easy Choice Health Plan of NY

Prepared by:
Milliman, Inc.

[redacted]
FSA, MAAA

650 California Street
Suite 1700
San Francisco, CA 94108 USA

Tel +1 415 403 1333
Fax +1 415 403 1334

milliman.com

May 14, 2013

650 California Street, 17th Floor
San Francisco, California 94108-2702
USA

Tel +1 415 403 1333
Fax +1 415 403 1334

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Off Exchange Plan Filing

General Information

Company Legal Name: Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
State: New York
HIOS Issuer ID: 95456
QHP Template SERFF #: ATLP-129009942
Market: Small Group
Effective Date: January through December 2014
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: [redacted]

Overview

This document contains the Actuarial Memorandum for Atlantis Health Plan d/b/a Easy Choice Health Plan of NY ("Company") small group comprehensive medical block of business, effective January 1, 2014. These individual rates are guaranteed through December 31, 2014. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of Company. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Company's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for Company by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

The analysis in this report is based on our current understanding of federal and state rules and regulations. To the extent that these rules and regulations continue to evolve, our work may be

subject to change. Milliman is not a law firm. Nothing in this correspondence should be construed as legal advice. In the event a legal interpretation is required, we recommend review by your legal counsel.

Reliance

In performing this analysis, I relied on data and other information provided by Company. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

Identification

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by Company to assist in the development of premium rates for the Small Group plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all new Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

Company is filing small group rates with effective dates beginning January 1, 2014 for plans to be marketed off the NYHBE. The plan designs included in this filing are new to the small group market and are compliant with the EHB in accordance with the ACA. The new plans' design costs have been derived from the base claims experience for Company's existing small group pool. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2014. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Anticipated changes in morbidity for the covered population and new entrants into the market as well as the impact of the Federal Risk Adjustment Program and Federal Transitional Reinsurance program have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group pooled incurred claims and membership for all in-force plans, including grandfathered plans, for the 12 months ending December 2012, paid through March 2013. Company's rating region aligns with NYS's defined Rating Region 4. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period. Incurred claims and allowed claims presented on Worksheet 1 come directly from Company's claim payment records. Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology.

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

Projection Factors

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Changes in Benefits

Impact of compliance with Essential Health benefits:

The impact of the additional costs associated with Essential Health benefits not in the base period experience as noted below is and applied on Exhibit 8, Line 13 consistently for all plans.

Pediatric Dental & Vision – currently a non-covered benefit
Hearing Aids – currently a non-covered benefit
Gym Reimbursement – currently a non-covered benefit

Impact of compliance with NYS Mandates included in the NYS benchmark plan:

The NYS Autism mandate became effective for renewals beginning November 2012. Since the mandate was only effective for two months during the base period, an estimate for the cost associated for this benefit has been added to the base period starting point.

Additional Riders

Unique plan designs have been created to incorporate additional benefits available through a rider:

Description of Rider	Factor
Dependent to Age 29	1.018
Domestic Partner	1.000
Contraceptive Carve Out	0.998

Population/Demographic Change

No adjustment has been incorporated due to the uncertainty of the future demographic mix.

Other Adjustments

Other Market-wide adjustments considered in the rate development include:

- **Impact of changes in the provider network, fee schedules levels, or utilization management that apply to the entire market-wide risk pool not included in the claim trend:** There are no changes planned for the composition of the provider network, fee schedules levels or utilization management in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

- **Impact of anticipated changes in the expected covered membership risk characteristics of the market-wide pool:** Adjustment to Federal Risk Adjustment Factor simulation as discussed further below.

- **Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions:** Company's historical experience that formed the basis of the claim costs is solely in Region 4 (NYC Area). For 2014, Company will only offer products in Region 4. Therefore, no adjustments were made for rating region.

Development of Conversion Factor

The conversion factor has been calculated based on the standard demographics from the Milliman *Health Cost Guidelines*™. Effective January 1, 2014, Company will only offer a 4-tier structure in the small group market both on and off the Exchange. Required rate ratios as determined by the NYS Department of Financial Services were used in this calculation.

	Contract Mix	Average Contract Size	Desired Loading Factors	Conversion Factor
Four Tier Premiums				
Single	53.3%	1.00	1.00	
Double	12.8%	2.00	2.00	
Emp/Child(ren)	9.2%	2.65	1.70	
Family	24.8%	4.03	2.85	
Total 4T	100.0%	2.03	1.65	**1.230**

Cost and Utilization Trend Factors

The average annual trend factor applied is 6.50%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 13.42%.

We had limited historical experience to analyze for trend. Therefore, the basis for development of trend is Milliman's *Health Cost Guidelines*™, actual and projected contract provider reimbursement rates, and actuarial judgment. Given the limited data, an aggregate trend was chosen rather than at the service category. In addition, the following assumptions were applied:

Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated for small group.

Deductible Leveraging: No explicit additional adjustments have been applied.

Credibility Manual Rate Development

None

Credibility of Experience

Experience period is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Paid to Allowed Ratio

The Paid to Allowed Ratio was determined using the HHS AV Calculator for each standard and non-standard plan proposed and weighted by the projected membership.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

We relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting.

This factor was applied consistently across plans in each metal tier.

Reinsurance Premium

We derived a factor based on a per capita contribution rate of $5.25 per month divided by the overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The administrative expense load is based on actual 2012 administrative expense in the current small group market.

Profit (Contribution to Surplus) & Risk Margin

A 2.00% contribution to surplus is included. There is no additional load for Risk Margin included.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees.
PCORI Fee: $2 PMPY
Risk Adjustment User Fee: $0.96 PMPY

NYS Regulatory Authority license and fees: Based on a percent of premium using prior year actuals.

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	**% of Premium Projected**	**% of Premium based on 2012 Actuals**
General Administrative Expense	14.68%	17.68%
Broker Commissions	5.50%	5.50%
Quality Improvement	0.50%	0.50%
NYS Regulatory Authority license and fees	1.00%	1.00%
Subtotal – Excluding ACA Taxes and Fees	**21.68%**	**24.68%**
ACA Insurers tax	2.00%	n/a
ACA Fees	0.05%	n/a
Total Administrative Expense Including ACA	**23.73%**	**24.68%**
Profit and contribution to Surplus	2.00%	1.15%
Total Retention including Profit	**25.73%**	**25.83%**

Projected Loss Ratio

The pricing loss ratio and projected loss ratio based on the New York State prescribed MLR methodology are calculated as:

	Pricing NY MLR	Projected NY MLR
A. Projected Premium	$39,250,143	$39,250,143
B. Projected Incurred Claims	$29,151,081	$29,151,081
C. Allowable Taxes and Fees	$804,628	$804,628
D. ACA Reinsurance	$514,978	$514,978
E. ACA Risk Adjustment	$1,341,885	$1,750,000
F. Adjusted Claims (B + C + D + E)	$31,812,572	$32,220,687
G. Loss Ratio (F / A)	81.1%	82.1%

The projected risk adjustment payment is higher than the pricing risk adjustment payment. The pricing risk adjustment payment was reduced from the projected risk adjustment payment in order to achieve more competitive rates. Additionally, there was concern that the Company's small group data submitted for the NYS Department of Finance Service Risk Adjustment Simulation Project had inconsistencies as identified in their individual data.

Index Rate

The starting point claims cost PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in force plans included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS Actuarial Value Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force plan Index Rate Development		
Average Incurred Claims PMPM	$338.99	**A**
Average AV Pricing Value	.866	**B**
Index Rate **(Exhibit 8, line 12)**	$382.61	**A / B**

General Overview of Proposed Rate Development

The general methodology used to develop the rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended pmpm to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

Gross trended starting pmpm (net in-force pmpm / in-force AV)
Plan specific AV
Metal Tier induced demand
Impact of EHB not included in base data
Applicable factors as outlined above for additional riders
Risk Adjustment
Impact of Reinsurance
Administrative cost
Contribution to surplus

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
See Exhibit 8.

Quarterly rates are based on 6.5% annual trend rate.

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman *Health Cost Guidelines™* were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The assumptions for induced demand per guidance provided by NYS Department of Financial Services, component was set consistently for each plan within metal tier. Furthermore, the variation in adopted induced demand adjustment factors between any two metal plans does not exceed the HHS induced demand adjustment factors set forth in the Notice of Benefit and Payment Parameters for 2014.

Induced Demand assumed by Metal Tier:

	Induced Demand
Platinum	1.000
Gold	0.954
Silver	0.910
Bronze	0.884

Membership Projections

The existing book of business was mapped to a metal tier using the following ranges Actuarial Values as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The plans containing membership, for each metal tier, were then mapped to the standard plan design within the metal tier. As a final step the membership was redistributed under the assumption that 50%, 25%, and 25% of the Platinum, Gold and Silver tiers, respectively, would move into the Bronze metal tier. Based on this redistribution of the projected membership, Worksheet 2 does not balance to the projected costs on Worksheet 1 of the Unified Rate Review Template.

Terminated Products

The following products are being terminated.

AHP-HMO-GRP-Low
AHP-HMO-GRP-Low $15
AHP-HMO-GRP-10
AHP-HMO-GRP-10E
AHP-HMO-GRP-15
AHP-HMO-GRP-15E
AHP-HMO-GRP-20
AHP-HMO-GRP-20E
AHP-HMO-GRP-25E
AHP-HMO-GRP Low Option
AHP-POS-GRP-A10
AHP-POS-GRP-A10E
AHP-POS-GRP-A15
AHP-POS-GRP-A15E
AHP-POS-GRP-A20
AHP-POS-GRP-A20E
AHP-POS-GRP-A25E
AHP-POS-GRP-B10
AHP-POS-GRP-B10E
AHP-POS-GRP-B15
AHP-POS-GRP-B15E
AHP-POS-GRP-B20
AHP-POS-GRP-B20E
AHP-POS-GRP-B25E
AHP-POS-GRP-C10
AHP-POS-GRP-C10E
AHP-POS-GRP-C15
AHP-POS-GRP-C15E
AHP-POS-GRP-C20
AHP-POS-GRP-C20E
AHP-POS-GRP-D10
AHP-POS-GRP-D10E
AHP-POS-GRP-D15
AHP-POS-GRP-D15E
AHP-POS-GRP-D20
AHP-POS-GRP-D20E
AHP-POS-GRP-E10
AHP-POS-GRP-E10E
AHP-POS-GRP-E15
AHP-POS-GRP-E15E
AHP-POS-GRP-E20
AHP-POS-GRP-E20E
AHP-POS-GRP-F20
AHP-POS-GRP-F15
AHP-POS-GRP-F25
AHP-HMO-1
AHP-POS-1

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit A.

Actuarial Certification
Small Group – Off Exchange Plans

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance, and I am qualified to provide the following certification. I have been retained by Atlantis Health Plan d/b/a Easy Choice Health Plan of NY to assist in the development of premium rates for their Small Group plans not offered through the New York Health Benefits Exchange ("NYHBE").

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify that to the best of my knowledge and belief:

The filing is in compliance with the applicable laws and regulations of the State of New York and Federal Statutes and Regulations (45CFR 156.80(d)).

The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:

ASOP No. 5, Incurred Health and Disability Claims
ASOP No. 8, Regulatory Filings for Health Plan Entities
ASOP No. 12, Risk Classification
ASOP No. 23, Data Quality
ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
ASOP No. 41, Actuarial Communications

The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.

The benefits are reasonable in relation to the premiums charged.

The rates are not unfairly discriminatory.

The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))

The AV Calculator was used to determine the AV Metal Values.

The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop propose premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

[redacted]
[redacted] FSA, MAAA
Principal & Consulting Actuary
Milliman, San Francisco Health Practice
[redacted]

5/14/2013
Date

Easy Choice
HEALTH PLAN OF NEW YORK
45 Broadway, Suite 300, New York, NY 10006

Health Insurance Plan
Toll Free 866.747.8422
Fax 212.747.0843

Medicare Plan
Toll Free 888.300.9320
Fax 646.929.9270

www.easychoiceny.com

April 29, 2013

[redacted]FSA, MAAA
Principal and Consulting Actuary
Milliman Inc.
650 California Street, Suite 1700
San Francisco, CA 94108

RE: Data Reliance Statement for 2014 Rate Filing

Dear [redacted]

I, [redacted]of Easy Choice Health Plan of New York, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to [redacted] Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2014 Rate filings, were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete, and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2014.

Sincerely,

[redacted]

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code
Atl;atnis Health Plan, Inc d/b/a Easy Choice Health Plan of New York	HMO - 44	For Profit	52624

Company mailing address: 45 Broadway, suite 300, New York, New York 10006

B. Contact Person:

Rate filing contact person name, title	Contact phone number	Contact Email address
[redacted] CFO/COO	[redacted]	[redacted]

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address
[redacted] FSA, MAAA , Milliman	[redacted]	[redacted]

D. New Rate Information (See Note #1):

New rate applicability period	New rate effective date	SERFF Tracking Number
Janaury 1, 2014	Janaury 1, 2014	

E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): Large Group, Small Group, Sole Proprietors, Individual, Healthy NY

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	No
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	No
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	No
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	No

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date.
It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date.
It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
* For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Atlantis Health Plan, INC dba Easy Choice Health Plan of NY
NAIC Code: 52624
SERFF Number:
Market Segment: SG

A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only.
- Include riders that may be available with that policy form in each policy form response.
- Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
- Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.

B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.

C. In Column 4, market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healhty NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.

D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.

E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.

F. Note that many cells include a drop down list. Use the drop down list for entries.

G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).

H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
HMO	HMO	HMO	HMO	01/01/2014	SG	HMO	Yes	Open	5,200	7,500	XX	01/01/12	12/31/12	106,709	45,417,014	45,417,014	35,735,693	35,735,693	0	(600,000)	10,983,128	XX
HMO	HMO	HMO	HMO	01/01/2014	SP	HMO	Yes	Open	400	600	XX	01/01/12	12/31/12	8,537	3,633,361	3,633,361	2,858,855	2,858,855	0	(48,000)	878,650	XX
HMO	HMO	HMO	HMO	01/01/2014	LG	HMO	Yes	Open	720	1,000	XX	01/01/12	12/31/12	14,228	6,055,602	6,055,602	4,764,759	4,764,759	0	(80,000)	1,464,417	XX
HNY	HNY	HNY	HNY	01/01/2014	HNY-IND	HMO	Yes	Open	2,000	2,000	XX	01/01/12	12/31/12	28,456	12,111,204	12,111,204	9,529,518	9,529,518	(1,000,000)	(160,000)	2,928,834	XX
HNY	HNY	HNY	HNY	01/01/2014	HNY-SG	HMO	Yes	Open	325	500	XX	01/01/12	12/31/12	7,114	3,027,801	3,027,801	2,382,380	2,382,380	(900,000)	(40,000)	732,209	XX
POS	POS	POS	POS	01/01/2014	SG	HMO based	Yes	Open	160	300	XX	01/01/12	12/31/12	4,268	1,816,681	1,816,681	1,429,428	1,429,428	0	(24,000)	439,325	XX
POS	POS	POS	POS	01/01/2014	SP	HMO based	Yes	Open	170	300	XX	01/01/12	12/31/12	4,268	1,816,681	1,816,681	1,429,428	1,429,428	0	(24,000)	439,325	XX
POS	POS	POS	POS	01/01/2014	IND	HMO based	Yes	Open	180	300	XX	01/01/12	12/31/12	4,268	1,816,681	1,816,681	1,429,428	1,429,428	0	(24,000)	439,325	XX
											XX											XX
										12,500	XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
HMO	HMO	HMO	01/01/11	12/31/11	149,988	57,958,032	57,958,032	48,324,178	960,000	0	960,000	12,346,882	XX
HMO	HMO	HMO	01/01/11	12/31/11	11,999	4,636,643	4,636,643	3,865,934	76,800	0	76,800	987,751	XX
HMO	HMO	HMO	01/01/11	12/31/11	19,998	7,727,738	7,727,738	6,443,224	128,000	0	128,000	1,646,251	XX
HNY	HNY	HNY	01/01/11	12/31/11	39,997	15,455,475	15,455,475	12,886,447	256,000	(1,750,000)	256,000	3,292,502	XX
HNY	HNY	HNY	01/01/11	12/31/11	9,999	3,863,869	3,863,869	3,221,612	64,000	(450,000)	64,000	823,125	XX
POS	POS	POS	01/01/11	12/31/11	6,000	2,318,321	2,318,321	1,932,967	38,400	0	38,400	493,875	XX
POS	POS	POS	01/01/11	12/31/11	6,000	2,318,321	2,318,321	1,932,967	38,400	0	38,400	493,875	XX
POS	POS	POS	01/01/11	12/31/11	6,000	2,318,321	2,318,321	1,932,967	38,400	0	38,400	493,875	XX
													XX
													XX
													XX
													XX
													XX
													XX
													XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

			Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
HMO	HMO	HMO	01/01/10	12/31/10	206,042	67,682,553	67,682,553	52,051,907	52,051,907	0	995,400	16,106,101	XX
HMO	HMO	HMO	01/01/10	12/31/10	16,483	5,414,604	5,414,604	4,164,153	4,164,153	0	79,632	1,288,488	XX
HMO	HMO	HMO	01/01/10	12/31/10	27,472	9,024,340	9,024,340	6,940,254	6,940,254	0	132,720	2,147,480	XX
HNY	HNY	HNY	01/01/10	12/31/10	54,944	18,048,681	18,048,681	13,880,508	13,880,508	(2,250,000)	265,440	4,294,960	XX
HNY	HNY	HNY	01/01/10	12/31/10	13,736	4,512,170	4,512,170	3,470,127	3,470,127	(750,000)	66,360	1,073,740	XX
POS	POS	POS	01/01/10	12/31/10	8,242	2,707,302	2,707,302	2,082,076	2,082,076	0	39,816	644,244	XX
POS	POS	POS	01/01/10	12/31/10	8,242	2,707,302	2,707,302	2,082,076	2,082,076	0	39,816	644,244	XX
POS	POS	POS	01/01/10	12/31/10	8,242	2,707,302	2,707,302	2,082,076	2,082,076	0	39,816	644,244	XX
													XX
													XX
													XX
													XX
													XX
													XX
													XX

Exhibit - Aetna Rxby Rite Aidegy Issuer Adjustment Worksheet

Company Name: Atlantis Health Plan dBa Easy Choice Health Plan of NY
State: NY
Market Segment: Individual
Market Regulator: Commissioner

Part 1 Premium

Separate column for each plan (including off-and-on-exchange)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---

Level 2 Contract

1	Product*	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business
2	Plan Level	Bronze	Gold Low	Bronze Low	Standard Gold	Bronze Low	Bronze	Standard Gold	Bronze Low	Standard Gold	Bronze Low	Bronze Low	Standard Gold	Bronze Low	Bronze Low	Standard Gold	Bronze Low	Bronze	Standard Gold	Bronze Low	Standard Gold	Bronze Low	Bronze Low	Standard Gold	Bronze Low	Bronze Low	Standard Gold	Bronze Low	Bronze Low	Standard Gold	Bronze Low	Bronze Low	Standard Gold	Bronze Low	Bronze Low
3	Which Level are we looking at?	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	Is this a Dental Only Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
5	Actuarial Value Level (all plan variations have the same AV)	0.602	0.694	0.615	0.685	0.602	0.602	0.685	0.602	0.685	0.602	0.602	0.685	0.602	0.615	0.685	0.602	0.602	0.685	0.602	0.685	0.602	0.602	0.685	0.602	0.615	0.685	0.602	0.602	0.685	0.602	0.615	0.685	0.602	0.602
6	Plan Name*	Smart Business Bronze Savings AE	Smart Business Extra Savings AE/ch EBB + NC	Smart Business Extra PCG No Contraception	Smart Business Essential AE	Smart Business Essential Savings AE	Smart Business Essential Savings AE/ch EBB + NC	Smart Business Elite SP	Smart Business Elite Savings SP	Smart Business Elite PCG SP	Smart Business Bronze SP	Smart Business Bronze Savings SP	Smart Business Bronze Savings AE/ch EBB + SP	Smart Business Extra SP	Smart Business Extra Savings SP	Smart Business Extra Savings AE/ch EBB + SP	Smart Business Extra PCG SP	Smart Business Essential SP	Smart Business Essential Savings SP	Smart Business Essential Savings AE/ch EBB + SP	Smart Business Elite PCG	Smart Business Elite Savings	Smart Business Extra PCG	Smart Business Extra Savings	Smart Business Essential PCG	Smart Business Essential Savings	Smart Business Bronze PCG	Smart Business Bronze Savings	Smart Business Bronze Savings AE/ch EBB + SP	Smart Business Essential PCG	Smart Business Essential Savings	Smart Business Essential Savings AE/ch EBB + SP	Smart Business Bronze PCG	Smart Business Bronze Savings	Smart Business Bronze Savings AE/ch EBB + SP
7	Plan Level*	Bronze Low	Bronze Low/ch	Bronze Low	Bronze Low	Bronze Low/ch	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low/ch	Bronze Low	Bronze Low	Bronze Low/ch	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low/ch	Bronze Low	Bronze Low/ch	Bronze Low/ch
8	Plan Name*	Silver 2 (Options Level 2): No Contraception	Silver 2 (Options Level 2) + Adult EBB: No Contraception	Silver PCG: No Contraception	Standard Bronze: No Contraception	Bronze 1: No Contraception	Bronze 1 + Adult EBB: No Contraception	Standard Platinum: SP	Platinum 2: SP	Platinum Zoladex EBB: SP	Platinum PCG: SP	Standard Gold: SP	Gold 2 (Options Level 2): SP	Standard Silver: SP	Silver 2 (Options 1 and 3): SP	Silver 2 (Options Level 2) + Adult EBB: SP	Silver PCG: SP	Standard Bronze: SP	Bronze 1: SP	Bronze 1 + Adult EBB: SP	Standard Platinum	Platinum 2	Platinum 2+Adult EBB	Standard Gold	Gold 2 (Options 1 and 3)	Gold 2 (Options Level 2) + Adult EBB	Standard Silver	Silver 2 (Options 1 and 3)	Silver 2 (Options Level 2) + Adult EBB	Standard Bronze	Bronze 1	Bronze 1 + Adult EBB
9	Exchange Plans*	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP Exchange ONLY	SP

* This level should be the same as what is the enrolled Base Income Tabulation, Worksheet 1

Employee Portal Data Entry

Row	Imported Excess Cost Neg Will B Neg (very poorly) Percentage
10	Medical Loss Ratio Percentage
11	Average Profit Imported Excess Cost/Profit/Loss Dollar Value Rate
12	Average Medical Imported Excess Cost/Medical Loss Dollar Value Rate
13	**AV Adjusted Expansion Percentage Rate (13/6/12)**

13		0.602	0.694	0.615	0.685	0.602	0.602	0.685	0.602	0.685	0.602	0.602	0.685	0.602	0.615	0.685	0.602	0.602	0.685	0.602	0.685	0.602	0.602	0.685	0.602	0.615	0.685	0.602	0.602	0.685	0.602	0.615	0.685	0.602	0.602

Market Wide Adjustments to the AV
Additional Expansion Percentage Rate

14	Actuarial Value Adjustment for Cost Sharing (Cost of Care Adjustment) (Cell 5 Minus Cell 13 Value)
15	Market wide adjustment for Administrative Costs **
16	Market wide adjustment for Non-Medical Expenses **
17	Market wide adjustment for Profit **
18	Market wide adjustment for Uncertainty **
19	Market Wide Rate Indicator (if positive Fund Percentage and Profit Rate)
20	Adjustment for Adoption of ACA Cost Contributors #
21	Adjustment for Adoption of Other Benefits #
22	Adjustment for Adoption of Other Taxes #
23	Adjustment for Adoption of Other Fees #
24	Other (Optional)
25	Other (Optional)
26	Other (Optional)
27	**Impact of Market Wide Adjustments (product 14 through 26)**

27		1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

** UR Exchange ONLY included in Charm Tiered adjustment

Provisional Adjustments

28	Provisional Adjustment (actuarial value of Provisional Benefit) #	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
29	Strong actuarial value (actuarial value of Provisional Benefit) #	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
30	Creation of actuarial relevant characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Benefits in addition to the EHB (Special Rule 1.6)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Benefits in addition to the EHB (Special Rule 1.8)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Administrative Costs (Special Rule 1.10 Small Group)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative Costs (Special Rule 1.10 Large Group)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Impact of actuarial relevant characteristics above cost	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Cost of Adjustments for Small Group Market (Cell 34 Minus Cell 33)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
37	Other (Optional)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
38	Other (Optional)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
39	**Impact of Provisional Adjustments (product 28 through 38)**	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Changes that affect an entire standard population as a result of a sharing change, UR Exchange ONLY based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

40	**TOTAL PROJECTED INDEX RATE = (13-27+27-39)**	590.40	597.45	604.49	614.38	564.59	550.99	726.56	550.44	574.94	754.49	682.40	693.57	668.53	612.63	693.24	586.63	485.25	526.95	524.50	554.60	736.45	737.62	756.59	699.45	634.09	624.35	513.38	488.96	490.69	464.65	447.96	493.17	582.79	

1	Product*																																		
2	Product SP*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum

Year 2 Renewal

1	Product**	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business
2	Product ID*	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1	WA0840EAS1
3	Metal Level (or underwriting)**	Platinum	Platinum	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum
4	AV (Meet Metal Level Calculation)**	0.855	0.855	0.855	0.815	0.815	0.815	0.715	0.699	0.657	0.655	0.615	0.615	0.615	0.857	0.855	0.856	0.856	0.816	0.816	0.816	0.716	0.700	0.700	0.700	0.615	0.615	0.615	1.000	1.000	1.000
5	2019 Ending Market Share (Enter Decimal Value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
6	Plan Type*	HMO	HMO	POS	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Smart Business Elite Savings Age 29 No	Smart Business Elite Savings Adult Child + Age 29 No	Smart Business Elite PLUS Age 29 No	Smart Business Excel Age 29 No	Smart Business Excel Savings Age 29 No	Smart Business Excel Savings Adult Child + Age 29 No	Smart Business Extra Savings Age 29 No	Smart Business Extra Savings Adult Child + Age 29 No	Smart Business Extra Savings Adult Child + Age 29 + No	Smart Business Extra PLUS Age 29 No	Smart Business Essential Age 29 No	Smart Business Essential Savings Age 29 No	Smart Business Essential Savings Adult Child + Age 29 + No	Smart Business Elite Age 29 DP	Smart Business Elite Savings Age 29 DP	Smart Business Elite Savings Adult Child Age 29 DP	Smart Business Elite PLUS Age 29 DP	Smart Business Excel Age 29 DP	Smart Business Excel Savings Age 29 DP	Smart Business Excel Savings Adult Child + Age 29 DP	Smart Business Extra Savings Age 29 DP	Smart Business Extra Savings Adult Child + Age 29 DP	Smart Business Extra PLUS Age 29 DP	Smart Business Essential Age 29 DP	Smart Business Essential Savings Age 29 DP	Smart Business Essential Savings Adult Child + Age 29 DP	Fancy Choice Smart Business Elite Plus Savings Adult Child Age 29	Fancy Choice Smart Business Elite Plus Savings Adult Child + Age 29
8	Plan ID*	WA0840EAS1001	WA0840EAS1002	WA0840EAS1003	WA0840EAS1004	WA0840EAS1005	WA0840EAS1006	WA0840EAS1007	WA0840EAS1008	WA0840EAS1009	WA0840EAS1010	WA0840EAS1011	WA0840EAS1012	WA0840EAS1013	WA0840EAS1014	WA0840EAS1015	WA0840EAS1016	WA0840EAS1017	WA0840EAS1018	WA0840EAS1019	WA0840EAS1020	WA0840EAS1021	WA0840EAS1022	WA0840EAS1023	WA0840EAS1024	WA0840EAS1025	WA0840EAS1026	WA0840EAS1027	WA0840EAS1028	WA0840EAS1029
9	Plan Name*	Platinum 2 Age 29 No Contraception	Platinum 2+Adult Child + Age 29 No Contraception	Platinum POS Age 29 No Contraception	Standard Gold Age 29 No Contraception	Gold 2 Options 1 and 21 Age 29 No Contraception	Gold 2 Options 1 and 21 +Adult Child + Age 29 No Contraception	Silver 2 Options 1 and 21 Age 29 No Contraception	Silver 2 Options 1 and 21 +Adult Child + Age 29 No Contraception	Silver 2 Options 1 and 21 +Adult Child + Age 29 + No Contraception	Silver POS Age 29 No Contraception	Bronze 1 Age 29 No Contraception	Bronze 1 +Adult Child + Age 29 No Contraception	Bronze 1 +Adult Child + Age 29 + No Contraception	Standard Platinum Age 29 No Contraception	Platinum 2 Age 29 DP	Platinum 2+Adult Child + Age 29 + DP	Platinum POS Age 29 DP	Standard Gold + Age 29 DP	Gold 2 Options 1 and 21 Age 29 DP	Gold 2 Options 1 and 21 +Adult Child + Age 29 DP	Standard Silver Age 29 DP	Silver 2 Options 1 and 21 Age 29 DP	Silver 2 Options 1 and 21 +Adult Child + Age 29 DP	Silver POS Age 29 DP	Standard Bronze Age 29 DP	Bronze 1 Age 29 DP	Bronze 1 +Adult Child + Age 29 + DP	Standard Platinum Age 29	Platinum 2 Age 29	Platinum 2+Adult Child + Age 29
10	Exchange Plan?!	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP	DEP Exchange Only	DEP Exchange Only	DEP Exchange Only

! This Field should be the same as used in the Unified Rate Review Template, Worksheet 1

Year Over Trend Info Rate

101	Monthly Claims Over-Reg 1446 & Grievance paid for current Renewal Year
102	Member Months for Same Experience Period
103	Average PMPM Incurred Claims (101/102/12) Enter Under Rate
104	
105	Average Trend Adjustment (Enter reflected in assumed period
107	**PY Adjusted Proportional Trended Rate (103/107)**

107		584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01	584.01

Market Wide Adjustments to the AV
Adjusted Expansion Period Index Rate

111	Impact of updating Reference period data in PMI trend model
112	Mandate adjustment for classes in provider category **
113	Mandate adjustment for other provider classes **
114	Mandate adjustment for actuarially equivalent classes **
115	Impact on cost of changes in assumed enrollee mix
116	**Pre-ACA, Rate Individual risk pooling Small Group risk and Fully, Self-Insured for classes in distribution of risk and membership**
117	Impact of Reinsurance Assessment
118	Federal Transitional Reinsurance Program Recovery
119	Impact of adjustments due to expansion period distribution
120	Impact of Medicaid for Dual Eligibles enrollment of additional people in Medicaid
121	Other (Explain)
122	Other (Explain)
123	Other (Explain)
124	**Impact of Market Wide Adjustments (product 115 through 124)**

124		1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259	1.259

** Off Exchange ONLY included in Course Trend Adjustment

Per Level Adjustments

125	Pricing actuarial value (enter the actuarial demand factor) #	0.481	0.481	0.469	0.515	0.457	0.457	0.757	0.757	0.757	0.757	0.457	0.457	0.457	0.544	0.545	0.543	0.542	0.657	0.657	0.657	0.757	0.757	0.757	0.757	0.657	0.657	0.657	0.212	1.207	1.186
126	Pricing actuarial value (enter the actuarial demand factor) #	1.000	1.000	1.000	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	1.000	1.000	1.000	1.000	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	1.000	1.000	1.000
127	Impact of actuarial network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
128	Impact of actuarial underwriting ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
129	Impact of actuarial underwriting ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
130	Adjustment for Cost Sharing Reductions (CSR)	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092	1.092
131	Administrative costs (excluding Exchange user fees and profits)	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152
132	Profit/contribution to surplus margins	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019
133	Impact of Federal Exchange User Fee (Off Exchange only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
134	Impact of State Exchange User Fee (Off Exchange only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
135	Impact of Maintenance of Benefits enrollment on QHP	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
136	Other (Explain)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
137	Other (Explain)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
138	**Impact of Per Level Adjustments (product 125 through 138)**	0.707	0.707	0.692	0.679	0.603	0.603	0.903	0.903	0.903	0.903	0.703	0.703	0.703	0.800	0.801	0.799	0.797	0.903	0.903	0.903	1.003	1.003	1.003	1.003	0.903	0.903	0.903	0.313	1.776	1.746

Changes that affect an entire standard population as cost sharing
changes, Off Exchange ONLY based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

139	**TOTAL PROJECTED INDEX RATE = (107 x 124 x 138)**	363.52	381.27	369.94	401.10	270.97	274.30	419.22	399.33	400.41	411.71	332.13	354.12	348.80	562.92	564.41	561.29	556.67	491.99	471.92	479.96	624.84	603.33	600.42	612.58	553.61	551.29	546.69	751.72	753.18	773.65

1	Product*																														
2	Product ID*	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840	WA0840

Line 1 Dental

1	Product*	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business
2	Product ID*	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-182	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187	HLA16447-187
3	Metal Level (or catastrophic)*	**Gold**	**Gold**	**Gold**	**Silver**	**Silver**	**Silver**	**Bronze**	**Bronze**	**Bronze**	**Platinum**	**Platinum**	**Platinum**	**Platinum**	**Platinum**	**Gold**	**Gold**	**Gold**	**Silver**	**Silver**	**Silver**	**Silver**	**Bronze**	**Bronze**	**Bronze**	**Platinum**	**Platinum**	**Platinum**	**Gold**	**Gold**
4	Pricing actuarial value (AV)*	**0.926**	**0.926**	**0.926**	**0.805**	**0.785**	**0.781**	**0.706**	**0.712**	**0.712**	**0.929**	**0.929**	**0.929**	**0.929**	**0.929**	**0.808**	**0.808**	**0.808**	**0.706**	**0.706**	**0.706**	**0.687**	**0.479**	**0.479**	**0.479**	**1.012**	**1.012**	**1.012**	**0.808**	**0.808**
5	AV Pricing Value (actual risk pool experience based)*	**0.926**	**0.926**	**0.926**	**0.785**	**0.768**	**0.763**	**0.690**	**0.692**	**0.692**	**0.929**	**0.929**	**0.929**	**0.929**	**0.929**	**0.808**	**0.808**	**0.808**	**0.690**	**0.690**	**0.690**	**0.654**	**0.450**	**0.450**	**0.450**	**0.937**	**0.937**	**0.937**	**0.808**	**0.808**
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	HMO	HMO	HMO	HMO	POS	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS	POS	POS	POS	POS
7	Plan Name*	Easy Choice Smart Business Excel PLUS Age 29	Easy Choice Smart Business Excel PLUS Savings Age 29	Easy Choice Smart Business Excel PLUS Savings Adult DB/C Age 29	Easy Choice Smart Business Extra PLUS Age 29	Easy Choice Smart Business Extra PLUS Savings Age 29	Easy Choice Smart Business Extra PLUS Savings Adult DB/C Age 29	Easy Choice Smart Business Essential PLUS Age 29	Easy Choice Smart Business Essential PLUS Savings Adult DB/C Age 29	Easy Choice Smart Business Essential PLUS Savings Age 29	Smart Business Elite NC DP	Smart Business Elite Savings NC DP	Smart Business Elite Savings Adult DB/C NC DP	Smart Business Elite PLUS NC DP	Smart Business Excel NC DP	Smart Business Excel Savings NC DP	Smart Business Excel Savings Adult DB/C NC DP	Smart Business Extra NC DP	Smart Business Extra Savings NC DP	Smart Business Extra Savings Adult DB/C NC DP	Smart Business Extra Savings Adult DB/C NC DP	Smart Business Extra PLUS NC DP	Smart Business Essential NC DP	Smart Business Essential Savings NC DP	Smart Business Essential Savings Adult DB/C NC DP	Easy Choice Smart Business Elite PLUS NC	Easy Choice Smart Business Elite PLUS Savings NC	Easy Choice Smart Business Elite PLUS Savings Adult DB/C NC	Easy Choice Smart Business Excel PLUS NC	Easy Choice Smart Business Excel PLUS Savings NC
8	Plan ID*	HLA16447-187-01	HLA16447-187-02	HLA16447-187-03	HLA16447-187-04	HLA16447-187-05	HLA16447-187-06	HLA16447-187-07	HLA16447-187-08	HLA16447-187-09	HLA16447-182-01	HLA16447-182-02	HLA16447-182-03	HLA16447-182-04	HLA16447-182-05	HLA16447-182-06	HLA16447-182-07	HLA16447-182-08	HLA16447-182-09	HLA16447-182-10	HLA16447-182-11	HLA16447-182-12	HLA16447-182-13	HLA16447-182-14	HLA16447-187-01	HLA16447-187-02	HLA16447-187-03	HLA16447-187-04	HLA16447-187-05
7	Plan Name*	Standard Gold; Age 29	Gold 2 (Options 1 and 2); Age 29	Gold 2 (Options 1 and 2); Adult DB/C; Age 29	Standard Silver; Age 29	Silver 2 (Options 1 and 2); Age 29	Silver 2 (Options 1 and 2) + Adult DB/C; Age 29	Standard Bronze; Age 29	Bronze 1; Age 29	Bronze 1 + Adult DB/C; Age 29	Standard Platinum; No Contraception; DP	Platinum 2; No Contraception; DP	Platinum 2+Adult DB/C; No Contraception; DP	Platinum PDS; No Contraception; DP	Standard Gold; No Contraception; DP	Gold 2 (Options 1 and 2); No Contraception; DP	Gold 2 (Options 1 and 2) + Adult DB/C; No Contraception; DP	Standard Silver; No Contraception; DP	Silver 2 (Options 1 and 2); No Contraception; DP	Silver 2 (Options 1 and 2) + Adult DB/C; No Contraception; DP	Silver PDS; No Contraception; DP	Standard Bronze; No Contraception; DP	Bronze 1; No Contraception; DP	Bronze 1 + Adult DB/C; No Contraception; DP	Standard Platinum; No Contraception	Platinum 2; No Contraception	Platinum 2+Adult DB/C; No Contraception	Standard Gold; No Contraception	Gold 2 (Options 1 and 2); No Contraception
9	Exchange Plan**	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY

* This field should be the same as used in the Unified Rate Review Template, Worksheet 1

Experience Period Value Data

10A	Incurred Claims (Exc. Reg. 105 & Stop-loss payb/rec which begin Period																														
10B	Member Months for Latest Experience Period																														
10C	Average PMPM Incurred Claims [=10A/10B] (Initial Index Rate Factor)																														
11	Average Pricing AV period value reflected in experience period																														
12	**AV Adjusted Experience Period Index Rate [=10/11]**	**$84.61**	**$82.41**	**$84.61**	**$61.41**	**$62.61**	**$62.81**	**$62.41**	**$64.41**	**$62.41**	**$62.41**	**$84.61**	**$82.41**	**$84.61**	**$82.41**	**$84.61**	**$82.41**	**$84.61**	**$82.41**	**$82.41**	**$82.41**	**$84.61**	**$62.41**	**$62.41**	**$84.61**	**$62.41**	**$62.41**	**$84.61**	**$82.41**	**$84.61**

Market Wide Adjustments to the AV

Adjusted Experience Period Index Rate

13	Impact of Pricing Assumptions (period value to PHS benefit level
14	Market wide adjustment for changes in enrollee census **
15	Market wide adjustment for benefit changes **
16	Impact of Risk Adjustment Program (Transitional Reinsurance **
17	Impact on the cost of reinsurance (expected payment consideration not administrative)
18	**Plan AVs Rate Individual risk pool in Small Group risk pool Finds. Deficit**
19	Adjustment for changes in distribution of risk pool membership
20	Impact Risk Adjustment Program Impact
21	Impact Transitional Reinsurance Program Assumption
22	Other Impacts (Exchange Subsidies, Individual mandate, etc.)
23	Other retail premium factor (impact of mandated benefits
24	Other 1 (specify)
25	Other 2 (specify)
26	Other 3 (specify)
27	**Impact of Market Wide Adjustments (product LLR through LR)**

27	**Impact of Market Wide Adjustments (product LLR through LR)**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**	**1.209**

** Off-Exchange ONLY: Included in Claim Trend Adjustment

Plan Level Adjustments

28	Pricing actuarial value (without rounded-observed factor) #	**0.987**	**0.969**	**0.969**	**0.857**	**0.817**	**0.817**	**0.731**	**0.737**	**0.737**	**0.926**	**0.925**	**0.925**	**0.925**	**0.808**	**0.808**	**0.808**	**0.753**	**0.753**	**0.728**	**0.728**	**0.749**	**0.615**	**0.619**	**0.619**	**1.066**	**1.066**	**1.065**	**0.968**	**0.930**
29	Pricing actuarial value (only the rounded-observed factor) #	**0.926**	**0.926**	**0.926**	**0.768**	**0.768**	**0.768**	**0.690**	**0.690**	**0.690**	**0.929**	**0.929**	**0.929**	**0.929**	**0.808**	**0.808**	**0.808**	**0.690**	**0.690**	**0.690**	**0.690**	**0.654**	**0.450**	**0.450**	**0.450**	**0.937**	**0.937**	**0.937**	**0.968**	**0.930**
30	Impact of enrollee age mix (excluding	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of lifetime/annual limits (excluding	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of rounding (only the rounded	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits additional to EHB (product level)	1.000	1.000	1.013	1.000	1.000	1.014	1.000	1.000	1.014	1.000	1.000	1.000	1.000	1.000	1.000	1.013	1.000	1.000	1.013	1.000	1.000	1.000	1.000	1.013	1.000	1.000	1.000	1.000	1.000
34	Administrative cost (excluding brokerage over fees and profits)	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232	1.232
35	Profit/Risk/Retention margin	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefits (Not in AV, 85% of premium)	1.152	1.152	1.152	1.115	1.115	1.115	1.105	1.105	1.105	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.152	1.152	1.152	1.152	1.152
38	Impact of Adjustments to Actuarial Value (Not included in AV EHB)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product LLR through LR)**	**1.574**	**1.559**	**1.574**	**1.322**	**1.252**	**1.264**	**0.931**	**0.962**	**0.977**	**1.172**	**1.171**	**1.201**	**1.167**	**1.154**	**0.976**	**0.986**	**0.869**	**0.838**	**0.839**	**0.853**	**0.688**	**0.481**	**0.501**	**1.501**	**1.551**	**1.551**	**1.597**	**1.547**	**1.276**

\# Changes that affect an entire standard population or risk sharing
changes, Off-Exchange ONLY: based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = [L12 x L27 x L41]**	**$91.17**	**$85.75**	**$93.23**	**$52.31**	**$47.77**	**$54.48**	**$42.66**	**$56.28**	**$60.37**	**$92.76**	**$115.12**	**$170.70**	**$151.03**	**$81.42**	**$82.25**	**$67.19**	**$11.81**	**$93.23**	**$67.95**	**$56.28**	**$26.70**	**$23.49**	**$94.95**	**$94.95**	**$94.95**	**$94.95**	**$94.95**	**$93.46**	**$113.46**

1	Product*	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet	Worksheet
2	Product ID*																														

Line 1 Dental

1	Product*	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business
2	Product ID*	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY187	PS1394NY182	PS1394NY182	PS1394NY182	PS1394NY182	PS1394NY182	PS1394NY182	PS1394NY182	PS1394NY182
4	Metal Level (or catastrophic)*	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Gold	Gold	Gold
5	Premium Rate Area Factor**	0.910	0.787	0.788	0.788	0.728	0.728	0.728	1.012	1.012	1.012	0.910	0.910	0.910	0.787	0.787	0.787	0.787	0.787	0.728	0.728	0.728	1.012	1.012	1.012	0.910	0.910	0.910
6	AV Pricing Value (actuar. risk pool experience based)*	0.897	0.787	0.787	0.787	0.728	0.728	0.728	1.010	1.010	1.010	0.910	0.910	0.910	0.787	0.787	0.787	0.787	0.787	0.728	0.728	0.728	1.010	1.010	1.010	0.910	0.910	0.910
6	Plan Type*	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	PDO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Easy Choice Smart Business Excel PLUS Savings Adult DB/$1 NC	Easy Choice Smart Business Extra PLUS No Contraceptive	Easy Choice Smart Business Extra PLUS Savings NC	Easy Choice Smart Business Extra PLUS Savings Adult DB/$1 NC	Easy Choice Smart Business Essential PLUS NC	Easy Choice Smart Business Essential PLUS Savings NC	Easy Choice Smart Business Essential PLUS Savings Adult DB/$1 NC	Easy Choice Smart Business Elite PLUS DP	Easy Choice Smart Business Elite PLUS Savings DP	Easy Choice Smart Business Elite PLUS Savings Adult DB/$1 DP	Easy Choice Smart Business Extra PLUS DP	Easy Choice Smart Business Extra PLUS Savings DP	Easy Choice Smart Business Extra PLUS Savings Adult DB/$1 DP	Easy Choice Smart Business Extra PLUS Savings Adult DB/$1 DP	Easy Choice Smart Business Extra PLUS Savings DP	Easy Choice Smart Business Extra PLUS Savings Adult DB/$1 DP	Easy Choice Smart Business Essential PLUS DP	Easy Choice Smart Business Essential PLUS Savings DP	Easy Choice Smart Business Essential PLUS Savings Adult DB/$1 DP	Smart Business Elite Sage 29 NC DP	Smart Business Elite Sage 29 NC DP	Smart Business Elite Savings Age 29 NC DP	Smart Business Elite Savings Adult DB/$1 Age 29 NC DP	Smart Business Elite PLUS Age 29 NC DP	Smart Business Excel Sage 29 NC DP	Smart Business Excel Savings Age 29 NC DP	Smart Business Excel Savings Adult DB/$1 Age 29 NC DP
8	Plan ID*	PS1394NY187002	PS1394NY187003	PS1394NY187004	PS1394NY187005	PS1394NY187006	PS1394NY187007	PS1394NY187008	PS1394NY187009	PS1394NY187010	PS1394NY187011	PS1394NY187012	PS1394NY187013	PS1394NY187014	PS1394NY187015	PS1394NY187016	PS1394NY187017	PS1394NY187018	PS1394NY187019	PS1394NY187020	PS1394NY182001	PS1394NY182002	PS1394NY182003	PS1394NY182004	PS1394NY182005	PS1394NY182006	PS1394NY182007	PS1394NY182008
7	Plan Name*	Gold 2 (Options 1 and 2) Adult DB/$1 No Contraceptive	Standard Silver; No Contraceptive	Silver 2 (Options 1 and 2); No Contraceptive	Silver 2 (Options 1 and 2) + Adult DB/$1 No Contraceptive	Standard Bronze; No Contraceptive	Bronze 1; No Contraceptive	Bronze 1 + Adult DB/$1 No Contraceptive	Standard Platinum; DP	Platinum 2; DP	Platinum 2+Adult DB/$1 DP	Standard Gold; DP	Gold 2 (Options 1 and 2); DP	Gold 2 (Options 1 and 2) + Adult DB/$1 DP	Standard Silver; DP	Silver 2 (Options 1 and 2); DP	Silver 2 (Options 1 and 2) + Adult DB/$1 DP	Standard Bronze; DP	Bronze 1; DP	Bronze 1+ Adult DB/$1 DP	Standard Platinum Age 29; No Contraceptive; DP	Platinum 2+Adult DB/$1 Age 29; No Contraceptive; DP	Platinum PDL Age 29; No Contraceptive; DP	Standard Gold; Age 29; No Contraceptive; DP	Gold 2 (Options 1 and 2); Age 29; No Contraceptive; DP	Gold 2 (Options 1 and 2) + Adult DB/$1 Age 29; No Contraceptive; DP
8	Exchange Plan**	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY	DP Exchange ONLY

* This field should be the same as within the Unified Rate Review Template, Worksheet 1

Adjusted Period Index Rate

16A	Incurred Claims (Jan - Aug 2013 & Stop Loss paid) for Latest Experience Period
16B	Member Months for Latest Experience Period
16C	Average PMPM Incurred Claims [(a.16A/a.16B)*(Initial Index Rate Factor)]
51	Average Pricing (actuarial value reflected in experience period)
53	**AV Adjusted Experience Period Index Rate [(16/51)]**

53	**AV Adjusted Experience Period Index Rate [(16/51)]**	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61	$82.61

Market Wide Adjustments to the AV
Adjusted Experience Period Index Rate

54	Impact of adjusted experience period data to child benefit level
55	Market wide adjustment for changes in covered services **
56	Market wide adjustment for for scheduler changes **
57	Market wide adjustment for utilization management changes **
58	Impact on net cost of changes in expected cost considering risk characteristics
59	**Pre-ACA Plan Value of AV Based on Final Group, HIX and Trade Data**
60	Impact of Mandated Benefits not included in cost projection
61	Impact from Individual Projects Impact
62	Impact Transitional/Permanent Provider Decisions
63	Impact of adjustments due to experience recalculation data
64	Other Impacts (specify) Feedback of experience period is
65	Other 2 (specify)
66	Other 3 (specify)
67	Other 4 (specify)
68	**Impact of Market Wide Adjustments (product LLD through LIB)**

68	**Impact of Market Wide Adjustments (product LLD through LIB)**	1.209	1.209	1.209	1.209	1.210	1.210	1.210	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209	1.209

** DP Exchange ONLY is included in Claim Trend Adjustment

Plan Level Adjustments

69	Pricing actuarial value (without induced demand factor)#	0.900	0.800	0.801	0.801	0.717	0.718	0.715	1.008	1.007	1.007	0.919	0.918	0.919	0.810	0.810	0.810	0.810	0.810	0.718	0.715	0.715	0.910	0.910	0.911	0.921	0.921	0.921
70	Pricing actuarial value (with induced demand factor)#	0.910	0.810	0.810	0.810	0.850	0.850	0.850	1.000	1.000	1.000	0.910	0.910	0.910	0.810	0.810	0.810	0.810	0.810	0.850	0.850	0.850	1.000	1.000	1.000	1.000	1.000	1.000
71	Impact of induced demand factor (actuarial value)	1.010	1.010	1.010	1.010	1.185	1.183	1.189	0.992	0.993	0.993	0.990	0.992	0.990	1.000	1.000	1.000	1.000	1.000	1.183	1.189	1.189	0.990	0.990	0.989	1.000	1.000	1.000
72	Impact of actuarial value (induced demand factor)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
73	Impact of additional preventive services ##*	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
74	Benefits in additional EHB (product LLD + LIB)	1.013	1.008	1.002	1.002	1.002	1.009	1.016	1.000	1.000	1.000	1.009	1.009	1.009	1.013	1.008	1.002	1.002	1.002	1.009	1.016	1.016	1.002	1.002	1.002	1.008	1.008	1.014
75	Administrative costs (including Exchange user fees and profit)	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243	1.243
76	Impact of Exchange user fees and profit	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
76	Impact of expected recovery (subsidy/reinsurance)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
77	Addition of Out of Network Benefit Reserve & ~PCIP or PCIP assessment	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019
78	Impact of adjustment for Risk Corridor/Reinsurance or 1% PCIP	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
79	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
80	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
81	**Impact of Plan Level Adjustments (product LLD through LIB)**	1.008	1.000	1.000	1.000	0.991	0.988	0.988	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Changes that affect an entire standard population or cost sharing changes, DP Exchange ONLY 1 based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

82	**TOTAL PROJECTED INDEX RATE = 53 x 67 x 68 x 81**	$102.03	$92.90	$87.94	$92.60	$88.77	$87.07	$88.34	$98.84	$97.82	$98.08	$88.69	$89.40	$89.36	$91.13	$83.38	$88.94	$89.68	$88.66	$87.96	$88.17	$83.78	$88.94	$89.67	$89.18	$93.59	$89.18	$93.97

1	Product*																											
2	Product ID*	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY	PS1394NY

Tab 2 Generic

1	Product*	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business
2	Product ID*	95ASWY182	95ASWY182	95ASWY182	95ASWY182	95ASWY182	95ASWY182	95ASWY182	95ASWY182	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187	95ASWY187
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Gold	Gold
4	AV Metal Value (With Calculation)*	0.718	0.699	0.699	0.691	0.602	0.619	0.619	1.031	1.050	1.032	0.816	0.801	0.802	0.779	0.779	0.779	0.731	0.722	0.722	1.033	1.032	1.032	0.816	0.802
5	AV Pricing Value (Initial, risk and experience factored)*	0.698	0.665	0.665	0.686	0.552	0.597	0.597	1.030	1.064	1.064	0.902	0.902	0.902	0.770	0.762	0.762	0.640	0.602	0.602	1.027	1.086	1.086	0.902	0.902
6	Plan Type*	HMO	HMO	HMO	POS	HMO	HMO	HMO	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Smart Business Extra Age 29 NC DP	Smart Business Extra Savings Age 29 NC DP	Smart Business Extra Savings Adult D&V Age 29 NC DP	Smart Business PLUS Age 29 NC DP	Smart Business Essential Age 29 NC DP	Smart Business Essential Savings Age 29 NC DP	Smart Business Essential Savings Adult D&V Age 29 NC DP	Easy Choice Smart Business Essential PLUS Age 29 NC	Easy Choice Smart Business Essential PLUS Savings Age 29 NC	Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 NC	Easy Choice Smart Business Excel PLUS Age 29 NC	Easy Choice Smart Business Excel PLUS Savings Age 29 NC	Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 NC	Easy Choice Smart Business Extra PLUS Age 29 NC	Easy Choice Smart Business Extra PLUS Savings Age 29 NC	Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 NC	Easy Choice Smart Business Essential PLUS Age 29 NC	Easy Choice Smart Business Essential PLUS Savings Age 29 NC	Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 NC	Easy Choice Smart Business Elite PLUS Age 29 DP	Easy Choice Smart Business Elite PLUS Savings Age 29 DP	Easy Choice Smart Business Elite PLUS Savings Adult D&V Age 29 DP	Easy Choice Smart Business Excel PLUS Age 29 DP	Easy Choice Smart Business Excel PLUS Savings Age 29 DP
8	Plan ID*	95ASWY182007	95ASWY182008	95ASWY182009	95ASWY182014	95ASWY182020	95ASWY182021	95ASWY182022	95ASWY187004	95ASWY187005	95ASWY187006	95ASWY187012	95ASWY187013	95ASWY187014	95ASWY187015	95ASWY187016	95ASWY187019	95ASWY187020	95ASWY187021	95ASWY187024	95ASWY187025	95ASWY187026	95ASWY187027	95ASWY187028
7	Plan Name*	Standard Silver Age 29; No Contraceptive; DP	Silver 2 (Options 1 and 2); Age 29; No Contraceptive; DP	Silver 2 (Options 1 and 2) + Adult D&V; Age 29; No Contraceptive; DP	Silver POS; Age 29; Non-Contraceptive; DP	Standard Bronze; Age 29; No Contraceptive; DP	Bronze 1; Age 29; Non-Contraceptive; DP	Bronze 1 + Adult D&V; Age 29; No Contraceptive; DP	Standard Platinum; Age 29; No Contraceptive	Platinum 2; Age 29; No Contraceptive	Platinum 2+Adult D&V; Age 29; No Contraceptive	Standard Gold; Age 29; No Contraceptive	Gold 2 (Options 1 and 2); Age 29; No Contraceptive	Gold 2 (Options 1 and 2) +Adult D&V; Age 29; No Contraceptive	Standard Silver; Age 29; No Contraceptive	Silver 2 (Options 1 and 2); Age 29; No Contraceptive	Silver 2 (Option 1 and 2) + Adult D&V; Age 29; No Contraceptive	Standard Bronze; Age 29; No Contraceptive	Bronze 1; Age 29; No Contraceptive	Bronze 1 + Adult D&V; Age 29; No Contraceptive	Standard Platinum; Age 29; DP	Platinum 2; Age 29; DP	Platinum 2+Adult D&V; Age 29; DP	Standard Gold; Age 29; DP	Gold 2 (Options 1 and 2); Age 29; DP
9	Exchange Plan*	Off	Off	Off	Off	Off	Off	Off	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

SDA	Incurred Claims (exc. **Reg 146 & Stop Loss** costs) for Latest Experience Period																									
DOE	Member Months for Latest Experience Period																									
SDC	Average PMPM Incurred Claims [1.10A/1.10E] (Initial Index Rate Factor)																									
11	Average Pricing Actuarial Value reflected in experience period																									
12	**AV Adjusted Experience Period Index Rate [1.10/1.11]**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**	**392.61**

Market Wide Adjustments to the AV

Adjusted Experience Period Index Rate

14	Impact of adjusting experience period data to EHB benefit level																									
15	Market wide adjustment for trends in medical inflation **																									
16	Market wide adjustment for fee-for-service clawback **																									
17	Impact of risk sharing payments/receipts for plan changes **																									
18	Impact as risk pool of changes in expected covered membership risk																									
19	**Post ACA, Retro individual risk pool to Small Group risk pool Ratio**																									
20	Adjustment for changes in distribution of risk pool membership																									
21	Federal Reinsurance/ Reinsurance Premium Recovery																									
22	Impact of adjustments due to experience period claim data																									
23	Claim trend projection factor (reduced to experience period to																									
24	Other 1 (specify)																									
25	Other 2 (specify)																									
26	Other 3 (specify)																									
27	**Impact of Market Wide Adjustments (product 110 through**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**

** Off-Exchange ONLY Included in Claim Trend Adjustment

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	**0.767**	**0.731**	**0.731**	**0.753**	**0.626**	**0.640**	**0.640**	**1.095**	**1.084**	**1.086**	**0.885**	**0.947**	**0.947**	**0.855**	**0.815**	**0.815**	**0.730**	**0.701**	**0.715**	**1.097**	**1.086**	**1.086**	**0.947**	**0.949**
29	Pricing actuarial value (only the induced demand factor) #	**0.910**	**0.910**	**0.910**	**0.910**	**0.884**	**0.884**	**0.884**	**1.000**	**1.000**	**1.000**	**0.914**	**0.914**	**0.914**	**0.910**	**0.910**	**0.910**	**0.884**	**0.884**	**0.884**	**1.000**	**1.000**	**1.000**	**0.914**	**0.914**
30	Impact of broader network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management/practice ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Cost sharing (Actuarial Value Impact from Table 1.09)	1.000	1.000	1.014	1.000	1.000	1.000	1.014	1.000	1.000	1.000	1.000	1.000	1.014	1.000	1.000	1.014	1.000	1.000	1.014	1.000	1.000	1.014	1.000	1.014
34	Administrative costs (excluding Exchange user fees and profit)	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**
35	Profit/Contribution to surplus margins	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**
36	Impact of eligibility categories (catastrophic plans only)	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**
37	Expansion of Out of Network Benefit Option (e.g., PGG or PSO, if applicable)	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.152**	**1.152**	**1.152**	**1.152**	**1.152**	**1.152**	**1.115**	**1.115**	**1.115**	**1.166**	**1.166**	**1.166**	**1.152**	**1.152**	**1.152**	**1.152**	**1.152**
38	Impact of Adjustment for Stop Loss reinsurance/costs on SG-HQ	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product 110 through 140)**	**0.884**	**0.843**	**0.854**	**0.868**	**0.701**	**0.796**	**0.717**	**1.383**	**1.181**	**1.625**	**1.371**	**1.217**	**1.231**	**1.100**	**1.068**	**1.062**	**0.932**	**0.960**	**0.875**	**1.596**	**1.584**	**1.629**	**1.376**	**1.229**

Changes that affect an entire standard population as cost sharing changes, Off-Exchange ONLY I based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = [12.1 x 12] x 141**	**419.22**	**399.52**	**405.01**	**411.71**	**332.15**	**338.42**	**340.00**	**750.22**	**749.60**	**770.48**	**649.87**	**624.50**	**631.17**	**521.27**	**496.77**	**508.59**	**461.75**	**455.12**	**462.66**	**761.72**	**751.10**	**772.09**	**651.17**	**625.75**

1	Product*																									
2	Product ID*	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY	95ASWY

Line 1 Renewal

1	Product*	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business
2	Product ID*	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207	RIUS0A0F1207
3	Metal Level (or catastrophic)*	**Gold**	**Silver**	**Silver**	**Silver**	**Bronze**	**Bronze**	**Bronze**	**Platinum**	**Platinum**	**Platinum**	**Platinum**	**Gold**	**Gold**	**Gold**	**Silver**	**Silver**	**Silver**	**Bronze**	**Bronze**	**Bronze**	**Platinum**	**Platinum**	**Gold**
4	Actuarial Value Calculator Output*	**0.903**	**0.803**	**0.783**	**0.783**	**0.703**	**0.703**	**0.703**	**0.923**	**0.923**	**0.923**	**0.923**	**0.908**	**0.908**	**0.913**	**0.787**	**0.788**	**0.788**	**0.722**	**0.728**	**0.728**	**0.893**	**0.893**	**0.903**
5	AV Pricing Value (actual, risk pool experience based)*	**0.900**	**0.800**	**0.780**	**0.780**	**0.700**	**0.700**	**0.700**	**0.919**	**0.919**	**0.919**	**0.919**	**0.904**	**0.904**	**0.909**	**0.783**	**0.784**	**0.784**	**0.719**	**0.724**	**0.724**	**0.889**	**0.889**	**0.900**
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Easy Choice Smart Business Fixed PLUS Savings Adult DBO Age 29 DP	Easy Choice Smart Business Extra PLUS Age 29 DP	Easy Choice Smart Business Extra PLUS Savings Age 29 DP	Easy Choice Smart Business Extra PLUS Savings Adult DBO Age 29 DP	Easy Choice Smart Business Essential PLUS Age 29 DP	Easy Choice Smart Business Essential PLUS Savings Age 29 DP	Easy Choice Smart Business Essential PLUS Savings Adult DBO Age 29 DP	Easy Choice Smart Business Elite PLUS NC DP	Easy Choice Smart Business Elite PLUS Savings NC DP	Easy Choice Smart Business Elite PLUS Savings Adult DBO NC DP	Easy Choice Smart Business Fixed PLUS NC DP	Easy Choice Smart Business Fixed PLUS Savings NC DP	Easy Choice Smart Business Fixed PLUS Savings Adult DBO NC DP	Easy Choice Smart Business Extra PLUS NC DP	Easy Choice Smart Business Extra PLUS Savings NC DP	Easy Choice Smart Business Extra PLUS Savings Adult DBO NC DP	Easy Choice Smart Business Essential PLUS NC DP	Easy Choice Smart Business Essential PLUS Savings NC DP	Easy Choice Smart Business Essential PLUS Savings Adult DBO NC DP	Easy Choice Smart Business Elite PLUS Savings Age 29 No DP	Easy Choice Smart Business Elite PLUS Savings Age 29 NC DP	Easy Choice Smart Business Elite PLUS Savings Adult DBO Age 29 NC DP
8	Plan ID*	95058WI1187006	95058WI1187009	95058WI1187008	95058WI1187007	95058WI1187010	95058WI1187012	95058WI1187011	95058WI1187017	95058WI1187016	95058WI1187015	95058WI1187013	95058WI1187014	95058WI1187021	95058WI1187018	95058WI1187020	95058WI1187019	95058WI1187024	95058WI1187023	95058WI1187022	95058WI1187026	95058WI1187025	95058WI1187027	95058WI1187028
9	Plan Name*	Gold 2 (Options 1 and 2) - Adult DBO, Age 29, DP	Standard Silver, Age 29, DP	Silver 2 (Options 1 and 2), Age 29, DP	Silver 2 (Options 1 and 2) - Adult DBO, Age 29, DP	Standard Bronze, Age 29, DP	Bronze 1, Age 29, DP	Bronze 1 - Adult DBO, Age 29, DP	Standard Platinum, No Contraception, DP	Platinum 1, No Contraception, DP	Platinum 2-Adult DBO, No Contraception, DP	Standard Gold, No Contraception, DP	Gold 2 (Options 1 and 2), No Contraception, DP	Gold 2 (Options 1 and 2) - Adult DBO, No Contraception, DP	Standard Silver, No Contraception, DP	Silver 2 (Options 1 and 2), No Contraception, DP	Standard Silver, No Contraception, DP	Bronze 1, No Contraception, DP	Bronze 1 - Adult DBO, No Contraception, DP	Standard Platinum Age 29, No Contraception, DP	Platinum 1, Age 29, No Contraception, DP	Platinum 2-Adult DBO, Age 29, No Contraception, DP	Standard Gold, Age 29, No Contraception, DP
10	Exchange Plan	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY

* This field should be the same as used in the Unified Rate Review Template, Worksheet 1

Experience Period Index Rate

10A	Incurred Claims (Inc. Reg 100.8; Stop Loss pool) for Latest Experience Period
10B	Member Months for Latest Experience Period
10C	Average PMPM Incurred Claims (= 10A/10B) (Initial Index Rate Factor)
11	Average Pricing Demand Value calibrated to experience period
12	**AV Adjusted Experience Period Index Rate (=10C/11)**

12		**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**	**382.65**

Market Wide Adjustments to the AV

Adjustment for Experience Period Trends

13	Impact of adjusting experience period data to EHB benefit level
14	Market wide adjustment for changes in enrollee mix**
15	Market wide adjustment for non-allowable changes **
16	Market wide adjustment for utilization management changes **
17	Adjustment for changes in underwriting guidelines and risk characteristics
18	**Net MLR Rate Individual risk pool in Small Group risk pool Trends DMLT**
19	Adjustment for changes in distribution of risk pool membership
20	Federal Risk Adjustment Propensity Impact
21	Federal Reinsurance/Stop Loss Program Recoveries
22	Impact of adjustment for unpaid claims or deficiency data
23	Plan specific adjustment for prudence of experience versus trend
24	Other 1 (specify)
25	Other 2 (specify)
26	Other 3 (specify)
27	**Impact of Market Wide Adjustments (product 13B through 1 4B)**

27		**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**

** Off-Exchange ONLY1 Included in Claim Trend Adjustment

Plan Level Adjustments

28	Pricing on overall value (without reduced demand factor)#	**0.949**	**0.847**	**0.817**	**0.817**	**0.735**	**0.735**	**0.735**	**1.000**	**1.000**	**1.000**	**0.958**	**0.958**	**0.958**	**0.863**	**0.863**	**0.831**	**0.737**	**0.732**	**0.732**	**1.000**	**1.000**	**1.000**	**0.985**
29	Impact of overall pricing on reduced demand factor(#)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
30	Impact of cost sharing (actuarial equivalent)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of attributes unrelated characteristics##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of attributes related characteristics##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional EHB (greater than 1.00)	1.013	1.000	1.000	1.014	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.013	1.000	1.000	1.013	1.000	1.000	1.014	1.000	1.000	1.000
34	Administrative Costs (Non-Claim Costs, Taxes and Profit)	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150
35	Profit/Contribution to surplus margins	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Cost Sharing Benefit Reductions (CSR) and AV of each plan	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152	1.152
38	Impact of Adjustment for Drug Cost reimbursements on MLR MLR*	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product 15B through 18B)**	**1.129**	**1.129**	**1.129**	**1.129**	**0.921**	**0.921**	**0.921**	**1.170**	**1.170**	**1.170**	**1.170**	**1.170**	**1.170**	**1.129**	**1.129**	**1.129**	**1.129**	**1.129**	**1.129**	**1.129**	**1.129**	**1.129**	**1.129**

\# Changes that affect an entire standard population as cost sharing
changes, Off-Exchange ONLY1 based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = 12X11X27X41X42**	**392.38**	**324.91**	**297.77**	**304.20**	**252.46**	**208.95**	**243.57**	**739.46**	**739.35**	**798.46**	**698.58**	**819.46**	**638.21**	**512.45**	**387.38**	**299.69**	**243.77**	**237.27**	**254.16**	**739.32**	**739.08**	**779.08**	**649.47**

1	Product*																							
2	Product ID*	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F	RIUS0A0F

Line #	General								
1	Product*	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business	Smart Business
2	Product ID*	95456NY187	95456NY187	95456NY187	95456NY187	95456NY187	95456NY187	95456NY187	95456NY187
3	Metal Level (or catastrophic)*	**Gold**	**Gold**	**Silver**	**Silver**	**Silver**	**Bronze**	**Bronze**	**Bronze**
4	AV Metal Value (HHS Calculator)*	**0.931**	**0.931**	**0.801**	**0.779**	**0.779**	**0.857**	**0.842**	**0.842**
5	AV Pricing Value (total, risk pool experience based)*	**0.903**	**0.903**	**0.778**	**0.742**	**0.742**	**0.752**	**0.758**	**0.758**
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Easy Choice Smart Business Excel PLUS Savings Age 29 NC DP	Easy Choice Smart Business Excel PLUS Savings Adult D&V Age 29 NC DP	Easy Choice Smart Business Extra PLUS Age 29 NC DP	Easy Choice Smart Business Extra PLUS Savings Age 29 NC DP	Easy Choice Smart Business Extra PLUS Savings Adult D&V Age 29 NC DP	Easy Choice Smart Business Essential PLUS Age 29 NC DP	Easy Choice Smart Business Essential PLUS Savings Age 29 NC DP	Easy Choice Smart Business Essential PLUS Savings Adult D&V Age 29 NC DP
8	Plan ID*	95456NY1870089	95456NY1870090	95456NY1870091	95456NY1870092	95456NY1870093	95456NY1870094	95456NY1870095	95456NY1870096
7	Plan Name*	Gold 2 (Options 1 and 2); Age 29; No Contraceptive; DP	Gold 2 (Options 1 and 2) +Adult D&V; Age 29; No Contraceptive; DP	Standard Silver; Age 29; No Contraceptive; DP	Silver 2 (Options 1 and 2); Age 29; No Contraceptive; DP	Silver 2 (Options 1 and 2) + Adult D&V; Age 29; No Contraceptive; DP	Standard Bronze; Age 29; No Contraceptive; DP	Bronze 1; Age 29; No Contraceptive; DP	Bronze 1 + Adult D&V; Age 29; No Contraceptive; DP
9	Exchange Plan?*	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY	Off-Exchange ONLY

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate								
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period								
10B	Member-Months for Latest Experience Period								
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)								
11	Average Pricing Actuarial Value reflected in experience period								
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**382.61**	**382.61**	**382.61**	**382.61**	**382.61**	**382.61**	**382.61**	**382.61**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate								
13	Impact of adjusting experience period data to EHB benefit level								
14	Market wide adjustment for changes in provider network **								
15	Market wide adjustment for fee schedule changes **								
16	Market wide adjustment for utilization management changes **								
17	Impact on risk pool of changes in expected covered membership risk								
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**								
19	Adjustment for changes in distribution of risk pool membership								
20	Federal Risk Adjustment Program Impact								
21	Federal Transitional Reinsurance Program Recovery								
22	Impact of adjustments due to experience period claim data								
23	Claim trend projection factor (midpoint of experience period to								
24	Other 1 (specify)								
25	Other 2 (specify)								
26	Other 3 (specify)								
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**	**1.239**

** Off-Exchange ONLY t Included in Claim Trend Adjustment

	Plan Level Adjustments								
28	Pricing actuarial value (without induced demand factor) #	**0.947**	**0.947**	**0.855**	**0.815**	**0.815**	**0.851**	**0.857**	**0.857**
29	Pricing actuarial value (only the induced demand factor) #	**0.954**	**0.954**	**0.910**	**0.910**	**0.910**	**0.884**	**0.884**	**0.884**
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	**1.000**	**1.011**	**1.000**	**1.000**	**1.014**	**1.000**	**1.000**	**1.016**
34	Administrative costs (excluding Exchange user fees and profits)	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**	**1.242**
35	Profit/Contribution to surplus margins	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**	**1.020**
36	Impact of eligibility categories (catastrophic plans only)	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	**1.152**	**1.152**	**1.115**	**1.115**	**1.115**	**1.166**	**1.166**	**1.166**
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.317**	**1.331**	**1.100**	**1.048**	**1.062**	**1.111**	**1.120**	**1.138**

\# Changes that affect an entire standard population as cost sharing changes, Off-Exchange ONLY t based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = [L12 x L27 x L41]**	**624.50**	**631.17**	**521.27**	**496.77**	**503.59**	**526.85**	**530.77**	**539.31**

1	Product*								
2	Product ID*	95456NY	95456NY	95456NY	95456NY	95456NY	95456NY	95456NY	95456NY

EXHIBIT 5 - SUMMARY OF AVERAGE CLAIM TIMING AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN AND INCLUDED IN CURRENT RATE APPLICATION

Company Name: Anaplan Health Plan Ultra Easy Choice Health Plan of NY
Rate Group: [redacted]
Product Name: [redacted]
Market Segment: [redacted]

1. Complete a separate Exhibit for each unique product or line, current new NHIP Exchange product filing, current off-Exchange product filing, and current off-Exchange product filing closed to new enrollees.
   Enter the dollar for the current Exchange product filing in cells G2 and H2.
   Enter the dollar for the current off-Exchange product filing in cells H2 and H3.
   Leave blank if the product is not in the current rate filing.
   Leave blank if the product is not in the current rate filing and is closed. Only one line for dec plus.
2. Complete the yellow highlighted cells. Do not change the formulas in the other cells.
   Filing 2 contain the prior dates linked to the applicable rating period (eg. 1-4).
3. Administrative expenses are those that are included in the current rate filing. The dollar terms underwriting expenses and profit margin included in the underwriting gain and the savings and net claim fund assumption.
4. FACTORS THAT PRODUCED THE AVERAGE PER MEMBER PER MONTH

Plan Name (Exchange Name)	Product Name (Product Name)	Product Code (Product Code)	(1) Average Claim Payment Lag (Months)	(2) Claim Payment Lag Factor	(3) Claim Payment Lag Factor Source	(4) Claim Payment Lag Factor Source Description	(5) Claim Payment Lag Factor Source Date	(6) Claim Payment Lag Factor Source Date Description	(7) Claim Payment Lag Factor Source Date Description	(8) Claim Payment Lag Factor Source Date Description	(9) Claim Payment Lag Factor Source Date Description	(10) Claim Payment Lag Factor Source Date Description	(11) Claim Payment Lag Factor Source Date Description	(12) Claim Payment Lag Factor Source Date Description	(13) Claim Payment Lag Factor Source Date Description	(14) Claim Payment Lag Factor Source Date Description	(15) Claim Payment Lag Factor Source Date Description	(16) Claim Payment Lag Factor Source Date Description	(17) Claim Payment Lag Factor Source Date Description	(18) Claim Payment Lag Factor Source Date Description	(19) Claim Payment Lag Factor Source Date Description	(20) Claim Payment Lag Factor Source Date Description	(21) Claim Payment Lag Factor Source Date Description	(22) Claim Payment Lag Factor Source Date Description	(23) Claim Payment Lag Factor Source Date Description	(24) Claim Payment Lag Factor Source Date Description	(25) Claim Payment Lag Factor Source Date Description	(26) Claim Payment Lag Factor Source Date Description	(27) Claim Payment Lag Factor Source Date Description	(28) Claim Payment Lag Factor Source Date Description	(29) Claim Payment Lag Factor Source Date Description	(30) Claim Payment Lag Factor Source Date Description	(31) Claim Payment Lag Factor Source Date Description	(32) Claim Payment Lag Factor Source Date Description	(33) Claim Payment Lag Factor Source Date Description	(34) Claim Payment Lag Factor Source Date Description	(35) Claim Payment Lag Factor Source Date Description	(36) Claim Payment Lag Factor Source Date Description	(37) Claim Payment Lag Factor Source Date Description	(38) Claim Payment Lag Factor Source Date Description	(39) Claim Payment Lag Factor Source Date Description	(40) Claim Payment Lag Factor Source Date Description
Anaplan	Anaplan Health Plan Ultra Easy Choice	Gold Standard Ultra	0.0000	0.0000	0.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Anaplan	Anaplan Health Plan Ultra Easy Choice	Gold Standard Ultra Easy Choice

Company Name: UnitedHealth Plan d/b/a Every Choice Health Plan of NY

Add Code:

Delete Code:

Minor Adjustment:

A. Completion Factors: Within the tables we performed average (median) of the current new 90-180 Completion (product line) factors and applied the average factor to the current 90-180 Completion factor. Specifically, we:
- Drop the latest 18 months of completion factors in order to mute the most recent trends, in order to utilize more credible data (i.e. 18 months of data is more credible than 6 months of data).
- Impute additional tail for the period 18-24 months (lag 18 - lag24) - 50% (not the full tail for data entry).

B. Trending Factors: Within the tables we performed average (median) of the current trending factors. Specifically, we:
- Trend by lagged PMPM and claim frequency (the appropriate rating period lag) for PMPM/Frequency.

C. Write-ins are not included (included in the total lines) and included in the tabs adjustment filing. Write ins for various reasons, including but not limited to, the fact that they are not in the rate development or they are not consistent with the rate development.

D. Line Prior Prepayment Adjustment is included in the total line.

| | | |

EXHIBIT 5 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CAPITATIONS

Company Name: [Insert] Health Plan d/b/a Cargo Choices Health Plan of NY

MMT Code: [illegible]

Reporting Year: [illegible]

Market Segment: [illegible]

A. Compliance Guidance: Enter in cells highlighted yellow in this spread sheet the MMT Exchange (product line) Medical Loss Ratio Information for the reporting year as reported in the MMT Exchange. Do not:
- Enter the Market, the Insurer, or Exchange product name or other free-form data fields, in order to allow sorting and filtering of the data by these data elements.
- Insert additional rows in the grid or the excel tab, or, delete rows or columns.

B. The Medical Loss Ratio Information for the reporting year as reported in the MMT Exchange Quarterly Filing is pulled into cells highlighted yellow and green, using pull up VLOOKUPS.

C. Enter the actual amortization for the rate year period included in the rate adjustment filing. Only unless, in the currency relative to the rate year, the actual amortization for the rate year period is greater than the amortization in the rate adjustment filing.

D. Use Excel Formulas and Excel Functions to sum, average, etc.

| | | |

Data Collection Template

Company Legal Name: **Atlantis Health Plan, INC dba E** State: **NY**
HIOS Issuer ID: **95456** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2012 to 12/31/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$50,261,496	$425.61	100.00%
Incurred Claims in Experience Period	$37,983,501	321.64	75.57%
Allowed Claims:	$44,636,005	377.98	88.81%
Index Rate of Experience Period		$0.00	
Experience Period Member Months	118,092		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	311.59	$3,847.37	$99.90	1.000	1.043	1.045	1.020	324.18	$4,382.09	$118.38	311.59	$5,841.71	$151.68
Outpatient Hospital	Visits	1,742.00	600.55	87.18	1.000	1.043	1.045	1.020	1,812.38	684.02	103.31	1952.00	925.44	150.54
Professional	Services	14,879.90	70.93	87.95	1.000	1.043	1.045	1.020	15,481.05	80.79	104.22	16131.90	100.84	135.57
Other Medical	Other	406.00	167.19	5.66	1.000	1.043	1.045	1.020	422.40	190.43	6.70	407.00	239.37	8.12
Capitation	Benefit Period	1.00	1.00	0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	1.00	1.00	0.00
Prescription Drug	Prescriptions	10,159.00	114.92	97.29	1.000	1.043	1.045	1.020	10,569.42	130.89	115.29	9219.00	119.36	91.70
Total				$377.98							$447.90			$537.61

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$447.90	$43,935,315
Paid to Allowed Average Factor in Projection Period			0.664	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$297.18	$29,151,081
Projected Risk Adjustments PMPM			0.00	0
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$297.18	$29,151,081
Projected ACA reinsurance recoveries, net of rein prem, PMPM				
Projected Incurred Claims			$297.18	$29,151,081
Administrative Expense Load		21.68%	86.75	8,509,431
Profit & Risk Load		2.00%	8.00	785,003
Taxes & Fees		2.05%	8.20	804,628
Single Risk Pool Gross Premium Avg. Rate, PMPM			$400.14	$39,250,143
Index Rate for Projection Period			$446.56	
% increase over Experience Period			-5.99%	
% Increase, annualized:			-3.04%	
Projected Member Months				98,091

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	**Atlantis Health Plan, INC dba Easy Choice Health Plan of NY**	State:	**NY**
HIOS Issuer ID:	**95456**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		SELECT																					
Product ID:		95456NY100																					
Metal:		Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Platinum
AV Metal Value		0.886	0.880	0.880	0.880	0.880	0.796	0.796	0.796	0.796	0.688	0.688	0.688	0.688	0.609	0.609	0.609	0.609	0.881	0.881	0.880	0.880
AV Pricing Value		0.927	0.927	0.927	0.927	0.927	0.772	0.772	0.772	0.772	0.655	0.655	0.655	0.655	0.549	0.549	0.549	0.549	0.944	0.944	0.943	0.943
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Products	Smart Business Elite Savings	Smart Business Elite Savings	Smart Business Elite Complete	Smart Business Elite Complete	Smart Business Excel Savings	Smart Business Excel Savings	Smart Business Excel Complete	Smart Business Excel Complete	Smart Business Extra Savings	Smart Business Extra Savings	Smart Business Extra Complete	Smart Business Extra Complete	Smart Business Essential Savings	Smart Business Essential Savings	Smart Business Essential Complete	Smart Business Essential Complete	Smart Business Elite Age 29	Smart Business Elite Age 29	Smart Business Elite Savings Age 29	Smart Business Elite Savings Age 29
Plan ID (Standard Component ID):		95456NY1009999	95456NY1820001	95456NY1820001	95456NY1820002	95456NY1820002	95456NY1820003	95456NY1820003	95456NY1820004	95456NY1820004	95456NY1820005	95456NY1820005	95456NY1820006	95456NY1820006	95456NY1820007	95456NY1820007	95456NY1820008	95456NY1820008	95456NY1820009	95456NY1820009	95456NY1820010	95456NY1820010
Exchange Plan?		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Historical Rate Increase - Calendar Year - 2		0.00%																				
Historical Rate Increase - Calendar Year - 1		0.00%																				
Historical Rate Increase - Calendar Year 0																						
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-100.00%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%	-999.99%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#VALUE!																				

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	95456NY1009999	95456NY1820001	95456NY1820001	95456NY1820002	95456NY1820002	95456NY1820003	95456NY1820003	95456NY1820004	95456NY1820004	95456NY1820005	95456NY1820005	95456NY1820006	95456NY1820006	95456NY1820007	95456NY1820007	95456NY1820008	95456NY1820008	95456NY1820009	95456NY1820009	95456NY1820010	95456NY1820010
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	$384.61		$537.06	$537.06	$552.56	$552.56	$447.43	$447.43	$452.38	$452.38	$379.55	$379.55	$384.95	$384.95	$317.89	$317.89	$323.19	$323.19	$547.18	$547.18	$546.73	$546.73
Projected Member Months	98,091	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	95456NY1009999	95456NY1820001	95456NY1820001	95456NY1820002	95456NY1820002	95456NY1820003	95456NY1820003	95456NY1820004	95456NY1820004	95456NY1820005	95456NY1820005	95456NY1820006	95456NY1820006	95456NY1820007	95456NY1820007	95456NY1820008	95456NY1820008	95456NY1820009	95456NY1820009	95456NY1820010	95456NY1820010
Average Rate PMPM	$425.61	$425.61																				
Member Months	118,092	118,092																				
Total Premium (TP)	$50,261,136	$50,261,136	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%																				
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%																				
Other benefits portion of TP	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$44,636,005	$44,636,005																				
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%																				
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%																				
Other benefits portion of TAC	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	$6,652,504	$6,652,504																				
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$37,983,501	$37,983,501	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0.00	$0.00																				
Net Amt of Risk Adj	$0.00	$0.00																				
Incurred Claims PMPM	$321.64	$321.64	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$377.98	$377.98	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$377.98	$377.98	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	95456NY1009999	95456NY1820001	95456NY1820001	95456NY1820002	95456NY1820002	95456NY1820003	95456NY1820003	95456NY1820004	95456NY1820004	95456NY1820005	95456NY1820005	95456NY1820006	95456NY1820006	95456NY1820007	95456NY1820007	95456NY1820008	95456NY1820008	95456NY1820009	95456NY1820009	95456NY1820010	95456NY1820010
Average Rate PMPM	$384.61	$0.00	$537.06	$537.06	$552.56	$552.56	$447.43	$447.43	$452.38	$452.38	$379.55	$379.55	$384.95	$384.95	$317.89	$317.89	$323.19	$323.19	$547.18	$547.18	$546.73	$546.73
Member Months	98,091	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total Premium (TP)	$37,726,129	$0	$537	$537	$553	$553	$447	$447	$452	$452	$380	$380	$385	$385	$318	$318	$323	$323	$547	$547	$547	$547
EHB basis or full portion of TP, [see instructions]	77.97%		77.98%	77.98%	75.79%	75.79%	77.98%	77.98%	77.12%	77.12%	77.98%	77.98%	76.88%	76.88%	77.98%	77.98%	76.70%	76.70%	77.98%	77.98%	77.98%	77.98%
state mandated benefits portion of TP that are other than EHB	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	22.03%	100.00%	22.02%	22.02%	24.21%	24.21%	22.02%	22.02%	22.88%	22.88%	22.02%	22.02%	23.12%	23.12%	22.02%	22.02%	23.30%	23.30%	22.02%	22.02%	22.02%	22.02%
Total Allowed Claims (TAC)	$44,335,426		$452	$452	$465	$465	$452	$452	$457	$457	$452	$452	$458	$458	$452	$452	$459	$459	$452	$452	$452	$452
EHB basis or full portion of TAC, [see instructions]	99.77%		100.00%	100.00%	97.19%	100.00%	100.00%	100.00%	98.91%	100.00%	100.00%	98.60%	100.00%	100.00%	100.00%	98.36%	100.00%	100.00%	97.19%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.23%	100.00%	0.00%	0.00%	2.81%	0.00%	0.00%	0.00%	1.09%	0.00%	0.00%	1.40%	0.00%	0.00%	0.00%	1.64%	0.00%	0.00%	2.81%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$14,920,290		$33	$33	$34	$34	$103	$103	$104	$104	$156	$156	$158	$158	$204	$204	$207	$207	$25	$25	$26	$26
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
of insured person, as %	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$29,415,136	$0	$419	$419	$431	$431	$349	$349	$353	$353	$296	$296	$300	$300	$248	$248	$252	$252	$427	$427	$426	$426

Net Amt of Rein	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0