

State: New York **Filing Company:** Empire HealthChoice HMO, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NY Indiv Off-Exch 0513
Project Name/Number: Ind Off-Ex 0513/Ind Off-Ex 0513

Filing at a Glance

Company: Empire HealthChoice HMO, Inc.
Product Name: NY Indiv Off-Exch 0513
State: New York
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Off Exchange NG Forms & Rates
Date Submitted: 05/15/2013
SERFF Tr Num: AWLP-129002159
SERFF Status: Pending State Action
State Tr Num: 2013050122
State Status:
Co Tr Num: NY INDIV OFF-EXCH 0513

Implementation 01/01/2014

Date Requested:

Author(s):

[Redacted]

Reviewer(s):

[Redacted]

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State: New York **Filing Company:** Empire HealthChoice HMO, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: NY Indiv Off-Exch 0513
Project Name/Number: Ind Off-Ex 0513/Ind Off-Ex 0513

General Information

Project Name: Ind Off-Ex 0513	Status of Filing in Domicile:
Project Number: Ind Off-Ex 0513	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 05/21/2013
	State Status Changed:
Deemer Date:	Created By: [REDACTED]
Submitted By: [REDACTED]	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:

Individual Off-Exchange Filing - please see attached all relevant forms and rates relating to our Off-Exchange individual products. Also, note that the provider network that will support delivery of services under those products being filed is the same network that we filed on April 30 under SERFF # AWLP-129002067 with our IND On-Exchange filings and it is currently under review by the DOH.

Company and Contact

Filing Contact Information

[REDACTED] Commercial NY [REDACTED]
 One Liberty Plaza [REDACTED] [Phone]
 New York, NY 10006

Filing Company Information

Empire HealthChoice HMO, Inc.	CoCode: 95433	State of Domicile: New York
1 Liberty Plaza	Group Code: 671	Company Type: Life,
14th Floor	Group Name: WellPoint Inc Group	Accident, Health
New York, NY 10006	FEIN Number: 13-3874803	State ID Number:
(212) 476-1000 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

State: New York **Filing Company:** Empire HealthChoice HMO, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NY Indiv Off-Exch 0513
Project Name/Number: Ind Off-Ex 0513/Ind Off-Ex 0513

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.): Yes; the individual on-exchange filing; filed 4/30/13; AWLP-129002067
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.): No
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

SERFF Tracking #:

AWLP-129002159

State Tracking #:

2013050122

Company Tracking #:

NY INDIV OFF-EXCH 0513

State: New York

Filing Company: Empire HealthChoice HMO, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: NY Indiv Off-Exch 0513

Project Name/Number: Ind Off-Ex 0513/Ind Off-Ex 0513

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

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):
Empire HealthChoice HMO, Inc.	New Product	%	%				%	%

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

SERFF Tracking #:

AWLP-129002159

State Tracking #:

2013050122

Company Tracking #:

NY INDIV OFF-EXCH 0513

State: New York

Filing Company: Empire HealthChoice HMO, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: NY Indiv Off-Exch 0513

Project Name/Number: Ind Off-Ex 0513/Ind Off-Ex 0513

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Off-Exch Indiv Rates		New		Rate Manual_NY - INDIV (OFF)_rev 6-5-13.pdf,

Rate Manual - Description of Benefits

Empire HealthChoice HMO, Inc. Individual

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Index	HIOS Plan Name	Includes Pediatric Dental	Dependent Coverage		INN Deductible	INN Coins.	INN OOP Max	OON Coverage
			through Age 29					
1	Empire Core Guided Access (caat)	No	No		\$5,800	20%	\$6,350	No
2	Empire Core Guided Access (cabs)	No	No		\$4,000	40%	\$6,350	No
3	Empire Core Guided Access w/ Dep Age 29 (cbra)	No	Yes		\$5,800	20%	\$6,350	No
4	Empire Core Guided Access w/ Dep Age 29 (ccra)	No	Yes		\$4,000	40%	\$6,350	No
5	Empire Core Guided Access w/ Child Dental (cdat)	Yes	No		\$5,800	20%	\$6,350	No
6	Empire Core Guided Access w/ Child Dental (cdbs)	Yes	No		\$4,000	40%	\$6,350	No
7	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Yes	Yes		\$5,800	20%	\$6,350	No
8	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Yes	Yes		\$4,000	40%	\$6,350	No
9	Empire Essential Guided Access (cbjw)	No	No		\$2,250	25%	\$6,350	No
10	Empire Essential Guided Access w/ HSA (cdib)	No	No		\$2,450	10%	\$6,350	No
11	Empire Essential Guided Access w/Dep Age 29 (ceae)	No	Yes		\$2,250	25%	\$6,350	No
12	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	No	Yes		\$2,450	10%	\$6,350	No
13	Empire Essential Guided Access w/ Child Dental (cdce)	Yes	No		\$2,250	25%	\$6,350	No
14	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	Yes	No		\$2,450	10%	\$6,350	No
15	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdcc)	Yes	Yes		\$2,250	25%	\$6,350	No
16	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	Yes	Yes		\$2,450	10%	\$6,350	No
17	Empire Preferred Guided Access (cecb)	No	No		\$1,000	10%	\$6,250	No
18	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	No	Yes		\$1,000	10%	\$6,250	No
19	Empire Preferred Guided Access w/ Child Dental (cdgd)	Yes	No		\$1,000	10%	\$6,250	No
20	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	Yes	Yes		\$1,000	10%	\$6,250	No
21	Empire Premier Guided Access (cazd)	No	No		\$200	5%	\$3,400	No
22	Empire Premier Guided Access w/ Out-of-Network (ccze)	No	No		\$200	5%	\$3,400	Yes
23	Empire Premier Guided Access w/ Dep Age 29 (cayd)	No	Yes		\$200	5%	\$3,400	No
24	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	No	Yes		\$200	5%	\$3,400	Yes
25	Empire Premier Guided Access w/Child Dental (cdwc)	Yes	No		\$200	5%	\$3,400	No
26	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	Yes	No		\$200	5%	\$3,400	Yes
27	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Yes	Yes		\$200	5%	\$3,400	No
28	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	Yes	Yes		\$200	5%	\$3,400	Yes
29	Empire Core Guided Access for Child Only w/HSA (cadc)	No	No		\$3,000	50%	\$6,350	No
30	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	Yes	No		\$3,000	50%	\$6,350	No
31	Empire Essential Guided Access for Child Only (cade)	No	No		\$2,000	0%	\$5,500	No
32	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	Yes	No		\$2,000	0%	\$5,500	No
33	Empire Preferred Guided Access for Child Only (cadd)	No	No		\$600	0%	\$4,000	No
34	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	Yes	No		\$600	0%	\$4,000	No
35	Empire Premier Guided Access for Child Only (caed)	No	No		\$0	0%	\$2,000	No
36	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	No	No		\$0	0%	\$2,000	Yes
37	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	Yes	No		\$0	0%	\$2,000	No
38	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	Yes	No		\$0	0%	\$2,000	Yes

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Core Guided Access (caat)	\$339.28	\$678.56	\$576.78	\$966.95
2	Empire Core Guided Access (cabs)	\$346.41	\$692.82	\$588.90	\$987.27
3	Empire Core Guided Access w/ Dep Age 29 (cbra)	\$352.86	\$705.72	\$599.86	\$1,005.65
4	Empire Core Guided Access w/ Dep Age 29 (ccra)	\$360.26	\$720.52	\$612.44	\$1,026.74
5	Empire Core Guided Access w/ Child Dental (cdat)	\$367.17	\$734.34	\$624.19	\$1,046.43
6	Empire Core Guided Access w/ Child Dental (cdba)	\$374.26	\$748.52	\$636.24	\$1,066.64
7	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$381.82	\$763.64	\$649.09	\$1,088.19
8	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$389.26	\$778.52	\$661.74	\$1,109.39
9	Empire Essential Guided Access (cbjw)	\$402.88	\$805.76	\$684.90	\$1,148.21
10	Empire Essential Guided Access w/ HSA (cdib)	\$393.67	\$787.34	\$669.24	\$1,121.96
11	Empire Essential Guided Access w/Dep Age 29 (ceae)	\$418.99	\$837.98	\$712.28	\$1,194.12
12	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$409.44	\$818.88	\$696.05	\$1,166.90
13	Empire Essential Guided Access w/ Child Dental (cdce)	\$430.73	\$861.46	\$732.24	\$1,227.58
14	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$421.56	\$843.12	\$716.65	\$1,201.45
15	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	\$448.00	\$896.00	\$761.60	\$1,276.80
16	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$438.40	\$876.80	\$745.28	\$1,249.44
17	Empire Preferred Guided Access (cecb)	\$488.89	\$977.78	\$831.11	\$1,393.34
18	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$508.45	\$1,016.90	\$864.37	\$1,449.08
19	Empire Preferred Guided Access w/ Child Dental (cdgd)	\$516.78	\$1,033.56	\$878.53	\$1,472.82
20	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$537.46	\$1,074.92	\$913.68	\$1,531.76
21	Empire Premier Guided Access (cazd)	\$580.38	\$1,160.76	\$986.65	\$1,654.08
22	Empire Premier Guided Access w/ Out-of-Network (ccze)	\$604.74	\$1,209.48	\$1,028.06	\$1,723.51
23	Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$603.59	\$1,207.18	\$1,026.10	\$1,720.23
24	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$628.95	\$1,257.90	\$1,069.22	\$1,792.51
25	Empire Premier Guided Access w/Child Dental (cdwc)	\$608.27	\$1,216.54	\$1,034.06	\$1,733.57
26	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$632.63	\$1,265.26	\$1,075.47	\$1,803.00
27	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$632.59	\$1,265.18	\$1,075.40	\$1,802.88
28	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (c	\$657.95	\$1,315.90	\$1,118.52	\$1,875.16

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Albany (Region 1)

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
29	Empire Core Guided Access for Child Only w/HSA (cadc)	\$146.39	\$292.78	\$439.17
30	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$157.86	\$315.72	\$473.58
31	Empire Essential Guided Access for Child Only (cade)	\$170.44	\$340.88	\$511.32
32	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$181.95	\$363.90	\$545.85
33	Empire Preferred Guided Access for Child Only (cadd)	\$203.28	\$406.56	\$609.84
34	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$214.79	\$429.58	\$644.37
35	Empire Premier Guided Access for Child Only (caed)	\$241.11	\$482.22	\$723.33
36	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$250.08	\$500.16	\$750.24
37	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$252.58	\$505.16	\$757.74
38	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (	\$260.94	\$521.88	\$782.82

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Core Guided Access (caat)	\$335.39	\$670.78	\$570.16	\$955.86
2	Empire Core Guided Access (cabs)	\$342.44	\$684.88	\$582.15	\$975.95
3	Empire Core Guided Access w/ Dep Age 29 (cbra)	\$348.81	\$697.62	\$592.98	\$994.11
4	Empire Core Guided Access w/ Dep Age 29 (ccra)	\$356.13	\$712.26	\$605.42	\$1,014.97
5	Empire Core Guided Access w/ Child Dental (cdat)	\$362.96	\$725.92	\$617.03	\$1,034.44
6	Empire Core Guided Access w/ Child Dental (cdba)	\$369.97	\$739.94	\$628.95	\$1,054.41
7	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$377.44	\$754.88	\$641.65	\$1,075.70
8	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$384.80	\$769.60	\$654.16	\$1,096.68
9	Empire Essential Guided Access (cbjw)	\$398.26	\$796.52	\$677.04	\$1,135.04
10	Empire Essential Guided Access w/ HSA (cdib)	\$389.16	\$778.32	\$661.57	\$1,109.11
11	Empire Essential Guided Access w/Dep Age 29 (ceae)	\$414.19	\$828.38	\$704.12	\$1,180.44
12	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$404.75	\$809.50	\$688.08	\$1,153.54
13	Empire Essential Guided Access w/ Child Dental (cdce)	\$425.79	\$851.58	\$723.84	\$1,213.50
14	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$416.73	\$833.46	\$708.44	\$1,187.68
15	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	\$442.86	\$885.72	\$752.86	\$1,262.15
16	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$433.38	\$866.76	\$736.75	\$1,235.13
17	Empire Preferred Guided Access (cecb)	\$483.28	\$966.56	\$821.58	\$1,377.35
18	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$502.62	\$1,005.24	\$854.45	\$1,432.47
19	Empire Preferred Guided Access w/ Child Dental (cdgd)	\$510.85	\$1,021.70	\$868.45	\$1,455.92
20	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$531.29	\$1,062.58	\$903.19	\$1,514.18
21	Empire Premier Guided Access (cazd)	\$573.73	\$1,147.46	\$975.34	\$1,635.13
22	Empire Premier Guided Access w/ Out-of-Network (ccze)	\$597.81	\$1,195.62	\$1,016.28	\$1,703.76
23	Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$596.67	\$1,193.34	\$1,014.34	\$1,700.51
24	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$621.74	\$1,243.48	\$1,056.96	\$1,771.96
25	Empire Premier Guided Access w/Child Dental (cdwc)	\$601.30	\$1,202.60	\$1,022.21	\$1,713.71
26	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$625.38	\$1,250.76	\$1,063.15	\$1,782.33
27	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$625.34	\$1,250.68	\$1,063.08	\$1,782.22
28	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (c	\$650.41	\$1,300.82	\$1,105.70	\$1,853.67

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Long Island (Region 8)

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
29	Empire Core Guided Access for Child Only w/HSA (cadc)	\$144.71	\$289.42	\$434.13
30	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$156.05	\$312.10	\$468.15
31	Empire Essential Guided Access for Child Only (cade)	\$168.49	\$336.98	\$505.47
32	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$179.87	\$359.74	\$539.61
33	Empire Preferred Guided Access for Child Only (cadd)	\$200.95	\$401.90	\$602.85
34	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$212.33	\$424.66	\$636.99
35	Empire Premier Guided Access for Child Only (caed)	\$238.34	\$476.68	\$715.02
36	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$247.22	\$494.44	\$741.66
37	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$249.68	\$499.36	\$749.04
38	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (	\$257.95	\$515.90	\$773.85

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Core Guided Access (caat)	\$400.16	\$800.32	\$680.27	\$1,140.46
2	Empire Core Guided Access (cabs)	\$408.57	\$817.14	\$694.57	\$1,164.42
3	Empire Core Guided Access w/ Dep Age 29 (cbra)	\$416.17	\$832.34	\$707.49	\$1,186.08
4	Empire Core Guided Access w/ Dep Age 29 (ccra)	\$424.91	\$849.82	\$722.35	\$1,210.99
5	Empire Core Guided Access w/ Child Dental (cdat)	\$433.05	\$866.10	\$736.19	\$1,234.19
6	Empire Core Guided Access w/ Child Dental (cdba)	\$441.42	\$882.84	\$750.41	\$1,258.05
7	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$450.34	\$900.68	\$765.58	\$1,283.47
8	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$459.11	\$918.22	\$780.49	\$1,308.46
9	Empire Essential Guided Access (cbjw)	\$475.18	\$950.36	\$807.81	\$1,354.26
10	Empire Essential Guided Access w/ HSA (cdib)	\$464.32	\$928.64	\$789.34	\$1,323.31
11	Empire Essential Guided Access w/Dep Age 29 (ceae)	\$494.18	\$988.36	\$840.11	\$1,408.41
12	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$482.91	\$965.82	\$820.95	\$1,376.29
13	Empire Essential Guided Access w/ Child Dental (cdce)	\$508.02	\$1,016.04	\$863.63	\$1,447.86
14	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$497.21	\$994.42	\$845.26	\$1,417.05
15	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	\$528.39	\$1,056.78	\$898.26	\$1,505.91
16	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$517.07	\$1,034.14	\$879.02	\$1,473.65
17	Empire Preferred Guided Access (cecb)	\$576.62	\$1,153.24	\$980.25	\$1,643.37
18	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$599.69	\$1,199.38	\$1,019.47	\$1,709.12
19	Empire Preferred Guided Access w/ Child Dental (cdgd)	\$609.51	\$1,219.02	\$1,036.17	\$1,737.10
20	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$633.90	\$1,267.80	\$1,077.63	\$1,806.62
21	Empire Premier Guided Access (cazd)	\$684.53	\$1,369.06	\$1,163.70	\$1,950.91
22	Empire Premier Guided Access w/ Out-of-Network (ccze)	\$713.26	\$1,426.52	\$1,212.54	\$2,032.79
23	Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$711.90	\$1,423.80	\$1,210.23	\$2,028.92
24	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$741.81	\$1,483.62	\$1,261.08	\$2,114.16
25	Empire Premier Guided Access w/Child Dental (cdwc)	\$717.42	\$1,434.84	\$1,219.61	\$2,044.65
26	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$746.16	\$1,492.32	\$1,268.47	\$2,126.56
27	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$746.11	\$1,492.22	\$1,268.39	\$2,126.41
28	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (c	\$776.02	\$1,552.04	\$1,319.23	\$2,211.66

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Mid-Hudson (Region 3)

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
29	Empire Core Guided Access for Child Only w/HSA (cadc)	\$172.66	\$345.32	\$517.98
30	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$186.19	\$372.38	\$558.57
31	Empire Essential Guided Access for Child Only (cade)	\$201.03	\$402.06	\$603.09
32	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$214.60	\$429.20	\$643.80
33	Empire Preferred Guided Access for Child Only (cadd)	\$239.76	\$479.52	\$719.28
34	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$253.33	\$506.66	\$759.99
35	Empire Premier Guided Access for Child Only (caed)	\$284.37	\$568.74	\$853.11
36	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$294.96	\$589.92	\$884.88
37	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$297.90	\$595.80	\$893.70
38	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (	\$307.76	\$615.52	\$923.28

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Core Guided Access (caat)	\$364.39	\$728.78	\$619.46	\$1,038.51
2	Empire Core Guided Access (cabs)	\$372.05	\$744.10	\$632.49	\$1,060.34
3	Empire Core Guided Access w/ Dep Age 29 (cbra)	\$378.97	\$757.94	\$644.25	\$1,080.06
4	Empire Core Guided Access w/ Dep Age 29 (ccra)	\$386.92	\$773.84	\$657.76	\$1,102.72
5	Empire Core Guided Access w/ Child Dental (cdat)	\$394.34	\$788.68	\$670.38	\$1,123.87
6	Empire Core Guided Access w/ Child Dental (cdba)	\$401.96	\$803.92	\$683.33	\$1,145.59
7	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$410.08	\$820.16	\$697.14	\$1,168.73
8	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$418.07	\$836.14	\$710.72	\$1,191.50
9	Empire Essential Guided Access (cbjw)	\$432.70	\$865.40	\$735.59	\$1,233.20
10	Empire Essential Guided Access w/ HSA (cdib)	\$422.81	\$845.62	\$718.78	\$1,205.01
11	Empire Essential Guided Access w/Dep Age 29 (ceae)	\$450.00	\$900.00	\$765.00	\$1,282.50
12	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$439.74	\$879.48	\$747.56	\$1,253.26
13	Empire Essential Guided Access w/ Child Dental (cdce)	\$462.61	\$925.22	\$786.44	\$1,318.44
14	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$452.76	\$905.52	\$769.69	\$1,290.37
15	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	\$481.15	\$962.30	\$817.96	\$1,371.28
16	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$470.85	\$941.70	\$800.45	\$1,341.92
17	Empire Preferred Guided Access (cecb)	\$525.07	\$1,050.14	\$892.62	\$1,496.45
18	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$546.08	\$1,092.16	\$928.34	\$1,556.33
19	Empire Preferred Guided Access w/ Child Dental (cdgd)	\$555.02	\$1,110.04	\$943.53	\$1,581.81
20	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$577.23	\$1,154.46	\$981.29	\$1,645.11
21	Empire Premier Guided Access (cazd)	\$623.34	\$1,246.68	\$1,059.68	\$1,776.52
22	Empire Premier Guided Access w/ Out-of-Network (ccze)	\$649.50	\$1,299.00	\$1,104.15	\$1,851.08
23	Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$648.26	\$1,296.52	\$1,102.04	\$1,847.54
24	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$675.50	\$1,351.00	\$1,148.35	\$1,925.18
25	Empire Premier Guided Access w/Child Dental (cdwc)	\$653.29	\$1,306.58	\$1,110.59	\$1,861.88
26	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$679.45	\$1,358.90	\$1,155.07	\$1,936.43
27	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$679.41	\$1,358.82	\$1,155.00	\$1,936.32
28	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (c	\$706.65	\$1,413.30	\$1,201.31	\$2,013.95

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

New York City (Region 4)

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
29	Empire Core Guided Access for Child Only w/HSA (cadc)	\$157.22	\$314.44	\$471.66
30	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$169.54	\$339.08	\$508.62
31	Empire Essential Guided Access for Child Only (cade)	\$183.06	\$366.12	\$549.18
32	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$195.42	\$390.84	\$586.26
33	Empire Preferred Guided Access for Child Only (cadd)	\$218.33	\$436.66	\$654.99
34	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$230.69	\$461.38	\$692.07
35	Empire Premier Guided Access for Child Only (caed)	\$258.95	\$517.90	\$776.85
36	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$268.59	\$537.18	\$805.77
37	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$271.27	\$542.54	\$813.81
38	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (	\$280.25	\$560.50	\$840.75

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Core Guided Access (caat)	\$540.04	\$1,080.08	\$918.07	\$1,539.11
2	Empire Core Guided Access (cabs)	\$551.40	\$1,102.80	\$937.38	\$1,571.49
3	Empire Core Guided Access w/ Dep Age 29 (cbra)	\$561.66	\$1,123.32	\$954.82	\$1,600.73
4	Empire Core Guided Access w/ Dep Age 29 (ccra)	\$573.44	\$1,146.88	\$974.85	\$1,634.30
5	Empire Core Guided Access w/ Child Dental (cdat)	\$584.43	\$1,168.86	\$993.53	\$1,665.63
6	Empire Core Guided Access w/ Child Dental (cdba)	\$595.73	\$1,191.46	\$1,012.74	\$1,697.83
7	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$607.76	\$1,215.52	\$1,033.19	\$1,732.12
8	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$619.60	\$1,239.20	\$1,053.32	\$1,765.86
9	Empire Essential Guided Access (cbjw)	\$641.28	\$1,282.56	\$1,090.18	\$1,827.65
10	Empire Essential Guided Access w/ HSA (cdib)	\$626.63	\$1,253.26	\$1,065.27	\$1,785.90
11	Empire Essential Guided Access w/Dep Age 29 (ceae)	\$666.93	\$1,333.86	\$1,133.78	\$1,900.75
12	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$651.72	\$1,303.44	\$1,107.92	\$1,857.40
13	Empire Essential Guided Access w/ Child Dental (cdce)	\$685.61	\$1,371.22	\$1,165.54	\$1,953.99
14	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$671.02	\$1,342.04	\$1,140.73	\$1,912.41
15	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	\$713.09	\$1,426.18	\$1,212.25	\$2,032.31
16	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$697.83	\$1,395.66	\$1,186.31	\$1,988.82
17	Empire Preferred Guided Access (cecb)	\$778.18	\$1,556.36	\$1,322.91	\$2,217.81
18	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$809.33	\$1,618.66	\$1,375.86	\$2,306.59
19	Empire Preferred Guided Access w/ Child Dental (cdgd)	\$822.58	\$1,645.16	\$1,398.39	\$2,344.35
20	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$855.49	\$1,710.98	\$1,454.33	\$2,438.15
21	Empire Premier Guided Access (cazd)	\$923.82	\$1,847.64	\$1,570.49	\$2,632.89
22	Empire Premier Guided Access w/ Out-of-Network (ccze)	\$962.59	\$1,925.18	\$1,636.40	\$2,743.38
23	Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$960.76	\$1,921.52	\$1,633.29	\$2,738.17
24	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$1,001.13	\$2,002.26	\$1,701.92	\$2,853.22
25	Empire Premier Guided Access w/Child Dental (cdwc)	\$968.21	\$1,936.42	\$1,645.96	\$2,759.40
26	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$1,006.99	\$2,013.98	\$1,711.88	\$2,869.92
27	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$1,006.93	\$2,013.86	\$1,711.78	\$2,869.75
28	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (c	\$1,047.29	\$2,094.58	\$1,780.39	\$2,984.78

Rate Manual

Empire HealthChoice HMO, Inc.

Individual

Calendar Year 2014

Form Numbers: NY_OFFHIX_HM(1/14); NY_OFFHIX_HM_CHILD(1/14)

Upstate (Region 7)

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
29	Empire Core Guided Access for Child Only w/HSA (cadc)	\$233.02	\$466.04	\$699.06
30	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$251.27	\$502.54	\$753.81
31	Empire Essential Guided Access for Child Only (cade)	\$271.30	\$542.60	\$813.90
32	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$289.62	\$579.24	\$868.86
33	Empire Preferred Guided Access for Child Only (cadd)	\$323.57	\$647.14	\$970.71
34	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$341.89	\$683.78	\$1,025.67
35	Empire Premier Guided Access for Child Only (caed)	\$383.78	\$767.56	\$1,151.34
36	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$398.07	\$796.14	\$1,194.21
37	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$402.04	\$804.08	\$1,206.12
38	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (	\$415.35	\$830.70	\$1,246.05

Empire HealthChoice HMO, Inc Individual Off-Exchange Plans

Plan Name	Deductible Single/ Family	Office Visit		Network Coins	Annual OOP Max Single/ Family	Out-of-Network Cost Shares (Does not accumulate to in-network OOPM)				Pharmacy	Inpatient Hospital	Emergency Room (Facility)	Urgent Care	Outpt Hospital (Facility)	Maternity & Newborn Care	Mental Health & Substance Abuse	Rehab & Habilitation	Diagnostics	Chronic Disease Mgmt	
		PCP	Specialist			Ded Single/Family	Coins	Out-of- Pocket Max	Inpatient Hospital (Non-Emergency)											
BRONZE																				
Empire Core Guided Access (caat)	\$5,800/ \$11,600	\$45 2 OV with copay; 3+ @ Ded/Coins	20%	20%	\$6,350/ \$12,700	Not Covered, Emergent/Urgent Care Only				Ded + Coins	\$1000 Copay then Ded + Coin	\$200 Copay + Ded + Coins	\$50 Copay + Ded + Coins	20%	20%	20%	20%	20%	20%	20%
Empire Core Guided Access (cabs)	\$4,000/ \$8,000	\$35 3 OV with copay; 4+ @ Ded/Coins	40%	40%	\$6,350/ \$12,700	Not Covered, Emergent/Urgent Care Only				Ded + Coins	\$1000 Copay then Ded + Coins	\$200 Copay + Ded + Coins	\$50 Copay + Ded + Coins	40%	40%	40%	40%	40%	40%	40%
SILVER																				
Empire Essential Guided Access w/ HSA (cdib)	\$2,450/ \$4,900	10%	10%	10%	\$6,350/ \$12,700	Not Covered, Emergent/Urgent Care Only				Ded + Coins	Ded+\$1000 Copay then Coins	Ded + \$200 Copay + Coins	Ded + \$50 Copay + Coins	10%	10%	10%	10%	10%	10%	10%
Empire Essential Guided Access (cbjw)	\$2,250/ \$4,500	\$30 unlimited	25%	25%	\$5,800/ \$11,600	Not Covered, Emergent/Urgent Care Only				Ded + Coins	\$1000 Copay then Ded + 25%	\$200 Copay + Ded + Coins	\$50 Copay + Ded + Coins	25%	25%	25%	25%	25%	25%	25%
GOLD																				
Empire Preferred Guided Access (cecb)	\$1,000/ \$2,000	\$30 unlimited	10%	10%	\$6,250/ \$12,500	Not Covered, Emergent/Urgent Care Only				Tier 1 - \$15 Tier 2 - \$40 Tier 3 - Med Ded / Coins	\$1000 Copay + Ded + Coins	\$200 Copay + Ded + Coins	\$50 Copay + Ded + Coins	10%	10%	10%	10%	10%	10%	10%
PLATINUM																				
Empire Premier Guided Access (cazd)	\$200/ \$400	\$25 unlimited	5%	5%	\$3,400/ \$6,800	Not Covered, Emergent/Urgent Care Only				Tier 1 - \$15 Tier 2 - \$40 Tier 3 - Med Ded / Coins	\$500 Copay + Ded + Coins	\$200 Copay + Ded + Coins	\$50 Copay + Ded + Coins	5%	5%	5%	5%	5%	5%	5%
Empire Premier Guided Access (cazd)	\$200/ \$400	\$25 unlimited	5%	5%	\$3,400/ \$6,800	\$5,000/ \$10,000	30%	\$15,000/ \$30,000	30%	Tier 1 - \$15 Tier 2 - \$40 Tier 3 - Med Ded / Coins	\$500 Copay + Ded + Coins	\$200 Copay + Ded + Coins	\$50 Copay + Ded + Coins	5%	5%	5%	5%	5%	5%	5%

NEW YORK INSURANCE DEPARTMENT

Standardized Individual Direct Pay Insurance (HMO Only) Checklist For SERFF Filings (As of 9/24/10)

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:
- Contract – Also complete all sections except the section entitled “Application Forms.”
 - Application – Also complete the section entitled “Application Forms.”
 - 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 Initial Rate Filings Only” in addition to completion of the applicable form sections identified above.
- 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.
- E. Do not make any changes or revisions to this checklist.
- F. **Updates to Checklist:** Any items on the checklist that have been updated since the last posting are shaded.
- G. **Instructions for Citations:** All citations to Insurance Department regulations link to the Department of State’s website and an unofficial copy of the NYCRR. Please select title 11 for Insurance Department 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”.

NEW YORK INSURANCE DEPARTMENT
REVIEW STANDARDS FOR STANDARDIZED INDIVIDUAL DIRECT PAY CONTRACTS
(HMO ONLY)

LINE OF BUSINESS: Individual Health Maintenance Organization LINE(S) OF INSURANCE CO DES
CO DE: HOrg02I OTHER HOrg02I.005D

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS	<i>Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Insurance Department Circular Letters and OGC opinions</i>		Form/Page/Para Reference
Form Requirements	§11NYCRR52.31(b), (d), (f), (l) §3102(c)(1)(G)	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) All blank spaces are filled in with hypothetical data. §52.31(f) If the form contains more than 3 pages or more than 3,000 words, the form contains a table of contents. §3102(c)(1)(G) The form does not contain variable material. §52.31(l) If the form contains illustrative material, it does so only for items that may vary from case to case, such as names and dates. §52.31(l)	
Discrimination	§2606 , §2607 , & §2608	This form does not contain any unfair discrimination provisions because of race, color, creed, national origin, disability (including treatment of mental disability), sex, and marital status.	
APPLICATION FORMS			Form/Page/Para Reference

NEW YORK INSURANCE DEPARTMENT
REVIEW STANDARDS FOR STANDARDIZED INDIVIDUAL DIRECT PAY CONTRACTS
(HMO ONLY)

No Health Status Questions	11NYCRR360.5(e)	The application does not contain any questions regarding the applicant's health status.	
Authorization	11NYCRR420.18(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)	The application contains the prescribed fraud warning statement.	
Pre-Existing Conditions	11NYCRR52.51(j)	Since the application is used with a contract that contains a "pre-existing conditions" provision, the application includes a statement describing the provision. <i>Note: Although §52.51(j) permits the statement describing the pre-existing condition provision to be provided in the disclosure statement, health maintenance organizations are not permitted to use disclosure statements.</i>	
Prohibited Questions and Provisions	11NYCRR52.51 §3204	The application does NOT contain: Questions as to the applicant's race. A provision that changes the terms of the policy 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 contract void. An agreement that acceptance of any policy issued upon the application will constitute a ratification of any changes or amendments made by the insurer and insured in the application, except to conform to §3204.	
POLICY FORM PROVISIONS			Form/Page/Para Reference
COVER PAGE			
HMO name		This contract contains the name and full address of the issuing HMO on the front or back cover.	
Free Look	§4306(h)	This contract contains a "free look" provision that is for a period of not less than 10 days and not more than 20 days.	
Signature of Company Officer		The signature of company officer(s) appears prominently on the contract (such as on the cover).	
DEFINITIONS			
Continuous Confinement	11NYCRR52(f)	The definition of "continuous confinement" complies with §52.2(f).	
Creditable Coverage	§4318(b) 11NYCRR52.20	The definition of "creditable coverage" complies with §4318(c) and §52.20.	
Emergency Condition	§4303(a)(2)	The definition of "emergency condition" complies with §4303(a)(2).	
Enrollment Date	§4318(b) 11NYCRR52.20	The definition of "enrollment date" complies with §4318(b) and §52.20.	
Hospital	11NYCRR52.2(m)	The definition of "Hospital" complies with §52.2(m).	
ELIGIBILITY			
Person to Whom Contract is Issued	§4304(d)	This contract provides coverage for the person to whom the contract is issued.	
Spouse	§4304(d) Circular Letter No. 27 (2008)	If family coverage is selected, this contract provides coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes the recognition of marriages between same-sex partners legally performed in other jurisdictions.	
Unmarried Children	§4304(d)	If family coverage is selected, this contract provides coverage for unmarried dependent children	

NEW YORK INSURANCE DEPARTMENT
REVIEW STANDARDS FOR STANDARDIZED INDIVIDUAL DIRECT PAY CONTRACTS
(HMO ONLY)

	§2608-a	<p>under the age of 19.</p> <p><i>Note: Pursuant to §2608-a, an HMO may <u>not</u> 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 HMO's service area.</i></p>	
Unmarried Students	§4304(d)	If family coverage is selected, this contract provides coverage for unmarried dependent children under the age of 23 who are full-time students in an accredited educational institution.	
Extended Dependent Coverage	§4304(d)(1)	<p>If dependent coverage is selected by the policyholder, this policy must make available and if requested by the policyholder, 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.</p> <p>The company must comply with the notice requirements set forth in §4304(d)(1).</p>	
Unmarried Students on Medical Leave of Absence	§4306-a 42 USC §300gg-7	If family coverage is selected, this contract provides coverage for dependent students who take 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 nothing in this section requires coverage of a dependent student beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the HMO 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.	
Unmarried Disabled Children	§4304(d)	<p>If family coverage is selected, this contract provides coverage for unmarried dependent 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.</p> <p><i>Note: Such coverage shall not terminate while the policy remains in effect and the dependent remains in such condition and is chiefly dependent on the subscriber for support and maintenance, if the subscriber has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.</i></p>	
Newborn Infants	§4304(d)	<p>If family coverage is selected, this contract provides that coverage of newborn infants, including newly born infants adopted by the subscriber if the subscriber 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.</p> <p><i>Note: In the case of individual or two-person coverage, the HMO must permit the subscriber 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.</i></p>	

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Adopted Children and Step-Children	11NYCRR52.17(a)(30), (31)	If family coverage is selected, this contract provides that adopted children and stepchildren dependent upon the subscriber are eligible for coverage on the same basis as natural children. Further, a family policy covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child be eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.	
Service Area Requirement	11NYCRR360.3(a)(4)	This contract may deny an individual enrollment if the individual does not live within the HMO's approved service area.	
Overinsurance Rules	11NYCRR360.3(a)(5)	This contract may deny an individual enrollment in accordance with its overinsurance rules, if those rules are filed with the Health Bureau and approved by the Superintendent, for individuals actually covered under the same or other group or individual policies.	
Other Employer Group Coverage	11NYCRR360.5(d)	This contract may deny an individual enrollment if the individual is eligible for comparable group coverage through an employer. <i>Note: Other than group coverage through an employer, an individual may not be denied enrollment based upon mere eligibility for other group or individual coverage.</i>	
Previous Failure to Pay Premiums	11NYCRR360.3(a)(11)	This contract may impose a rule limiting eligibility where an individual has had health insurance coverage terminated within the previous 12 months for failure to pay premiums.	
Domestic Partners	§4304(d)(1) OGC Opinion 01-11-23	This contract does not cover domestic partners.	
New Family Members		The contract describes the requirements to add new family members to the contract.	
MANDATORY COVERED BENEFITS <i>Note: These are the only benefits that may be provided in this contract.</i>			
Inpatient Hospital Services	§4322(b)(1) 11NYCRR52.5	This contract includes coverage for inpatient hospital services under §4322(b)(1) and §52.5 subject to a \$500 copayment per continuous confinement.	
Outpatient Hospital Services	§4322(b)(2)	This contract includes coverage for outpatient hospital services under §4322(b)(2) subject to a \$15 copayment per visit for diagnoses and treatment, x-rays, and laboratory services, and a \$75 copayment per ambulatory surgery.	
Physician's Services	§4322(b)(3)	This contract includes coverage for physician's services under §4322(b)(3). Such coverage includes consultation and referral services, preventive and primary care services, in-hospital medical services, surgical services, anesthetic services, and second surgical opinion services. The services are subject to a \$15 copayment per visit, except for visits related to surgery and pregnancy, which are not subject to a copayment.	
Preventive Health Services	§4322(b)(4), (26) §4303(j), (p), (t)	This contract includes coverage for preventive health services under §§4322(b)(4) and (26). Such coverage includes periodic physical examinations, including ear and eye examinations to determine the need for vision and hearing correction, well-child care from birth as provided in §4303(j), pediatric and adult immunizations, mammography screening as provided in §4303(p), cervical cytology screening as provided in §4303(t), and bone mineral density measurements and tests as provided in §4322(b)(26). The services are subject to a \$15 copayment per visit, except for well-child visits, which are not subject to a copayment.	

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Emergency Services	§4322(b)(5) §4303(a)(2) CL1(2002) §4408(1)(h)(PHL) 10NYCRR98-1.13	This contract includes coverage for emergency services under §4322(b)(5), as provided in §4303(a)(2), including a definition of emergency services, notice that emergency services are not subject to prior approval, and a description of the financial and other responsibilities of the individual regarding obtaining such services including when such services are received outside the HMO's service area. The services are subject to a \$50 copayment per emergency room visit, which is waived if hospital admission results. <i>Note: HMOs may use urgent care facilities as either referral providers or providers of emergency services. However, only the \$15 visit copayment applies. The \$50 emergency room copayment is not applicable to emergency services rendered by an urgent care facility.</i>	
Diagnostic Laboratory Services	§4322(b)(6)	This contract includes coverage for diagnostic laboratory services under §4322(b)(6). The services are subject to a \$15 copayment per visit.	
Therapeutic and Diagnostic Radiologic Services	§4322(b)(7)	This contract includes coverage for therapeutic and diagnostic radiologic services under §4322(b)(7). The services are subject to a \$15 copayment per visit.	
Preadmission Testing	§4322(b)(8) §4303(a)(1)	This contract includes coverage for preadmission testing under §4322(b)(7), as provided in §4303(a)(1). The services are subject to a \$15 copayment per visit.	
Home Health Services	§4322(b)(9) §4303(a)(3)	This contract includes coverage for 200 visits of home health services per member per calendar year under §4322(b)(8), as provided in §4303(a)(3). The services are subject to a \$15 copayment per visit.	
Maternity Care	§4322(b)(10) §4303(c)	This contract includes coverage for maternity care under §4322(b)(10), as provided in §4303(c), to the same extent as coverage provided for illness or disease under the 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 also includes the services of a midwife licensed pursuant to Article 140 of the education law, practicing consistent with a written agreement pursuant to §6951 of the education law and affiliated or practicing in conjunction with a facility licensed pursuant to Article 28(PHL). The services for prenatal and postnatal care are not subject to a copayment. The services related to delivery are subject to a copayment of the lesser of 20% or \$200. <i>Note: Routine newborn nursery care is covered without copayment as it is connected to the mother's covered hospital confinement, which carries a \$500 copayment per continuous confinement.</i>	
Chemotherapy Services	§4322(b)(11)	This contract includes coverage for chemotherapy services under §4322(b)(11). The services are subject to a \$15 copayment per visit.	
Hemodialysis Services	§4322(b)(12)	This contract includes coverage for hemodialysis services under §4322(b)(12). The services are subject to a \$15 copayment per visit.	
Outpatient Physical Therapy	§4322(b)(13)	This contract includes coverage for 90 visits per condition per calendar year for outpatient physical therapy services. The services are subject to a \$15 copayment per visit.	
Hospice Care	§4322(b)(14) §4303(o)	This contract includes coverage for 210 days of hospice care and 5 visits for bereavement counseling under §4322(b)(14), as provided in §4303(o). The services are subject to a \$15 copayment per outpatient visit and a \$500 copayment for inpatient care, unless the inpatient care follows an inpatient hospital stay, in which case the inpatient care is not subject to a copayment.	

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Skilled Nursing Facility Care	§4322(b)(15)	This contract includes coverage for skilled nursing facility care under §4322(b)(15) when such services are preceded by a hospital stay of at least three days and further hospitalization would otherwise be necessary. The services are not subject to a copayment.	
Diabetes Equipment, Supplies and Self-Management Education	§4322(b)(16) §4303(u)	This contract includes coverage for equipment, supplies and self-management education for the treatment of diabetes under §4322(b)(16), as provided in §4303(u). The services are subject to a \$15 copayment per service and a \$15 copayment per 34-day order of supplies, insulin and oral hypoglycemics.	
Inpatient Mental Health Services	§4322(b)(17)	This contract includes coverage for inpatient diagnosis and treatment of mental, nervous or emotional disorders or ailments for 30 days per member per calendar year under §4322(b)(17). The services are subject to a \$500 copayment per continuous confinement. <i>Note: The 30-day per calendar year limit is combined with the benefit limit for inpatient treatment of alcoholism and substance abuse.</i>	
Inpatient Alcohol and Substance Abuse Services	§4322(b)(18)	This contract includes coverage for inpatient diagnosis and treatment of alcoholism and alcohol abuse and substance abuse and substance dependence for 30 days per calendar year for detoxification under §4322(b)(18). The services are subject to a \$500 copayment per continuous confinement. <i>Note: The 30-day per calendar year limit is combined with the benefit limit for inpatient mental health services.</i>	
Outpatient Mental Health Services	§4322(b)(19)	This contract includes coverage for outpatient diagnosis and treatment of mental, nervous or emotional disorders or ailments up to thirty non-emergency and three emergency visits per calendar year under §4322(b)(19). The services are subject to a 10% coinsurance per visit.	
Ambulance Services	§4322(b)(20)	This contract includes coverage for ambulance services for all medically necessary transport under §4322(b)(20). The services are not subject to a copayment.	
Private Duty Nursing	§4322(b)(21)	This contract includes coverage for private duty nursing up to five thousand dollars per individual per calendar year up to a ten thousand-dollar individual lifetime maximum under §4322(b)(21). The services are subject to a \$15 copayment per visit.	
Prosthetics, Orthotics, Durable Medical Equipment, and Medical Supplies	§4322(b)(22)	This contract includes coverage for prosthetics, orthotics, durable medical equipment and medical supplies under §4322(b)(22). The services are not subject to a copayment.	
Inpatient Physical Rehabilitation Services	§4322(b)(23)	This contract includes coverage of inpatient physical rehabilitation services. The services are subject to a \$500 copayment per continuous confinement.	
Blood and blood products	§4322(b)(24)	This contract includes coverage of blood and blood products. The services are not subject to a copayment. <i>Note: Blood and blood product coverage does not include services for autologous blood.</i>	
Prescription Drugs	§4322(b)(25) , (26)	This contract includes coverage of prescription drugs obtained at a participating pharmacy, including contraceptive drugs and devices approved by the FDA, nutritional supplements (formulas) for the therapeutic treatment of phenylketonuria, branched-chained ketonuria, galactosemia and homocystinuria under §4322(b)(25) and bone mineral density drugs and devices under §4322(b)(26). The services are subject to a \$100 individual and \$300 family deductible per calendar year. The services are further subject to a \$10 copayment per 34-day supply of brand name prescription drugs and a \$5 copayment for generic prescription drugs. If a mail order prescription drug program is also utilized, the services are subject to a \$20	

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		copayment per 34 day supply of brand name prescription drugs and a \$10 copayment for generic prescription drugs.	
Direct Access to OB/GYN Services	§4408(1)(p-1)(PHL) §4406-b(PHL)	This contract provides a female individual's direct access to primary and preventive obstetric and gynecologic services from a qualified participating provider of such services of her choice to no less than 2 examinations annually and to any care related to pregnancy. Additionally, this contract provides direct access to primary and preventive obstetric and gynecologic services required as a result of such annual examinations or as a result of an acute gynecologic condition, provided that such qualified provider discusses such services and treatment plan with the individual's primary care practitioner in accordance with the HMO's requirements.	
End of Life Care	§4406-e (PHL)	This contract includes coverage for acute care services at an acute care facility licensed pursuant to Article 28 of the Public Health Law and specializing in the treatment of terminally ill patients when such services are rendered to an individual diagnosed with advanced cancer under §4406-e (PHL). The services are subject to a \$500 copayment per continuous confinement.	
Second Medical Opinion	§4303(w)	This contract 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 individual beyond what such individual 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 HMO has not pre-authorized the service. In such cases, the HMO is responsible for covering the medically necessary services at a usual, customary and reasonable rate. The services are subject to a \$15 copayment.	
Second Surgical Opinion	§4303(b) CL21(1976)	This contract includes coverage for a second surgical opinion by a qualified physician on the need for surgery, subject to the following: A qualified physician must be a board-certified specialist who by reason of his specialty is an appropriate physician to consider the surgical procedure being proposed. The obtaining of the second surgical opinion is at the option of the individual. The benefit is applicable to all in-patient surgical procedures of a non-emergency nature covered by the contract. The benefit is payable only if the individual is examined in person by the physician rendering the second surgical opinion and a written report is submitted to the insurer. If the board certified specialist who renders the second surgical opinion also performs the surgery, no second surgical opinion benefit is payable. The services are subject to a \$15 copayment.	
Out-of-Pocket Maximum	§4321(b)	This contract contains an out-of-pocket maximum of \$1,500 per individual per calendar year and \$3,000 per family per calendar year,	
MANDATORY STANDARD PROVISIONS		<i>Note: These provisions MUST be included in each policy. The provision must be no less favorable to the insured than the statutory provision.</i>	
Amount, Time and Manner of Premium Payment	§4306(a)	This contract includes a statement of the amount payable to the HMO by the individual to whom the contract is issued and the times and manner of such payment.	
Benefits and Exclusions	§4306(b), (k)	This contract includes a statement of the nature of the benefits to be furnished and the period during	

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		which they will be furnished and a detailed statement of any excluded or excepted benefits. The excepted benefits in this contract appear with the same prominence as the benefits to which they apply.	
Termination	§4306(c) §4304(c)	This contract includes a statement of the terms and conditions, if any, upon which the contract may be terminated at the option of the individual, or otherwise terminated at the option of either party. In the event of termination, the HMO shall return the unearned portion of the premium. Note: The contract <u>must</u> provide that it may be terminated at the option of the individual to whom the contract is issued, upon not less than one month's prior written notice. See "Other Optional Standard Provisions" for the permissible grounds for termination by the HMO.	
Entire Contract	§4306(d) §4306(e) §4306(l)	This contract includes a statement that: The contract includes the endorsements thereon and attached papers, if any. No statement by the individual in his application for a contract shall avoid the contract or be used in legal proceedings thereunder, unless such application or an exact copy thereof is included in or attached to such contract. No agent or representative of such corporation and no broker, other than an officer or officers designated therein, is authorized to change the contract or waive any of its provisions. <i>Note: If this contract contains any provision purporting to make any portion of the articles, constitution or by-laws of the HMO a part of the contract, such portion shall be set forth in full.</i>	
Reinstatement Following Default	§4306(f)	This contract includes a statement that if the individual defaults in making any payment under the contract, the subsequent acceptance of payment by the HMO or by one of its duly authorized agents or by a duly authorized broker shall reinstate the contract, but with respect to sickness and injury, only to cover such sickness as may be first manifested more than 10 days after the date of such acceptance.	
Grace Period	§4306(g)	This contract includes a statement of the period of grace that will be allowed the individual for making any payment due under the contract, which period shall not be less than 10 days.	
Right to New Contract After Termination (Conversion)	§4306(j)	This contract provides that (a) if an individual is no longer covered under a "family contract" because he is no longer within the definition set forth in the contract or (b) a spouse is no longer covered under the contract because of divorce from the contractholder or annulment of the marriage, or (c) any such contract is terminated because of the death of the contractholder, then such dependents or spouse, upon application therefor and the making of the first payment thereunder within 31 days after the date of termination of such contract, shall be issued a standardized individual direct payment contract. The effective date of such coverage shall be the date of the termination of coverage under the contract from which conversion was made.	
Brief Statement	§4306(m)	This contract contains a brief description of the contract on its first page.	
Timeframe to Submit Claims	§4306(n)	Effective 1/1/10, the contract must contain a statement a health care claim from a subscriber covered under a contract issued pursuant to §4304 shall be submitted within 120 days from the date of service; provided, however, that it was not reasonably possible for the subscriber to submit the claim within that timeframe, then the shall be submitted as soon as reasonably possible.	
Pre-existing Condition Limitation	§4318 11NYCRR52.20 19U.S.C. §2401et seq.	This contract contains a pre-existing condition provision which: Defines a pre-existing condition as one which relates to a condition (whether physical or mental), regardless of the cause of the condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the enrollment date. Excludes pre-existing conditions for a period of 12 months from the enrollment date. Excludes pregnancy for a period of 10 months from the enrollment date.	

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		<p>Credits the time the individual was covered under creditable coverage.</p> <p>Does not treat genetic information as a pre-existing condition in the absence of a diagnosis of the condition related to such information.</p> <p>Does not exclude coverage in the case of an individual who, as of the last day of the 30-day period beginning with the date of birth, is covered under creditable coverage.</p> <p>Does not exclude coverage in the case of a child who is adopted or placed for adoption before attaining 18 years of age and who, as of the last day of the 30-day period beginning on the date of adoption, is covered under creditable coverage.</p> <p>Does not exclude coverage in the case of an individual, and any dependent of such individual, who is eligible for a federal tax credit under the federal Trade Adjustment Assistance Reform Act of 2002 and who has 3 months or more of creditable coverage.</p>	
Pre-Existing Condition Limitation When Contract Used as Conversion Contract	§4304(e)(3)	If this contract may be used as a conversion contract, it may exclude any condition excluded by the contract from which conversion was made at the time of termination of benefits thereunder and may not exclude any other pre-existing condition.	
Automatic Renewal	§4304(b)(2) 11NYCRR52.17(a)(2)	This contract provides, on the first page, that it will be automatically renewed from year to year unless there shall have been one month's prior written notice of termination by the subscriber.	
Suspension of Coverage	§4304(i) 11NYCRR52.17(a)(9)	<p>This contract provides that:</p> <p>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.</p> <p>The HMO will refund any unearned premiums for the period of the suspension.</p> <p>Persons covered by this 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.</p> <p>Coverage shall be retroactive to the date of termination of the period of active duty.</p> <p>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.</p>	
Extension of Benefits	11NYCRR52.17(a)(15)	This contract provides that termination of the contract is without prejudice to any continuous loss which commenced while the contract was in force, but any such extension of benefits is predicated on the continuous total disability of the insured, or limited to the extent of the benefit period, if any, or payment of the maximum benefit. If no specific benefit period is provided, an extended benefit period of at least 12 months must be provided. A loss commences when a medical service, whether or not covered by the contract, is rendered for the condition causing total disability.	
Description of Accessing Care in an HMO		This contract contains a general description of how to access healthcare through an HMO, including a description of the referral and pre-authorization process, if any.	
OPTIONAL STANDARD PROVISIONS		<i>The following provisions must be included in the Member Handbook, which is reviewed by the Department of Health, and may also be included in the contract.</i>	
Definition of Medical Necessity	§4408(1)(a)(PHL)	This contract contains a definition of "medical necessity" used in determining whether benefits will be covered.	
Prior Authorization Requirements	§4408(1)(b)(PHL)	This contract contains a description of all prior authorization or other requirements for treatments and services.	
Utilization Review Policies and	§4408(1)(c)(PHL)	This contract contains a description, consistent with Article 49 (PHL), of the utilization review	

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Procedures	Article 49 (PHL) Model Language for Utilization Review of Home Health Care Services Following a Hospital Admission	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 denial 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.	
External Appeal Procedures Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Article 49 (PHL) Model Language	This policy includes a description, consistent with Article 49, of the external appeal procedures, including: <ul style="list-style-type: none"> • Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued (service denied as not medically necessary or experimental/investigational, including clinical trials and treatment for rare diseases); and • The timeframe for submitting an external appeal. 	
Reimbursement of Providers	§4408(1)(d)(PHL)	This contract contains a description of the types of methodologies the HMO uses to reimburse providers.	
Non-Participating Providers and Non-Authorized Services	§4408(1)(f)(PHL)	This contract provides a description of the individual's financial responsibility for payment when services are provided by a health care provider who is not part of the HMO or by any provider without the required authorization or when a procedure, treatment or service is not a covered health care benefit.	
Grievance Procedures	§4408(1)(g)(PHL) §4408-a(PHL) 10NYCRR98-1.14	This contract contains a description, consistent with §4408-a(PHL) of the grievance procedure to be used to resolve disputes between the HMO and the individual, including: the right to file a grievance orally when the dispute is about referrals or covered benefits; the toll-free telephone number which individuals 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 involve clinical decisions will be made by qualified clinical personnel; that all notices of determination will include information about the basis of the decision and further appeal rights, if any.	
Selecting, Changing and Accessing Participating Providers	§4408(1)(i), (j)(PHL) 10NYCRR98-1.1	This contract contains a description of the procedures for individuals to select, change and access primary and specialty care providers, including how to determine whether a participating provider is accepting new patients.	
Referral to Non-Participating Providers	§4408(1)(k)(PHL) §4403(6)(a)(PHL) 10NYCRR98-1.13	This contract contains a notice that an individual may obtain a referral to a health care provider outside of the HMO's network or panel when the HMO does not have a health care provider with the appropriate training and experience in the network or panel to meet the particular health care needs of the individual and the procedure by which the individual can obtain such referral.	
Standing Referrals	§4408(1)(l)(PHL) §4403(6)(b)(PHL)	This contract contains a notice that an individual with a condition that requires ongoing care from a specialist may request a standing referral to such a specialist and the procedure for requesting and obtaining such a referral in accordance with §4403(6)(b)(PHL).	

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Specialty Care Provider as PCP	§4408(1)(m)(PHL) §4403(6)(c)(PHL)	This contract contains a notice that an individual with a life-threatening condition or disease or a degenerative and disabling condition or disease may request a specialist responsible for providing or coordinating the individual's medical care and the procedure for requesting and obtaining such a specialist in accordance with §4403(6)(c)(PHL).	
Specialty Care Center	§4408(1)(n)(PHL) §4403(6)(d)(PHL)	This contract contains a notice that an individual with a life-threatening condition or disease or a degenerative and disabling condition or disease may request access to a specialty care center and the procedure for which such access may be obtained in accordance with §4403(6)(d)(PHL).	
Participation in Development of HMO Policies	§4408(1)(o)(PHL)	This contract contains a description of the mechanisms by which an individual may participate in the development of the HMO's policies.	
Non-English Speaking Individuals	§4408(1)(p)(PHL)	This contract contains a description of how the HMO addresses the needs of non-English speaking individuals.	
Contact Information	§4408(1)(q)(PHL)	This contract contains all appropriate mailing addresses and telephone numbers to be utilized by individuals seeking information or authorization.	
Enrollee's Provider Leaves Network	§4403(6)(e)(PHL)	This contract, consistent with §4403(6)(e)(PHL), contains a notice that if an individual's health care provider leaves the network, the HMO shall permit the individual to continue an ongoing course of treatment with the provider during a transitional period of up to 90 days from the date of notice to the individual of the provider's disaffiliation or if the individual has entered the 2 nd trimester of pregnancy, for a transitional period that includes the provision of post-partum care directly related to the delivery.	
New Enrollee's Provider Not in Network	§4403(6)(f)(PHL)	This contract, consistent with §4403(6)(f)(PHL), contains a notice that if a new enrollee's health care provider is not a member of the HMO's network, the HMO shall permit the enrollee to continue an ongoing course of treatment with the enrollee's current provider during a transitional period of up to 60 days from the effective date of enrollment, if the enrollee has a life-threatening disease or condition or a degenerative and disabling disease or condition or the enrollee has entered the 2 nd trimester of pregnancy at the effective date of enrollment, in which case the transitional period shall include the provision of post-partum care directly related to the delivery.	
Arbitration	§4406-a(PHL)	This contract contains a provision permitting the subscriber and adult members of the subscriber's family who are covered under the contract to elect to have all claims for damages because of injury or death resulting from health care or treatment rendered or failed to be rendered pursuant to the contract by a physician, dentist, hospital, health maintenance organization, or other health care provider subject to binding arbitration pursuant to Article 75-A (CPLR). The contract may permit arbitration elections to be executed on behalf of minor children or persons judicially determined to be incompetent by a parent, legal guardian, committee, or conservator or other person legally authorized to enroll the minor or incompetent person in the HMO. <i>Note: The contract may not contain a mandatory arbitration provision.</i>	
OTHER OPTIONAL STANDARD PROVISIONS		<i>The following provisions may but are not required to be included in the contract.</i>	
Unilateral Modification	§52.17(a)(25)	This contract contains a provision that the HMO may unilaterally modify the contract at the time of renewal on at least 30-days' prior written notice, unless the HMO requires the individual to provide prior written notice to terminate coverage, in which case the HMO is required to provide the individual with the written notice no less than 14 days prior to the date the individual is required to provide notice to terminate coverage.	
Termination for Failure to Pay	§4304(c)(2)(A)	This contract contains a provision permitting the HMO to terminate the contract if the subscriber has	

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Premiums		failed to pay premiums or contributions in accordance with the terms of the contract or the HMO has not received timely premium payments.	
Termination for Fraud	§4304(c)(2)(B)	This contract contains a provision permitting the HMO to terminate the contract if the subscriber has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the contract, upon not less than one month's prior written notice	
Discontinuation of a Class of Contract	§4304(c)(2)(C)(i)	This contract contains a provision permitting the HMO to discontinue this class of contract upon not less than 5 months' prior written notice. <i>Note: The written notice required to be given is subject to the Superintendent's prior approval.</i>	
Discontinuation of all Contracts in the Individual Market	§4304(c)(2)(C)(ii)	This contract contains a provision permitting the HMO to discontinue all hospital, surgical or medical expense coverage in the individual direct pay market in this state upon written notice to the superintendent and to each subscriber not less than 180 days prior to the date of the expiration of such coverage. <i>Note: As HMOs currently are required to be in the individual market, the HMO may not use this provision unless the HMO is ceasing operations or reducing its service area.</i>	
Termination for Failure to Live, Work or Reside in Service Area	§4304(c)(2)(D)	This contract contains a provision permitting the HMO to terminate the contract if the subscriber no longer resides, lives or works in the service area or in an area for which the HMO is authorized to do business.	
MANDATORY EXCLUSIONS AND LIMITATIONS			
Cosmetic Surgery	11NYCRR52.16(c)(5)	This contract excludes coverage for cosmetic 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. <i>Note: All exclusions for cosmetic surgery must be based on medical necessity, with the individual receiving all utilization review and external appeal rights under Article 49 (PHL).</i>	
Foot Care	11NYCRR52.16(c)(6)	This contract 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.	
Dental Care or Treatment	11NYCRR52.16(c)(9)	This contract excludes coverage of dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly. <i>Note: It is impermissible to exclude treatment of temporomandibular joint dysfunction where the treatment is medical in nature, unless a medical necessity determination is made and the individual receives all utilization review and external appeal rights under Article 49(PHL).</i>	
Eyeglasses and Hearing Aids	11NYCRR52.16(c)(10)	This contract excludes coverage for eyeglasses, hearing aids and examination for the prescription or fitting thereof. <i>Note: It is impermissible to exclude lasik and other surgeries or treatments to the eyes, unless a medical necessity determination is made and the individual receives all utilization review and external appeal rights under Article 49(PHL).</i>	

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(HMO ONLY)

Custodial Care	11NYCRR52.16(c)(11)	This contract excludes coverage for custodial care as defined in 11NYCRR52.16(l). <i>Note: All exclusions for custodial care that exceed the definition contained in 11NYCRR52.16(l) must be based on medical necessity, with the individual receiving all utilization review and external appeal rights.</i>	
Rest Cures	11NYCRR52.16(c)(11)	This contract excludes coverage for rest cures.	
Detection and Correction by Manual or Mechanical Means of Structural Imbalance, Distortion or Subluxation	11NYCRR52.16(c)(7)	This contract excludes coverage for care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation of the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.	
Drugs, Procedures or Supplies for the Treatment of Erectile Dysfunction	11NYCRR52.16(m)	This contract excludes coverage for drugs, procedures or supplies for the treatment of erectile dysfunction when provided to, or prescribed for use by, a person who is required to register as sex offender pursuant to Article 6-C of the Correction Law.	
PERMISSIBLE EXCLUSIONS & LIMITATIONS		<i>The following exclusions and limitations may but are not required to be included in the contract.</i>	
War or Act of War, Participation in Felony, Riot or Insurrection, Service in the Armed Forces	11NYCRR52.16(c)(4)(i)	This contract excludes coverage for illness, accident, treatment or medical condition arising out of war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection and service in the Armed Forces or units auxiliary thereto.	
Suicide, Attempted Suicide, Intentionally Self-Inflicted Injury	11NYCRR52.16(c)(4)(ii)	This contract excludes coverage for illness, accident, treatment or medical condition arising out of suicide, attempted suicide or intentionally self-inflicted injury.	
Aviation	11NYCRR52.16(c)(4)(iii)	This contract excludes coverage for illness, accident, treatment or medical condition arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	
Mandatory No-Fault	11NYCRR52.16(c)(8)	This contract excludes benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable.	
Medicare or Other Governmental Program	11NYCRR52.16(c)(8)	This contract excludes coverage for treatment provided in a government hospital; benefits provided under Medicare or other governmental programs (except Medicaid); any state or federal workers' compensation, employers' liability or occupational disease law.	
Hospital Employees	11NYCRR52.16(c)(8)	This contract excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	
Immediate Family	11NYCRR52.16(c)(8)	This contract excludes coverage for services performed by a member of the individual's immediate family.	
Services For Which No Charge Normally Made	11NYCRR52.16(c)(8)	This contract excludes coverage for services for which no charge is normally made.	
Outside the U.S.	11NYCRR52.16(c)(12)	This contract excludes coverage while the insured is outside the United States, its possessions or the countries of Canada or Mexico.	
Reminders		<ul style="list-style-type: none"> • A subrogation provision is impermissible in this contract. • The \$15 copayment must be imposed on a per visit basis as opposed to a per service basis. Further, the copayment may be imposed on all services that involve a visit, except as otherwise prohibited, but may not be imposed on services that do not involve a visit (for example, 	

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		<p>ambulance, prosthetics, orthotics, DME and supplies and blood and blood products.) Additionally, no copayment may be imposed on well-child visits.</p> <ul style="list-style-type: none"> • Section 4303 defines the parameters of a covered service (unless §4322(b) expressly changes the requirements) and those parameters must specifically appear in the contract. • Because §§4321 and 4322 require standardization, an HMO is not permitted to provide a more expansive benefit than that which the law sets forth. • HMOs are encouraged to offer applicants the option of a monthly premium mode. Accessible coverage is a goal of §§4321 and 4322. Requiring applicants to pay a significant premium amount by requiring less frequent payments is contrary to the intent of the law. • If the individual is treated in an emergency room for mental health services that meet the definition of an emergency, the contractual benefits are those pertaining to emergency services, including the emergency room copayment. Treatment in the emergency room should not diminish the number of crisis intervention visits available to the member. • Outpatient mental health benefits may be provided in an Article 31 (PHL) facility, an Office of Mental Hygiene facility, or in the offices of a physician, psychiatrist, psychologist or social worker, whichever site the HMO determines to be the most appropriate for care in a particular situation. • HMOs that have instituted voluntary individual case management programs may use such programs in conjunction with this contract. • Allergy testing and treatment services are covered to the same extent as services for the diagnosis or treatment of any other illness or injury. • If an HMO proposes that its contract also serve as a member handbook in order to satisfy the requirements of 10NYCRR98.14(a), a copy of the submission will be sent by us to the Department of Health. The Department of Health must review the contract for compliance with its requirements for member handbooks prior to our issuing an approval of the contract. 	
ACTUARIAL SECTION FOR INITIAL RATE FILINGS ONLY			Form/Page/Para Reference
General Requirements	11NYCRR52.40(a)(2) §4321	On each page of the rate filing, display the name of the corporation and policy form number.	
Actuarial Memorandum	11NYCRR52.40(a)(1) (d) 11NYCRR52.42 §4321	<p>Include the following:</p> <ol style="list-style-type: none"> a. An outline of essential benefits, coverages, and limitations. b. Specific formulas, methods, and assumptions used in calculating premium rates including claim frequencies, average reimbursements, and claim costs. c. Expected incurred loss ratio for each form d. Expense components of premium (administrative expenses, commissions, contribution to statutory reserves and surplus, etc.) e. Schedule of any commissions, fees, and allowances payable to brokers. f. Certification by your actuary (or appropriate financial officer) stating that the rate filing is in compliance with the applicable laws and regulations of the State of New York and the proposed rates are reasonable in relation to the benefits provided. 	

NEW YORK INSURANCE DEPARTMENT
REVIEW STANDARDS FOR STANDARDIZED INDIVIDUAL DIRECT PAY CONTRACTS
(HMO ONLY)

Name of Company: Empire HealthChoice HMO, Inc.

This is to certify that the forms listed on the attached page(s) are in compliance with New York's Insurance Policy Readability Law.

A. Option Selected.

- 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is .
- 2. Policy and its related forms are scored separately for the Flesch reading east test. Scores for the policy and each form are indicated on the attached page(s).

B. Test Option Selected

- 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 policy 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. The 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.)

8. _____

Officer's Name

Officer's Title

Empire HealthChoice HMO, Inc.

Flesch Scores for the form submitted with this filing is:

Form #	Sentences	Words	Syllables	Flesch Score
NY_OFFHIX_HM(1/14)	1339	34542	1.65	45.1
NY_OFFHIX_HM_CHILD(1/14)	1322	33905	1.66	44.9
NY_OFFHIX_HM_CAT(1/14)	1283	33056	1.68	43.3

Officer's Name

Officer's Title

Date:

May 15, 2013

STATEMENT OF VARIABILITY

Supporting Documentation for

Form nos. NY_OFFHIX_HM(1/14) and
NY_OFFHIX_HM_CHILD(1/14) and

SERFF # AWLP-129002159

- 1) **Optional language:** our optional language is separated by a row of asterisks above and beneath it and it is marked with the phrase “[Optional language]”
- 2) **Pediatric Dental Care, pages 116-8 – Please note:** the Off Exchange policy submitted hereby contains a bracketed, variable pediatric dental benefit. As explained in a separate letter being submitted to Lisette Johnson, Health Bureau Chief, we intend to eliminate the variable language from the form and instead bundle standalone pediatric dental coverage with the medical coverage of individuals who have not already purchased dental coverage. If ultimately, there are not sufficient standalone dental carriers on the Exchange, we understand we will be obligated to issue our On Exchange products with an embedded pediatric dental benefit. In that case, we may elect to do the same for our Off Exchange products in order to achieve parity to meet risk corridor protection requirements.
- 3) **The logo:** the logo information is bracketed on the cover page of each contract, top left-hand corner, to insert a Blue Cross logo for one version of each contract and a Blue Cross and Blue Shield logo for another version of each contract.
- 4) **The signature line:** the senior officer details are bracketed for the information to be changed in the event of a change in senior officers.
- 5) **Other Contract Variable Options/Revisions:** we have provided a blacklined version of the contract to show the variable options chosen for our plans. Please, also, note as follows:
 - **Cover Page:**
 - **Product name, page 1:** We have entered in brackets where we would insert the product name for each product in the title area at the top of this page;
 - **In-Network Benefits, page 4 –** we will also enter our On-Exchange Network Name, here, as indicated. Also, we have added language, as highlighted, to indicate that the Urgent Condition reference relates to services from a Non-Participating Provider outside our Service Area.
 - **Non-Participating Provider, p.15 -** for this definition, we have added language to indicate that Non-Participating Urgent Care provided in Our Service Area must be preauthorized.
 - **Cost Sharing Expenses and Allowed Amount:**

Pursuant to the Drafting Note, the HSA Deductible paragraph would be used for the HSA products and the non-HSA Deductible paragraph will be used for the non-HSA products.

- Urgent Care, p.19 - also, for this definition, we have added for clarity the sentence to indicate that when the service is rendered by a Non-Participating Provider in Our Service Area it must be Preauthorized. Similarly, we have added notes under the Urgent Care provision on p.57, both in the introduction and under B. Out-of-Network
- Open Enrollment, pages 45-6 – the Drafting Note in the first line underneath this heading, indicates that the 1st paragraph is not required after 3/31/14, so it is bracketed in order that we may remove it from our contracts effective 4/1/14 and after.
- Wellness section - in the Child Only plan we modified the DFS language in the text, as indicated.
- Schedule of Benefits – the contract internal note, here, indicates: “[Schedules filed separately and will be inserted in production print]” so they are filed in this filing, but will be inserted where indicated in the production prints.
- Exclusions, Dental Services, p.120 – pursuant to the drafting note, the phrase “or pediatric dental care” will apply when applicable.
- Grievance Appeals, p.127-135 – added this provision from the Group language, since this provision was missing from the Individual model language template. Similarly, in the address of the New York State Department of Health, verified and added the “Bureau of Certification and Surveillance” from the Group language of the same address, since it was missing from the Individual model language template.
- Rider to Extend Coverage for Young Adults Through Age 29, p.222 – this optional rider will be available to extend coverage to Age 29, as indicated, but it is not available for the Child Only (and Catastrophic) plans.
- Out-of-Network Benefit Rider, p.223 – this optional rider is inserted, as it applies to Off-Exchange, and it is marked up, as indicated, with the options we chose for this rider..
- Coverage for Contraceptive Drugs and Devices, Family Planning Services and Interruption of Pregnancy, p.233 – this optional rider is deleted for our Individual products.

6) Schedule of Benefits Variable Options/Revisions: we attach copies of all of our Schedules of Benefit with the form nos. indicated in the lower LHS of the front page.

We have the following revisions in these Schedules, as indicated in the blacklined version of the Schedule:

- We removed the Preferred Member column, as not applicable for our contracts.

- We chose the model language options within the brackets and removed ones that did not apply to our products throughout the schedule, as indicated.
- In the Non-Participating Member column, at the top, we wish to enter an Allowed Amount variable note from the model language schedule.
- Please see our notes for the Non-Participating member column of the Urgent Care Center row that states the options we wish to choose for that box.

7) Form no. – it is on the lower LHS of the front page of each contract, as indicated in the filed contracts and schedules of benefit.

8) Contract code – it is on the lower RHS of the contract front page: “[xxxx]” and is an internal identifier for each of the products under no.7 below that would be created from the contracts under this filing.

9) Product Breakdown: We attach copies of our On-Exchange contracts and schedules, as indicated under the Form Schedule tab for our Adult, Child Only and Catastrophic products.

Our products will breakdown as follows:

At each metal level, the products will include products with the following combinations: a) Plus Pediatric Dental, b) Plus Age 29, c) Plus Pediatric Dental and Age 29. (except for the Catastrophic and Child Only products that will not have the Age 29 rider).

We will have the following products with and without the above options:

A. Adult plans:

1. Bronze : a) Bronze Standard with HSA, b) 2 Bronze Nonstandard Non-HSA, c) Bronze American Indian (non-HSA)
2. Silver: a) Silver Standard (non-HSA), b) Silver Nonstandard, Non-HSA products; c) Silver Nonstandard with HSA, d) Silver American Indian (non-HSA).
3. Gold: a) Gold Standard (non-HSA), b) Gold Nonstandard (non-HSA), c) Gold American Indian (non-HSA).
4. Platinum: a) Platinum Standard (non-HSA).
5. b) Platinum Nonstandard (non-HSA).
6. , c) Platinum American Indian (non-HSA?.

7. Catastrophic plan (no Age 29 rider, non-HSA)

B. Child Only Plans (– no Age 29 rider and all non-HSA except B1a below)

:

1. Bronze : a) Bronze Standard with HSA Child Only, b) Bronze American Indian Child Only .
2. Silver: a) Silver Standard Child Only, b) Silver American Indian Child Only.
3. Gold: a) Gold Standard Child Only, b) Gold American Indian Child Only.
4. Platinum: a) Platinum Standard Child Only, b) Platinum American Indian Child Only.

EMPIRE HEALTHCHOICE HMO, INC.
Dated: May 15, 2013

ACTUARIAL MEMORANDUM

1. General Information

- Company Identifying Information

Company Legal Name:	Empire HealthChoice HMO, Inc.
State:	New York
HIOS Issuer ID:	80519
Market:	Individual
Effective Date:	January 1, 2014

- Company Contact Information

Primary Contact Name:	JoDee Lymburner
Primary Contact Telephone Number:	(212) 476-3698
Primary Contact Email Address:	Jodee.Lymburner@Empireblue.com

2. Scope and Purpose of the Filing

To the best of Empire's knowledge and current understanding, this filing complies with the most recent regulations and related guidance. Empire's intention is to fully comply with all applicable laws and guidance; however, the regulatory framework continues to change and evolve rapidly. To the extent relevant rules or guidance on the rules are updated or changed, amendments to this filing may be required.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). The rates will be in-force for effective dates on or after January 1, 2014. This filing displays plans offered Off-Exchange only, however rate development information includes On-Exchange and Off-Exchange due to the use of a single risk pool. A filing for On-Exchange plans has already been submitted. This rate filing is not intended to be used for other purposes.

Policy Form Number(s):	NY_OFFHIX_HM(1/14) NY_OFFHIX_HM_CHILD(1/14)
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3. Description of How the Base Rate Is Determined

The development of the Base Rate is detailed in Exhibit A - Base Rate Development. Further details on how the base rate is developed can be found in Section 4: Credibility Manual Rate Development, Section 6: Risk Adjustment and Reinsurance, Section 7: Non-Benefit Expenses, Profit and Risk, and Section 8: Average 2014 Rating Factors. A description of the methodology used to determine the base rate is as follows:

- Historical Individual experience is not considered representative of the future market; therefore, the manual rates are developed based on Small Group Grandfathered and Non-Grandfathered experience.
- The experience data is normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period based on expected distribution of membership.
- The projected claims cost is calculated by adjusting the normalized claims for the impact of benefit changes, population morbidity, trend factors, other cost of care impacts and other claim adjustments.
- The projection period is January 1, 2014 - December 31, 2014.
- Adjustments for risk adjustment and reinsurance are applied to the projected claims cost.
- Non-benefit expenses, profit, and risk are applied to the projected claims cost to determine the required projection period premium.
- The average rating factors in the projection period are applied to the projection period premium to determine the base rate.
- The base rate represents an average benefit plan and area for a single adult covered in an average area.

Premiums at the contract type level are determined by multiplying the base rate by the applicable factor for each of the allowable rating criteria: benefit plan, area and family composition. An example of this calculation is shown in Exhibit N - Sample Rate Calculation.

4. Credibility Manual Rate Development

Experience developed and projected herein is Empire's HMO Small Group Business as well as Healthy New York, based on benefit expense. The rate development is shown in Exhibit A - Base Rate Development.

- **Source and Appropriateness of Experience Data Used**

As requested by the New York DFS, Empire is using its Small Group experience to develop the manual rates.

The source data underlying the development of the manual rate consists of paid claims for all Grandfathered and Non-Grandfathered Small Group business in the HMO company, as well as all of Healthy New York, incurred during the period November 1, 2011 – October 31, 2012 and paid through December 31, 2012. Completion factors are then applied to reflect additional months of runout after December 31, 2012.

Experience is adjusted as follows:

- Claims incurred for members who live out-of-state were excluded; however, claims incurred by in-state members traveling out-of-state were included.

For more detail, see Exhibit B - Claims Experience for Manual Rate Development.

- **Adjustments Made to the Data**

The development of the projected claims is summarized in Exhibit A - Base Rate Development, items (1) - (10), and described in detail below.

The projected claims cost is calculated by multiplying the normalized claims cost by the impact of benefit changes, anticipated changes in population morbidity, and cost of care impacts. The adjustments are described below, and the factors are presented in Exhibit D - Projection Period Adjustments.

Changes in Demographics (Normalization)

The source data was normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period. The purpose of these factors is to adjust current experience to be reflective of expected claim experience in the projection period. See Section 13: Membership Projections for additional information on membership movement. The normalization factors and their aggregate impact on the underlying experience data are detailed in Exhibit C - Normalization Factors.

- **Age/Gender:** The assumed claims cost is applied by age and gender to the experience period distribution and the projection period distribution. Age/gender factors are developed from WellPoint Enterprise Individual data.
- **Area/Network:** The area claims factors are developed based on an analysis of Small Group allowed claims, mapped to the prescribed 2014 rating areas using 5-digit zip code.

- **Benefit Plan:** The experience period claims are normalized to an average 2014 plan using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements. The adjustments for anticipated changes in utilization are in accordance with the DFS Instructions for the submission of 2014 premium rates, section 5: "Induced Demand"

Changes in Benefits

Benefit changes include the following:

- **Preventive Rx (over the counter):** The claims are adjusted for 100% coverage of benefits for specific over the counter drugs obtained with a prescription from a physician.
- **Rx Adjustments:** The claims are adjusted for differences in the Rx formulary, mandatory mail order programs, and impacts for moving drugs into different tiers in the projection period relative to what is reflected in the base experience data.

Changes in the Morbidity of the Population Insured

Morbidity changes to the source data include the following:

- **HMO to Total Small Group adjustment:** The morbidity of the HMO company's experience is adjusted to reflect the morbidity of the total Small Group block. Morbidity is based on health status determined from internal risk score data, net of demographic components.
- **Higher morbidity expected from individual-level purchasing decisions in 2014:** Empire assumes that the morbidity of the smallest groups of only one member, relative to the total small group population, are a reasonable approximation for the health status of the individual market. Relative morbidity is based on health status determined from internal risk score data, net of demographic components.
- **Higher morbidity of the uninsured compared to the insured population:** This adjustment is based on a CDC study on the health status and life styles of both currently insured and uninsured populations. This adjustment also considers the expected number of previously uninsured individuals expected to move into the Individual market in 2014.
- **Pent-up demand:** As previously uninsured individuals obtain insurance in 2014, Empire expects them to have some pent-up demand for health care services. An adjustment is needed to account for this additional utilization of health care services in year one. Previously uninsured individuals are assumed to utilize more health care services due to pent-up demand. Currently insured members are assumed to have no pent-up demand for health care services.

- Morbidity of Non-Grandfathered compared to Grandfathered members: The base period experience includes Grandfathered and Non-Grandfathered members. The experience is adjusted to account for the different morbidity between Grandfathered and Non-Grandfathered members to derive a Non-Grandfathered only rate.

Trend Factors

- The annual pricing trend used in the development of the rates includes the underlying cost of care claims trend (including anticipated changes in provider contracts), which has been normalized for persistent business, age/gender, and large claims, plus an estimate for leveraging, aging and a provision for adverse deviation. The claims are trended 26 months from the midpoint of the experience period, which is May 1, 2012, to the midpoint of the projection period, which is July 1, 2014.
- Empire's overall pricing trend is approximately 11.1% and consists of the following components:
 - ✦ Underlying Trend: Empire's Cost of Care Actuaries calculate the underlying trend data. This trend excludes aging, leveraging and selection adjustments, but includes the impact of new technology and cost of care initiatives. The underlying trend is roughly 7%.
 - ✦ Aging Adjustment: The aging adjustment is just under 3%.
 - ✦ Cost Sharing Leveraging Adjustment: The cost sharing leveraging adjustment is roughly 1%.

Other Cost of Care Impacts

- Induced Demand Due to Cost Share Reductions: Individuals below 200% Federal Poverty Level who enroll in silver plans On-Exchange will be eligible for cost share reductions. As a result, the base period experience is adjusted to account for the higher anticipated utilization levels.
- Grace Period: The base period experience is adjusted upward to account for some incidence of enrollees not paying premiums due during the first month of the 90-day grace period when the QHP is liable for paying claims. Empire is assuming a 15% rate of premium non-payment on one-twelfth of the annual premium due for 60% of the Individual population (those eligible for Advance Payments of a Premium Tax Credit). The amount of premium at risk is only on the portion that Empire does not receive via direct subsidy, estimated to be about 50%. These assumptions result in an upward adjustment to the base rate of 0.375% ($0.15 \times 0.60 \times 50\% \times 1/12 = 0.00375$).

Other Claim Adjustments

The adjustments described below are presented in Exhibit E - Other Claim Adjustments.

- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.
- The cost of adding benefits for pediatric dental, pediatric vision and gym membership are included.
- Covered Lives Assessment: This indirect New York tax is a charge on all fully and self insured “covered lives”. The purpose of the Covered Lives Assessment is to raise funds for a variety of state programs and for the state Budget. The Assessment is included in claims costs for purposes of calculating the MLR.
- Regulation 146 Adjustment: The 2012 individual market stabilization mechanism disbursements of \$20M to Empire HealthChoice HMO and \$4M to Empire HealthChoice Assurance must be credited to individual customers. In keeping with Empire’s historical practice, the 2014 rates will be reduced to implement this credit. Review of Empire’s current Empire HealthChoice HMO individual membership shows that about 60% of the business is grandfathered, therefore \$12M of the \$20M will be earmarked to reduce the grandfathered rates and will be reflected in Empire’s next rate filing for those customers. The remaining \$8M (\$4M from Empire HealthChoice HMO plus \$4M from Empire HealthChoice Assurance) will be used to reduce the rates in this filing. The PMPM reduction was estimated by dividing \$12M by the projected member months ($\$12,077,641 / (117,880 * 12) = \8.54).
- Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

- Capitation Payments

The underlying data includes capitation payments, which are combined with the base medical and pharmacy claims and projected at the same rate. No further adjustment is made to the capitation.

5. Credibility of Experience

Empire’s Individual market experience primarily consists of Hospital-Only Plan claims along with claims from very rich HMO plans, neither of which are representative of Empire’s expected exposure to the Individual market in 2014. Empire believes that Small Group experience is more representative of the future projection period. Actuarial judgment has been exercised to determine that rates will be developed giving full credibility to the small group data.

6. Risk Adjustment and Reinsurance

- Projected Risk Adjustment

The Risk Adjustment program transfers funds from lower risk plans to higher risk plans in the Non-Grandfathered Individual and Small Group market. At this time, Empire is assuming the risk for the plans in this filing are in accordance with the New York DFS risk adjustment simulation. This simulation shows that the risk adjuster payment for small group business in the HMO company is 14.3% of claims, while the risk adjuster payment for small group business in the Assurance company is -0.7% of claims. The weighted average of these percentages, based on total claims, yields a risk adjuster payment of 3.5% of claims, which is equivalent to \$11.86 PMPM in 2014, as shown in Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments.

- Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The transitional reinsurance risk mitigation program collects funds from all insurance issuers and TPAs and redistributes them to high cost claimants in the Non-Grandfathered Individual market. The reinsurance contribution is equal to the national per capita reinsurance contribution rate as shown in Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments.

The reinsurance payment is developed using projected paid claims, claim probability distribution, and reinsurance payment guidelines. The claim probability distribution observes claims between \$60K and \$250K using a claim probability distribution that reflects the anticipated claim cost distribution of the 2014 Individual market. Expected paid claims are calculated for an assumed average On-Exchange plan design. Reinsurance payments are allocated proportionally by plan premiums to all plans in the risk pool.

7. Non-Benefit Expenses, Profit and Risk

Non-Benefit expenses are detailed in Exhibit G - Non-Benefit Expenses and Profit & Risk.

- Administrative Expense

Administrative Expense contains both acquisition costs associated with the production of new business through non-broker distribution channels (direct, telesales, etc) as well as maintenance costs associated with ongoing costs for the administration of the business. Acquisition costs are projected using historical cost per member sold amounts applied to future sales estimates. Maintenance costs are assumed to be flat on a per member basis with savings from fixed cost leverage and the elimination of underwriting offset by new expenses for risk management, regulatory compliance and premium reconciliation and balancing.

- Quality Improvement Expense

The quality improvement expense represents Empire's dedication to providing the highest standard of customer care and consistently seeking to improve health care quality, outcomes and value in a cost efficient manner.

See Exhibit H - Quality Improvement/Cost Containment Programs for a description of these programs.

- Selling Expense

Selling Expense represents broker commissions and bonuses associated with the broker distribution channel using projected commission levels. Commissions will be paid On-Exchange and Off-Exchange.

Empire recently filed a commission schedule for 2014 Individual business.

- Taxes and Fees

- Patient-Centered Outcomes Research Institute (PCORI) Fee: The PCORI fee is a federally-mandated fee designed to help fund the Patient-Centered Outcomes Research Trust Fund. For plan years ending before October 1, 2014, the fee is \$2 per member per year. Thereafter, for every plan year ending before October 1, 2019, the fee will increase by the percentage increase in National Healthcare Expenditures.
- Risk Adjustment Fee: The Risk Adjustment fee is a user fee to support the administration of the HHS operated Risk Adjustment program. The charge is \$1 per enrollee per year.
- ACA Insurer Fee: The health insurance industry will be assessed a permanent fee, based on market share of net premium, which is not tax deductible.
- Federal, state, and premium taxes are also included in the retention items.

- Profit

Profit is reflected on a post-tax basis as a percent that does not vary by product or plan.

- Changes in Exhibit 9 (formerly Exhibit 2) Expense Components

As indicated, future membership volume, demographics and morbidity, as well as premium levels are expected to change drastically. A comparison with Empire's current individual block of business is challenging. However, the following are some general comments regarding the differences in expense components between the current Exhibit 9 and the Exhibit 2 submitted for inforce plans in the most recent Section 4308(c) Rate Adjustment application:

- Commissions and Broker Fees: Previously Empire paid 3% of premium to only one broker and only for the lower premium hospital only plan. Commission payments will increase in 2014, as per the recent commission schedule filing.
- Overall Expense Level: The drastic decrease in premium level will result in expenses being a larger proportion of premium, as fixed expenses do not decrease in proportion to the premium decrease. The non-fixed expenses, however, will decrease sharply as claim levels decrease.

- Reconciliation with Financial Statements

Based on the expected differences in the volume and morbidity of the future individual population and the large drop in premium levels, a comparison to past individual financial statements adds little value.

8. Average 2014 Rating Factors

The required premium in the projection period is adjusted to reflect the average benefit plan, area and family composition rating factors to develop the rating period base rate. The average factors are shown in Exhibit I - Average 2014 Rating Factors and applied in line item 14 of Exhibit A - Base Rate Development.

- Benefit Plan Factors

Refer to Exhibit J - Non-Grandfathered Benefit Plan Factors.

- Area Factors

Refer to Exhibit K - Area Factors.

- Family Composition Factors

Refer to Exhibit L - Family Composition Factors.

9. Projected Loss Ratio

- Projected Federal MLR

The projected Federal MLR for the products in this filing is estimated in Exhibit O - Federal MLR Estimated Calculation. Please note that this calculation is purely an estimate and not meant to be a true measure for Federal or State MLR rebate purposes. The products in this filing represent only a subset of Empire's Individual business. The MLR for Empire's entire book of Individual business will be compared to the minimum Federal benchmark for purposes of determining regulation-related premium refunds. Also note that the projected Federal MLR presented here does not capture all adjustments, including but not limited to third party margins, three-year averaging, credibility, dual option, and deductible. Empire's projected MLR is expected to meet or exceed the minimum MLR standards at the market level after including all adjustments.

10. Index Rate

- Projection Period Index Rate

The index rate, as defined in the Federal regulations, represents the average allowed claims PMPM of essential health benefits for Empire HealthChoice HMO, Inc.'s Individual Non-Grandfathered Business. The projection period index rate was developed as shown in Exhibit P - Projected Index Rate Development by adjusting the projected incurred claims PMPM described in Section 4: Credibility Manual Rate Development of this memorandum. No benefits in excess of the essential health benefits are included in the projection period allowed claims and Exhibit P's projection period index rate. To calculate the required premium, the projection period index rate is adjusted only by the adjustments allowed per Market Reform and Payment Parameters Regulations. This development is presented in Exhibit Q - Development of Required Premium from Index Rate.

11. Actuarial Value Metal Values

The Actuarial Value (AV) Metal Values included in Addendum II - Listing of Plans in the Risk Pool are based on the AV Calculator. To the extent a component of the benefit design was not accommodated by an available input within the AV Calculator, the benefit characteristic was adjusted to be actuarially-equivalent to an available input within the AV Calculator for purposes of utilizing the AV Calculator as the basis for the AV Metal Values. Benefits for Plans that are not compatible with the parameters of the AV Calculator have been separately identified and documented in the Unique Plan Design Supporting Documentation and Justification that supports the Plan & Benefits Template.

12. Actuarial Value Pricing Values

The Initial Plan Pricing AVs in Addendum III - Development of Plan-Level Premium Rates by Census Tier are developed using WellPoint's benefit relativity factor model, which is a modified Milliman model. The program allows induced utilization to be turned off and the DFS' recommended induced utilization amounts were used.

13. Membership Projections

Membership projections are developed using a population movement model and adjustments for sales expectations. This model projects the membership in the projection period by taking into account:

- Uninsured to Individual as a result of subsidized coverage and the individual mandate
- Small Group to Individual as a result of lower priced options in the individual market
- Individual and Uninsured to Medicaid as a result of expanded Medicaid eligibility

The plan distribution is based on assumed metal tier and network distributions.

Refer to Exhibit D - Projection Period Adjustments for the projected claims impacts from the experience period to the projection period.

14. State Actuarial Memorandum Requirements

For a mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum, please refer to Addendum I - State Requirements.

For a listing of all plans included in the risk pool, refer to Addendum II - Listing of Plans in the Risk Pool.

For a development of plan-level premium rates in the format requested by the DFS, refer to Addendum III - Development of Plan-Level Premium Rates by Census Tier.

15. Actuarial Certification

I, Michael Bears, FSA, MAAA, am an actuary for Empire. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I hereby certify that the following statements are true to the best of my knowledge with regards to this filing:

(1) The filing is in compliance with all applicable laws and regulations of the State of New York;

(2) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:

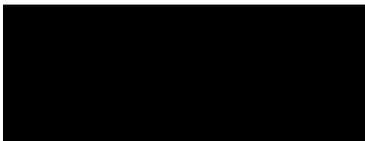
- ✦ ASOP No. 5, Incurred Health and Disability Claims
- ✦ ASOP No. 8, Regulatory Filings for Health Plan Entities

- ✦ 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. 41, Actuarial Communications

(3) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;

(4) The benefits are reasonable in relation to the premiums charged; and

(5) The rates are not unfairly discriminatory.



 FSA, MAAA
Regional Vice President and Actuary III

June 5, 2013

Date

Exhibit A - Base Rate Development

Effective January 1, 2014

Empire HealthChoice HMO, Inc.
Individual

	<u>Paid Claims</u>	
1) Experience Period Cost PMPM	\$ 428.91	Exhibit B
2) x <u>Normalization Factor</u>	<u>0.5999</u>	Exhibit C
3) = Normalized Claims	\$ 257.30	= (1) x (2)
4) x Benefit Changes	0.9757	Exhibit D
5) x Morbidity Changes	1.0558	Exhibit D
6) x Medical Trend Factor	1.2566	Exhibit D
7) x <u>Other Cost of Care Impacts</u>	<u>1.0219</u>	Exhibit D
8) = Projected Claim Cost	\$ 340.36	= (3) x (4) x (5) x (6) x (7)
9) + Other Claim Impacts	(\$1.50)	Exhibit E
10) = Claims Projected to Projection Period	\$ 338.86	= (8) + (9)
11) + Risk Mitigation - Contributions and Payments	(\$51.15)	Exhibit F
12) + <u>Selling Expense, Administration and Other Retention Items {1}</u>	<u>\$59.53</u>	Exhibit G
13) = Required Premium in Projection Period	\$ 347.24	= (10) + (11) + (12)
14) (a) x Average Contract Size Factor in Projection Period	1.4263	Exhibit H
(b) ÷ Average Rating Factors (Rating Tier/Area/Plan) in Projection Period	1.2159	Exhibit H
15) = Base Rate (Average Plan-Level)	\$ 407.33	= (13) x (14a) ÷ (14b)
16) Projected Loss Ratio (Conventional Basis)	82.9%	= [(10) + (11)] ÷ (13)

NOTES:

{1} Equivalent to PMPM expenses on Exhibit G + % of premium expenses on Exhibit G applied to Required Premium (Row 13 above).

Exhibit B - Claims Experience for Manual Rate Development

Empire HealthChoice HMO, Inc.
Individual

Incurred November 1, 2011 through October 31, 2012
Paid through December 31, 2012

Healthy New York and SG HMO In-Area Business:

PAID CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total	
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM	
\$ 282,096,965	\$ 57,120,698	\$ 7,879,948	\$ 24,829	\$ 289,976,913	\$ 57,145,527	\$ 3,024,462	\$ 350,146,902	816,367	\$ 428.91	

ALLOWED CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total	
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM	
\$ 328,964,817	\$ 72,442,708	\$ 8,977,348	\$ 30,723	\$ 337,942,165	\$ 72,473,431	\$ 3,024,462	\$ 413,440,058	816,367	\$ 506.44	

Exhibit C - Normalization Factors

Empire HealthChoice HMO, Inc.
Individual

Experience Period: November 1, 2011 through October 31, 2012

<u>Normalize to population expected in 2014</u>			
<i>Average claim factors based on future population as compared to experience period population:</i>			
	Average Claim Factors		Normalization
	Experience Period Population	Future Population	Factor
Age/Gender	1.1430	1.1499	1.0060
Area/Network	1.0010	0.8308	0.8300
Benefit Plan	1.2463	0.8954	0.7185
Total	1.4258	0.8555	0.5999

Exhibit D - Projection Period Adjustments

Empire HealthChoice HMO, Inc. Individual

Impact of Changes Between Experience Period and Projection Period:

	<u>Adjustment Factor</u>
<u>Benefit changes</u>	
Preventive Rx (over the counter)	1.0007
Eliminate Pre-Ex	1.0000
<u>Rx Adjustments {1}</u>	<u>0.9750</u>
Total Benefit Changes	0.9757
<u>Morbidity changes</u>	
Total Morbidity Changes	1.0558
<u>Cost of care impacts</u>	
Annual Medical/Rx Trend Rate	11.12%
# Months of Projection	26
Trend Factor	1.2566
Induced Demand for Cost Share Reductions	1.0180
Grace Period	1.0038

NOTES:

{1} Includes Rx formulary, mandatory mail order

Exhibit E - Other Claim Adjustments

Empire HealthChoice HMO, Inc. Individual

Adjustments to projection period claims to reflect covered benefits not included in experience period data:

	<u>PMPM</u>
Rx Rebates	(\$7.20)
Pediatric Dental	\$3.16
Pediatric Vision	\$0.44
Gym Membership	\$0.99
Covered Lives Assessment	\$9.35
Regulation 146 Adjustment	(\$8.54)
<u>Additional Non-EHBs {1}</u>	<u>\$0.30</u>
Total	(\$1.50)

NOTES:

{1} Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments

**Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014**

<u>Risk Adjustment:</u>				
Description	Transfers funds from lowest risk plans to highest risk plans			
Participants	Non-Grandfathered Individual and Small Group plans (inside and outside Exchange) are eligible			
PMPM	Net Transfer			
Federal Program	(\$11.86)			
	<u>Note:</u>			
	It is assumed the risk for the plans included in this rate filing is worse overall than other plans within this market.			
<u>Reinsurance:</u>				
Description	Provides funding to plans that enroll highest cost individuals			
Participants	All insurance issuers and TPAs contribute funds			
	Non-Grandfathered Individual plans (inside and outside Exchange) are eligible for payments			
PMPM	Contributions Made	Payments Received		
Federal Program	\$5.25	(\$44.54)	<i>Small Group Plans contribute funds but only Individual Plans are eligible to receive payments</i>	
	<u>Source:</u>			
	HHS estimates a national per capita contribution rate of \$5.25 per month (\$63 per year) in benefit year 2014 (per Payment Parameter Rule).			
Grand Total of All Risk Mitigation Programs				(\$51.15)

Exhibit G - Non-Benefit Expenses and Profit & Risk

Empire HealthChoice HMO, Inc. Individual

	<u>PMPM</u>	<u>% Premium</u>
Administrative Costs	\$23.96	
Quality Improvement Expense	\$1.15	
Selling Expense	\$5.00	
ACA Related Fees:		
PCORI Fee	\$0.17	
Risk Adjustment User Fee	\$0.08	
ACA Insurer Fee		2.46%
Exchange User Fee		0.00%
Premium Tax and 332 Assessment		2.94%
Federal/State Taxes		1.02%
Profit (Post-Tax)		1.98%
Total	\$30.36	8.40%

Exhibit H - Quality Improvement/Cost Containment Programs

Empire HealthChoice HMO, Inc. Individual

Radiology and Cardiac	Prospective clinical appropriateness reviews for diagnostic imaging .
Specialty Pharmacy Program	Prospective clinical appropriateness reviews for specialty pharmaceuticals.
OptiNet	A web-based application supports collaboration and more informed decision-making by physicians and members when selecting diagnostic imaging facilities.
Specialty Care Shopper Program	A member-engagement program that aims to provide members with choices between high-cost and low-cost imaging facilities with equal or better quality by information sharing and proactive member call outs.
Sleep Program	A Sleep Medicine Management Program that conducts pre-service clinical appropriateness review.
Physical Therapy / Occupational Therapy (PT/OT) Management Program	The PT/OT Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Discharge Planning	Discharge planning activities are comprehensive in nature and consist of organizing and transitioning care to lesser acute facilities, counseling patients on discharge instructions, care coordination, etc.
Care coordination	Nurses interface with the clinicians on a member's care team when members are admitted to the hospital.
Radiology Benefits Management Program	The Radiology Benefits Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Pharmacy Prior Authorization	Prior authorization involves review of submitted pharmacy claims to ensure the intended use is FDA approved or recognized in a major compendia as being safe and effective in order to be a covered benefit.
Specialty Pharmacy Drug Reviews	Pre-certification process of specialty medications.
Care Management	Care management staff coordinates quality health care services and the optimization of benefits through a realistic, cost-effective, and timely care management plan.
ComplexCare	The ComplexCare program is a proactive, collaborative, member-centric model of care management in which chronic care management is emphasized for those members with chronic or multiple non-disease management types of condition(s) at future high risk.
ConditionCare (Disease Management) Program	A program to help maximize member health status, improve health outcomes, and control health care expenses associated with the following prevalent conditions: Asthma (pediatric and adult), Diabetes (pediatric and adult), Heart Failure (HF), Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD).
MyHealth Coach Program	MyHealth Coach nurses serve as a central point of contact for individuals who have questions about a health care related topic, condition or concern, a question about benefits, a concern about claim payment or language in an 'Explanation of Benefits' statement.
Chronic Kidney Disease	The Kidney Disease Management: Chronic Kidney Disease (late stage) and End Stage Renal Disease program is designed to Improve participant's quality of life and clinical outcomes, slowing the progression of the disease and controlling costs related to hospitalizations, emergency room admissions and significant complications.
Nurseline	24/7 NurseLine is staffed exclusively by Registered Nurses who assist consumers in choosing the most appropriate use of health care resources, applying self care, learning about specific medical conditions, treatment options and side effects associated with prescription drugs, and providing valuable lifestyle management and nutrition information.
MyHealth Advantage (MHA)	MHA comprises quality-based communications to members, physicians, health care plans, and pharmacists (as needed) on topics such as best-practice therapeutic interventions in member medical care.
Health IT	IT expenses in support of the programs noted above which have been identified as executing Quality Improvement activities.
Chiropractic Benefit Management Program	The Chiropractic benefit Management program involves retrospective review of services with regard to established medical policy and clinical guidelines.
Gym Reimbursement Program	The Gym Reimbursement program involves partially reimbursing the Subscriber and the Subscriber's Covered Spouse for certain exercise facility fees or membership fees but only if such fees are paid to exercise facilities and which maintain equipment and programs that promote cardiovascular wellness.

Exhibit I - Average 2014 Rating Factors

Empire HealthChoice HMO, Inc.
Individual

Effective January 1, 2014

<i>Average 2014 rating factors for 2014 population:</i>	
	Average Rating Factor
Average Contract Size	1.4263
Contract Type	1.2159
Area	1.0000
Benefit Plan	1.0000
Total (Contract Type x Area x Benefit Plan) =	1.2159
Conversion Factor	1.1730

Exhibit J - Non-Grandfathered Benefit Plan Factors

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014

Off-Exchange Plans:		
Metal Level	HIOS Standard Component Plan ID	Benefit Plan Factor
Bronze	80519NY0180001	0.8844
	80519NY0180003	0.9030
	80519NY0180085	0.3816
	80519NY0180013	0.9198
	80519NY0180015	0.9391
	80519NY0180051	0.9571
	80519NY0180043	0.9756
	80519NY0180087	0.4116
	80519NY0180053	0.9953
	80519NY0180047	1.0147
	80519NY0180002	0.8844
	80519NY0180004	0.9030
	80519NY0180086	0.3816
	80519NY0180014	0.9198
	80519NY0180016	0.9391
	80519NY0180052	0.9571
	80519NY0180044	0.9756
	80519NY0180088	0.4116
	80519NY0180054	0.9953
	80519NY0180048	1.0147
Silver	80519NY0180005	1.0502
	80519NY0180089	1.0262
	80519NY0180041	0.4443
	80519NY0180017	1.0922
	80519NY0180091	1.0673
	80519NY0180059	1.1228
	80519NY0180090	1.0989
	80519NY0180077	0.4743
	80519NY0180061	1.1678
	80519NY0180092	1.1428
	80519NY0180006	1.0502
	80519NY0180093	1.0262
	80519NY0180042	0.4443
	80519NY0180018	1.0922
	80519NY0180095	1.0673
	80519NY0180060	1.1228
	80519NY0180094	1.0989
	80519NY0180078	0.4743
	80519NY0180062	1.1678
	80519NY0180096	1.1428
Gold	80519NY0180097	1.2744
	80519NY0180035	0.5299
	80519NY0180099	1.3254
	80519NY0180098	1.3471
	80519NY0180073	0.5599
	80519NY0180100	1.4010
	80519NY0180101	1.2744
	80519NY0180036	0.5299
	80519NY0180103	1.3254
	80519NY0180102	1.3471
	80519NY0180074	0.5599
	80519NY0180104	1.4010
Platinum	80519NY0180105	1.5129
	80519NY0180113	1.5764
	80519NY0180037	0.6285
	80519NY0180039	0.6519
	80519NY0180107	1.5734
	80519NY0180115	1.6395
	80519NY0180106	1.5856
	80519NY0180119	1.6491
	80519NY0180081	0.6584
	80519NY0180083	0.6802
	80519NY0180108	1.6490
	80519NY0180117	1.7151
	80519NY0180109	1.5129
	80519NY0180114	1.5764
	80519NY0180038	0.6285

Exhibit J - Non-Grandfathered Benefit Plan Factors

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014

80519NY0180040	0.6519
80519NY0180111	1.5734
80519NY0180116	1.6395
80519NY0180110	1.5856
80519NY0180120	1.6491
80519NY0180082	0.6584
80519NY0180084	0.6802
80519NY0180112	1.6490
80519NY0180118	1.7151

Benefit Plan Factors above reflect plan by plan differences from the index rate for allowable adjustments as described in detail in the Market Reform and Payment Parameters Regulations and illustrated in Exhibit Q. The weighted average of these adjustments for the entire risk pool included in this rate filing is detailed in Exhibit I.

Exhibit K - Area Factors

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Rating Area Description	Narrow Rating Factor
Albany	0.9418
Long Island	0.9310
Mid-Hudson	1.1108
New York City	1.0115
Upstate	1.4991

NOTES:

{1} Network adjustments (e.g., discount differences) are included in the benefit plan factors as shown in Exhibit J.

Exhibit L - Family Composition Factors

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Contract Type	Composition Factor
Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Single + Spouse + Child(ren)	2.85

NOTES:

The Child only rate is 0.412 of the Single rate for 1 child; 2 x 0.412 of the Single rate for 2 children; and 3 x 0.412 of the Single rate for 3 or more children.

Exhibit M - Development of Conversion Factor

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Contract Type	Projected Contract Distribution	a) Prescribed Premium Relativity	b) Average Contract Size	c) Conversion Factor: (a) ÷ (b)
Individual	63%	1.00	1.00	
Husband/Wife	18%	2.00	2.00	
Parent/Child(ren)	2%	1.70	3.34	
Child Only	12%	0.41	1.00	
Family	5%	2.85	4.99	
All Contracts	100%	1.2159	1.4263	1.1730

Exhibit N - Sample Rate Calculation

Empire HealthChoice HMO, Inc. Individual

Name: John Doe
Effective Date: 01/01/2014
On/Off Exchange: Off
Metal Level: Bronze
Plan ID: 80519NY0180002
Rating Area: Albany
Network: Narrow

Calculation of Monthly Premium:

Base Rate =	\$	407.33	Exhibit A
x Benefit Plan Factor		0.8844	Exhibit J
<u>x Area Factor</u>		<u>0.9418</u>	Exhibit K
Base Rate Adjusted for Plan/Area =	\$	339.28	

Final Monthly Premium PMPM:

<u>Contract Type</u>	<u>Family Composition</u>	
	<u>Factor</u> <u>(Exhibit L)</u>	<u>Monthly Rate</u>
Single	1.00	\$ 339.28
Single + Spouse	2.00	\$ 678.56
Single + Child(ren)	1.70	\$ 576.78
Single + Spouse + Child(ren)	2.85	\$ 966.95

NOTE:

{1} Minor rate variances may occur due to differences in rounding methodology.

Exhibit O - Federal MLR Estimated Calculation

Empire HealthChoice HMO, Inc. Individual

Numerator:

Incurred Claims	\$338.86	Exhibit A
+ Quality Improvement Expense	\$1.15	Exhibit G
+ Risk Corridor Contributions	\$0.00	
+ Risk Adjustment Contributions	\$0.00	Exhibit F
- Reinsurance Receipts	\$44.54	Exhibit F
- Risk Corridor Receipts:	\$0.00	
<u>- Risk Adjustment Receipts:</u>	<u>\$11.86</u>	Exhibit F
= <i>Estimated Federal MLR Numerator</i>	\$283.61	

Denominator:

Premiums	\$347.24	Exhibit A
- Federal and State Taxes	\$3.55	Exhibit A (Premium) and Exhibit G (Taxes)
- Premium Taxes	\$10.21	Exhibit A (Premium) and Exhibit G (Taxes)
- Reinsurance Contributions	\$5.25	Exhibit F
<u>- Licensing and Regulatory Fees</u>	<u>\$8.79</u>	Exhibit A (Premium) and Exhibit G (Fees)
= <i>Estimated Federal MLR Denominator</i>	\$319.44	

Estimated Federal MLR

88.78%

NOTES:

The above calculation is purely an estimate and not meant to be compared to the minimum MLR benchmark for federal/state MLR rebate purposes:

{1} The above calculation represents only the products in this filing. Federal MLR will be calculated at the legal entity and market level.

{2} Not all numerator/denominator components are captured above (for example, third party vendors excess reimbursement, fraud and prevention program costs, payroll taxes, assessments for state high risk pools etc.).

{3} Other adjustments may also be applied within the federal MLR calculation such as 3-year averaging, new business, credibility, deductible and dual option. These are ignored in the above calculation.

{4} Licensing and Regulatory Fees include ACA-related fees as allowed under the MLR Final Rule

Exhibit P - Projected Index Rate Development

Effective January 1, 2014

Empire HealthChoice HMO, Inc.
Individual

1) Projected Paid Claim Cost	\$	340.36	Exhibit A, Line Item 8
2) <u>- Non-EHBs Embedded in Line Item 1) Above</u>		<u>\$0.00</u>	Exhibit E (see footnote in Exhibit E)
3) = Projected Paid Claims, Excluding ALL Non-EHBs	\$	340.36	
4) + Rx Rebates		(\$7.20)	Exhibit E
5) <u>+ Additional EHBs {1}</u>		<u>\$4.59</u>	Exhibit E
6) = Projected Paid Claims Reflecting <i>only</i> EHBs	\$	337.75	
7) <u>÷ Paid to Allowed Ratio</u>		<u>0.7042</u>	
8) = Projected Allowed Claims Reflecting <i>only</i> EHBs		\$479.63	= Index Rate

NOTE:

{1} Pediatric Dental, Pediatric Vision and Gym

Exhibit Q - Development of Required Premium from Index Rate

Effective January 1, 2014

Empire HealthChoice HMO, Inc. Individual

	<u>Weighted Average for Risk Pool</u>	
1) Index Rate - Federal Definition	\$479.63	Exhibit P
2) <u>x Paid to Allowed Ratio</u>	<u>0.7042</u>	Exhibit P
3) = Projected Paid Claims Reflecting <i>only</i> EHBs	\$337.75	
<u>Allowable Index Rate Adjustments {1} {2}:</u>		
4) x Benefit Adjustments	1.0000	
5) + Non-EHBs	\$1.11	Exhibit E
6) x Catastrophic Adjustment	1.0000	
7) x Network Adjustment	1.0000	
8) + Risk Mitigation - Contributions and Payments	(\$51.15)	Exhibit F
9) <u>+ Selling Expense, Administration and Other Retention Items</u>	<u>\$59.53</u>	Exhibit G (also see Exhibit A, Line item 12)
10) = Required Premium in Projection Period	\$347.24	Ties to Exhibit A, Line item 13

NOTES:

- {1} Allowable adjustments to the index rate as made above are in accordance with the Market Reform and Payment Parameters Regulations.
- {2} The above illustrates the allowable adjustments to the average single risk pool index rate as included in this rate filing. These adjustments may vary on a plan by plan basis and such variances are captured in the benefit plan factors as summarized in Exhibit J.
- {3} Plan-level rates are obtained by multiplying the base rate as shown in line item 15 of Exhibit A by the benefit plan factors illustrated in Exhibit J. Further allowable adjustments (area and family composition) are applied to arrive at final premium rates.

ADDENDUM I: STATE REQUIREMENTS

Mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum

Actuarial Memorandum Requirement	Location in this Submitted Actuarial Memorandum
(h) The process used for the determination of the Index Rate and premium rates for both on-	Addendum III - Development of Plan-Level Premium Rates by Census Tier
(1) Average PMPM Incurred Claims for the latest experience period.	
(2) Average AV Pricing Value determined for all inforce plans in effect during the latest experience period, based on member-months in the experience period for each inforce plan.	
(3) Average Induced Demand Adjustment factor determined based on member-months in the experience period for each inforce plan.	
(4) Assumptions as to average annual claim trend rates for all components, including inflation, utilization, leverage, and other factors.	
(5) Projection trend factor from midpoint of experience period to midpoint of applicability for First Quarter 2014 premium rates.	
(6) Projected Average PMPM Incurred Claims determined from (1) and (5) above.	
(7) Market-wide index rate adjustments as discussed in Section 6, not already reflected.	
(8) Market-wide adjustments to reflect the impact of the Federal Transitional Reinsurance Program Recovery, if not already reflected.	
(9) For all inforce plans combined, determine the "Index" PMPM Claim Rate. This step reflects the Projected PMPM Incurred Claims per (6) above with Market-wide adjustments prescribed in HHS regulation per (7) and (8) above. Note that such adjustments do not vary by the plan-design level.	
(10) Determine the starting point PMPM Claim Rate for each Non-Grandfathered Plan (both On-Exchange and Off-Exchange) by multiplying the Index PMPM Claim Rate for all inforce plans combined per (9) above by the ratio of (A) to (B), as follows: (A) The AV Pricing Value for each Non-Grandfathered Plan, both On-Exchange and Off-Exchange, at each of the Metal Tier levels; (B) The Average AV Pricing Value per (2) above for all inforce plans.	
(11) Plan-Design Level Adjustments for the various differences in characteristics as described above.	
(12) Plan-Design Level Adjustments for Administrative Costs and Profit Margins per Exhibit 9.	
(13) Preliminary PMPM Premium Rate for each Non-Grandfathered Plan, as determined from items (11) and (12) above, e.g., (11) divided by 100% less (12).	
(14) Final (all regions combined) Premium Rates for all Non-Grandfathered Plans for Employees only, for Employees and Spouse, for Employees and Child(ren) and for Employees and Spouse and Child(ren), based on census factors prescribed by the Department.	
(15) Final Premium Rates for each Non-Grandfathered Plans for each applicable rating	Rate Manual

ADDENDUM I: STATE REQUIREMENTS

Mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum

Actuarial Memorandum Requirement	Location in this Submitted Actuarial Memorandum
(i) Supporting details on the key assumptions and additional information to be included in actuarial memorandum:	See below.
(1) Assumptions on annual claim trend rates, including if available, information on experienced annualized claim trend rates on allowed charges;	4: Credibility Manual Rate Development
(2) Justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic (aging) change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components that is not part of the Market-Wide Index Rate Adjustments;	4: Credibility Manual Rate Development
(3) Assumptions on Administrative costs components, including (a) explanations for differences in expense components between the current Exhibit 9 for Non-Grandfathered plans and the Exhibit 2 submitted for inforce plans in the most recent/current Sections 3231(e)(1)/4308(c) Rate Adjustment submission, and (b) reconciliation with administrative costs information reported in latest financial statements; and	7: Non-Benefit Expenses, Profit and Risk
(4) Assumptions on profit margins or contribution to surplus, including a discussion on Return on Equity.	7: Non-Benefit Expenses, Profit and Risk
(5) Details as to adjustments to Actuarial Values determined based on HHS AV Calculator for inforce plans.	11: Actuarial Value Metal Values
(6) SERFF Number of the associated QHP Template filing.	1: General Information
(7) Details as to the restructuring of the various "composite" premium rates into separate premium rates for the various census cells, i.e. Employees only, Employees	8: Average 2014 Rating Factors
(8) Details as to the determination of the premium rates by the standardized rating regions.	8: Average 2014 Rating Factors
(9) Details as to adjustments to the premium rates for the impact of risk adjustments and the impact of the transitional reinsurance program, including the results for the	6: Risk Adjustment and Reinsurance
(10) Details and support on any other adjustments deemed necessary by the Company's actuary.	4: Credibility Manual Rate Development
(11) If the source data for the determination of the premium rates for the Exchange plans is other than the actual claims experience under Non- Grandfathered/ Grandfathered plans, indicate the source of this data (e.g., the publication, organization, or consultants), and the applicability of this source data.	4: Credibility Manual Rate Development

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc.

Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
On Exchange	Empire Catastrophic Guided Access	Catastrophic	0.5970	\$6,350	0%	\$6,350	No	No	No
On Exchange	Empire Catastrophic Guided Access w/ Child Dental	Catastrophic	0.5970	\$6,350	0%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ HSA (cacm)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access (caat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access (cabs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access for Child Only w/HSA (cadc)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access w/ HSA and Dep Age 29 (cara)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ Dep Age 29 (cbra)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ Dep Age 29 (ccra)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ HSA and Child Dental (cdcl)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ Child Dental (cdat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ Child Dental (cdbs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access for Child Only w/ Child Dental (cdea)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ HSA, Child Dental and Dep Age 29 (cdga)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	Yes
On Exchange	Empire Bronze Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	Yes
On Exchange	Empire Bronze Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	Yes
On Exchange	Empire Silver Guided Access (cbnw)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
On Exchange	Empire Silver Guided Access (cbjw)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	No
On Exchange	Empire Silver Guided Access w/ HSA (cdib)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	No
On Exchange	Empire Silver Guided Access for Child Only (cade)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
On Exchange	Empire Silver Guided Access w/Dep Age 29 (ceaa)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	Yes
On Exchange	Empire Silver Guided Access w/Dep Age 29 (ceae)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	Yes
On Exchange	Empire Silver Guided Access w/ HSA and Dep Age 29 (cefa)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	Yes
On Exchange	Empire Silver Guided Access w/ Child Dental (cdca)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
On Exchange	Empire Silver Guided Access w/ Child Dental (cdce)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	No
On Exchange	Empire Silver Guided Access w/ HSA and Child Dental (cdmb)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	No
On Exchange	Empire Silver Guided Access for Child Only w/ Child Dental (cdbb)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
On Exchange	Empire Silver Guided Access w/ Child Dental and Dep Age 29 (cddd)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	Yes
On Exchange	Empire Silver Guided Access w/ Child Dental and Dep Age 29 (cdec)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	Yes
On Exchange	Empire Silver Guided Access w/ HSA, Child and Dep Age 29 Dental (cdwe)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	Yes

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc. Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
On Exchange	Empire Gold Guided Access (ccav)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
On Exchange	Empire Gold Guided Access (cecb)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	No
On Exchange	Empire Gold Guided Access for Child Only (cadd)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
On Exchange	Empire Gold Guided Access w/ Dep Age 29 (ceod)	Gold	0.7900	\$600	0%	\$4,000	No	No	Yes
On Exchange	Empire Gold Guided Access w/ Dep Age 29 (ceea)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	Yes
On Exchange	Empire Gold Guided Access w/ Child Dental (cddj)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
On Exchange	Empire Gold Guided Access w/ Child Dental (cdgd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	No
On Exchange	Empire Gold Guided Access for Child Only w/ Child Dental (cdha)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
On Exchange	Empire Gold Guided Access w/ Child Dental and Dep Age 29 (cdoe)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	Yes
On Exchange	Empire Gold Guided Access w/ Child Dental and Dep Age 29 (ccvd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	Yes
On Exchange	Empire Platinum Guided Access (ceaf)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
On Exchange	Empire Platinum Guided Access (cazd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	No
On Exchange	Empire Platinum Guided Access for Child Only (caed)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
On Exchange	Empire Platinum Guided Access w/ Dep Age 29 (ceyd)	Platinum	0.8810	\$0	0%	\$2,000	No	No	Yes
On Exchange	Empire Platinum Guided Access w/ Dep Age 29 (cayd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	Yes
On Exchange	Empire Platinum Guided Access w/ Child Dental (cdma)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
On Exchange	Empire Platinum Guided Access w/Child Dental (cdwc)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	No
On Exchange	Empire Platinum Guided Access for Child Only w/ Child Dental (cdja)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
On Exchange	Empire Platinum Guided Access w/ Child Dental and Dep Age 29 (cdyd)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	Yes
On Exchange	Empire Platinum Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	Yes
Off Exchange	Empire Core Guided Access (caat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access (cabs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access for Child Only w/HSA (cadc)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access w/ Dep Age 29 (cbra)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	Yes
Off Exchange	Empire Core Guided Access w/ Dep Age 29 (ccra)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	Yes
Off Exchange	Empire Core Guided Access w/ Child Dental (cdat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Access w/ Child Dental (cdbs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	Yes
Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	Yes

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc. Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
Off Exchange	Empire Essential Guided Access (cbjw)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	No
Off Exchange	Empire Essential Guided Access w/ HSA (cdib)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	No
Off Exchange	Empire Essential Guided Access for Child Only (cade)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
Off Exchange	Empire Essential Guided Access w/Dep Age 29 (ceae)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	Yes
Off Exchange	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	Yes
Off Exchange	Empire Essential Guided Access w/ Child Dental (cdce)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	No
Off Exchange	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	No
Off Exchange	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
Off Exchange	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	Yes
Off Exchange	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	Yes
Off Exchange	Empire Preferred Guided Access (cecb)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	No
Off Exchange	Empire Preferred Guided Access for Child Only (cadd)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
Off Exchange	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	Yes
Off Exchange	Empire Preferred Guided Access w/ Child Dental (cdgd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	No
Off Exchange	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
Off Exchange	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	Yes
Off Exchange	Empire Premier Guided Access (cazd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	No
Off Exchange	Empire Premier Guided Access w/ Out-of-Network (ccze)	Platinum	0.8801	\$200	5%	\$3,400	Yes	No	No
Off Exchange	Empire Premier Guided Access for Child Only (caed)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	Platinum	0.8810	\$0	0%	\$2,000	Yes	No	No
Off Exchange	Empire Premier Guided Access w/ Dep Age 29 (cayd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	Yes
Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	Platinum	0.8801	\$200	5%	\$3,400	Yes	No	Yes
Off Exchange	Empire Premier Guided Access w/Child Dental (cdwc)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	No
Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	Platinum	0.8801	\$200	5%	\$3,400	Yes	Yes	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child D	Platinum	0.8810	\$0	0%	\$2,000	Yes	Yes	No
Off Exchange	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	Yes
Off Exchange	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Ag	Platinum	0.8801	\$200	5%	\$3,400	Yes	Yes	Yes

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 1)

Empire HealthChoice HMO, Inc. Individual

1)	Average PMPM Incurred Claims	\$428.91
2)	Average AV Pricing Value of All Inforce Plans	1.2463
3)	Average Induced Demand Adjustment Factor for All Inforce Plans	1.1412
4)	Average Annual Trend Rate Components	
	a) Annual Trend Assumption	11.1%
	b) Number of Trend Months	26
5)	Projected Trend Factor: $[1 + (4)(a)]^{[(4)(b) \div 12]}$	1.2566
6)	Projected PMPM Incurred Claims: (1) x (5)	\$538.97
7)	Market-Wide Index Rate Adjustments {1}	
	a) Benefit Changes	0.9757
	b) Changes in Provider Network	0.8201
	c) Fee Schedule Changes	1.0000
	d) Utilization Management Changes	1.0000
	e) Age/Gender Normalization	1.0060
	f) Morbidity Changes – Other	1.0152
	g) Morbidity Changes – Small Group to Individual Morbidity	1.0400
	h) Area/Network Normalization	1.0121
	i) Federal Risk Adjustment Program Impact	0.9604
	j) Federal Transitional Reinsurance Program Recovery	0.8841
	k) Credibility Adjustment	1.0000
	l) Rx Rebates	0.9788
	m) Induced Demand from Cost Share Reductions	1.0180
	n) <u>Grace Period</u>	<u>1.0038</u>
	o) <u>Total Market-Wide Index Rate Adjustments</u>	<u>0.7305</u>
8)	Federal Transitional Reinsurance Program Recovery Impact	Included Above
9)	"Index" PMPM Claim Rate: (6) x (7)(o)	\$393.69
10)	Starting PMPM Claim Rate for Each Non-Grandfathered Plan	Part 2
11)	Plan-Level Adjustments for Benefit Characteristics	Part 2
12)	Plan-Level Adjustments for Administrative Costs & Profit Margin	Part 2
13)	Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan	Part 2
14)	Final Plan-Level Premium Rates by Census Tier	Part 2
15)	Final Plan-Level Premium Rates by Census Tier and Rating Region	Rate Manual

NOTES:

{1} For descriptions of these adjustments, refer to the Actuarial Memorandum, "Credibility Manual Rate" section.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	8) "Index" PMPM Claim Rate, from Page 1	9) Starting PMPM Claim Rate for Each Non-Grandfathered Plan				10) Plan-Level Adjustments for Benefit/Plan Characteristics			
		a) Initial Plan Pricing AV (1)	b) Adjusted Plan Pricing AV (2)	c) Average Experience Period Pricing AV	d) Starting PMPM Claim Rate: (8) x [(9)(b) ÷ (9)(c)]	a) Benefit Adjustment {3}	b) Catastrophic Plan Adjustment (normalized)	c) Order of Operations and Rounding Adjustment	d) PMPM Claim Rate After Adjustments: (9)(d) x (10)(a-c)
Empire Core Guided Access (caat)	\$393.69	0.7833	0.7872	1.2463	\$248.67	1.0066	1.0165	1.0001	\$254.46
Empire Core Guided Access (cabs)	\$393.69	0.8004	0.8043	1.2463	\$254.06	1.0060	1.0165	1.0001	\$259.81
Empire Core Guided Access w/ Dep Age 29 (cbra)	\$393.69	0.7833	0.7872	1.2463	\$248.67	1.0469	1.0165	1.0001	\$264.64
Empire Core Guided Access w/ Dep Age 29 (ccra)	\$393.69	0.8004	0.8043	1.2463	\$254.06	1.0462	1.0165	1.0001	\$270.19
Empire Core Guided Access w/ Child Dental (cdat)	\$393.69	0.7833	0.8540	1.2463	\$269.78	1.0041	1.0165	1.0001	\$275.37
Empire Core Guided Access w/ Child Dental (cdba)	\$393.69	0.8004	0.8711	1.2463	\$275.18	1.0036	1.0165	1.0001	\$280.72
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$393.69	0.7833	0.8540	1.2463	\$269.78	1.0443	1.0165	1.0001	\$286.39
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$393.69	0.8004	0.8711	1.2463	\$275.18	1.0437	1.0165	1.0001	\$291.95
Empire Essential Guided Access (cbjw)	\$393.69	0.9357	0.9396	1.2463	\$296.81	1.0015	1.0165	1.0001	\$302.16
Empire Essential Guided Access w/ HSA (cdib)	\$393.69	0.9137	0.9176	1.2463	\$289.86	1.0021	1.0165	1.0001	\$295.28
Empire Essential Guided Access w/Dep Age 29 (ceae)	\$393.69	0.9357	0.9396	1.2463	\$296.81	1.0415	1.0165	1.0001	\$314.25
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$393.69	0.9137	0.9176	1.2463	\$289.86	1.0422	1.0165	1.0001	\$307.08
Empire Essential Guided Access w/ Child Dental (cdce)	\$393.69	0.9357	1.0064	1.2463	\$317.93	0.9997	1.0165	1.0001	\$323.07
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$393.69	0.9137	0.9844	1.2463	\$310.97	1.0002	1.0165	1.0001	\$316.18
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdcc)	\$393.69	0.9357	1.0064	1.2463	\$317.93	1.0397	1.0165	1.0000	\$336.00
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$393.69	0.9137	0.9844	1.2463	\$310.97	1.0403	1.0165	1.0001	\$328.83
Empire Preferred Guided Access (cecb)	\$393.69	1.1419	1.1457	1.2463	\$361.93	0.9966	1.0165	1.0001	\$366.68
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$393.69	1.1419	1.1457	1.2463	\$361.93	1.0365	1.0165	1.0001	\$381.35
Empire Preferred Guided Access w/ Child Dental (cdgd)	\$393.69	1.1419	1.2125	1.2463	\$383.04	0.9954	1.0165	1.0001	\$387.60
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$393.69	1.1419	1.2125	1.2463	\$383.04	1.0353	1.0165	1.0001	\$403.10
Empire Premier Guided Access (cazd)	\$393.69	1.3611	1.3649	1.2463	\$431.18	0.9931	1.0165	1.0001	\$435.31
Empire Premier Guided Access w/ Out-of-Network (ccze)	\$393.69	1.4195	1.4234	1.2463	\$449.63	0.9924	1.0165	1.0001	\$453.59
Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$393.69	1.3611	1.3649	1.2463	\$431.18	1.0329	1.0165	1.0001	\$452.71
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$393.69	1.4195	1.4234	1.2463	\$449.63	1.0321	1.0165	1.0001	\$471.73
Empire Premier Guided Access w/Child Dental (cdwc)	\$393.69	1.3611	1.4318	1.2463	\$452.29	0.9923	1.0165	1.0001	\$456.21
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$393.69	1.4195	1.4902	1.2463	\$470.75	0.9916	1.0165	1.0001	\$474.50
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$393.69	1.3611	1.4318	1.2463	\$452.29	1.0320	1.0165	1.0001	\$474.47
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29	\$393.69	1.4195	1.4902	1.2463	\$470.75	1.0313	1.0165	1.0001	\$493.48

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	8) "Index" PMPM Claim Rate, from Page 1	9) Starting PMPM Claim Rate for Each Non-Grandfathered Plan				10) Plan-Level Adjustments for Benefit/Plan Characteristics			
		a) Initial Plan Pricing AV {1}	b) Adjusted Plan Pricing AV {2}	b) Average Experience Period Pricing AV	d) Starting PMPM Claim Rate: (8) x [(9)(b) ÷ (9)(c)]	a) Benefit Adjustment {3}	b) Catastrophic Plan Adjustment (normalized)	c) Order of Operations and Rounding Adjustment	d) PMPM Claim Rate After Adjustments: (9)(d) x (10)(a-c)
Empire Core Guided Access for Child Only w/HSA (cadc)	\$393.69	0.8219	0.8317	1.2463	\$262.73	0.4111	1.0165	1.0001	\$109.80
Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$393.69	0.8219	1.0279	1.2463	\$324.71	0.3588	1.0165	1.0000	\$118.42
Empire Essential Guided Access for Child Only (cade)	\$393.69	0.9618	0.9715	1.2463	\$306.91	0.4098	1.0165	1.0001	\$127.85
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$393.69	0.9618	1.1620	1.2463	\$367.07	0.3657	1.0165	1.0000	\$136.46
Empire Preferred Guided Access for Child Only (cadd)	\$393.69	1.1527	1.1624	1.2463	\$367.21	0.4085	1.0165	1.0001	\$152.47
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$393.69	1.1527	1.3475	1.2463	\$425.69	0.3723	1.0165	1.0001	\$161.09
Empire Premier Guided Access for Child Only (caed)	\$393.69	1.3726	1.3822	1.2463	\$436.64	0.4074	1.0165	1.0001	\$180.83
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$393.69	1.4261	1.4358	1.2463	\$453.55	0.4068	1.0165	1.0001	\$187.57
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$393.69	1.3726	1.5633	1.2463	\$493.83	0.3774	1.0165	1.0000	\$189.44
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Denta	\$393.69	1.4261	1.6167	1.2463	\$510.72	0.3770	1.0165	1.0000	\$195.70

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{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	11) Plan-Level Adjustments for Administrative Costs and Profit Margins, as a % of Premium			12) Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan: (10) ÷ [1 - (11)(c)]
	a) Administrative Costs, excluding Profits	b) Profit/Contribution to Surplus Margins	c) Total Administrative Expense Load: (11)(a) + (11)(b)	
Empire Core Guided Access (caat)	14.14%	3.00%	17.14%	\$307.11
Empire Core Guided Access (cabs)	14.14%	3.00%	17.14%	\$313.56
Empire Core Guided Access w/ Dep Age 29 (cbra)	14.14%	3.00%	17.14%	\$319.40
Empire Core Guided Access w/ Dep Age 29 (ccra)	14.14%	3.00%	17.14%	\$326.10
Empire Core Guided Access w/ Child Dental (cdat)	14.14%	3.00%	17.14%	\$332.35
Empire Core Guided Access w/ Child Dental (cdb)	14.14%	3.00%	17.14%	\$338.80
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	14.14%	3.00%	17.14%	\$345.64
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	14.14%	3.00%	17.14%	\$352.35
Empire Essential Guided Access (cbjw)	14.14%	3.00%	17.14%	\$364.68
Empire Essential Guided Access w/ HSA (cdib)	14.14%	3.00%	17.14%	\$356.37
Empire Essential Guided Access w/Dep Age 29 (ceae)	14.14%	3.00%	17.14%	\$379.27
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	14.14%	3.00%	17.14%	\$370.62
Empire Essential Guided Access w/ Child Dental (cdce)	14.14%	3.00%	17.14%	\$389.92
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	14.14%	3.00%	17.14%	\$381.60
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	14.14%	3.00%	17.14%	\$405.52
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	14.14%	3.00%	17.14%	\$396.87
Empire Preferred Guided Access (cecb)	14.14%	3.00%	17.14%	\$442.55
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	14.14%	3.00%	17.14%	\$460.25
Empire Preferred Guided Access w/ Child Dental (cdgd)	14.14%	3.00%	17.14%	\$467.79
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	14.14%	3.00%	17.14%	\$486.50
Empire Premier Guided Access (cazd)	14.14%	3.00%	17.14%	\$525.37
Empire Premier Guided Access w/ Out-of-Network (ccze)	14.14%	3.00%	17.14%	\$547.43
Empire Premier Guided Access w/ Dep Age 29 (cayd)	14.14%	3.00%	17.14%	\$546.38
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	14.14%	3.00%	17.14%	\$569.33
Empire Premier Guided Access w/Child Dental (cdwc)	14.14%	3.00%	17.14%	\$550.61
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	14.14%	3.00%	17.14%	\$572.67
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	14.14%	3.00%	17.14%	\$572.63
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	14.14%	3.00%	17.14%	\$595.58

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	11) Plan-Level Adjustments for Administrative Costs and Profit Margins, as a % of Premium			12) Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan: (10) ÷ [1 - (11)(c)]
	a) Administrative Costs, excluding Profits	b) Profit/Contribution to Surplus Margins	c) Total Administrative Expense Load: (11)(a) + (11)(b)	
Empire Core Guided Access for Child Only w/HSA (cadc)	14.14%	3.00%	17.14%	\$132.52
Empire Core Guided Access for Child Only w/ Child Dental (cdea)	14.14%	3.00%	17.14%	\$142.92
Empire Essential Guided Access for Child Only (cade)	14.14%	3.00%	17.14%	\$154.30
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	14.14%	3.00%	17.14%	\$164.70
Empire Preferred Guided Access for Child Only (cadd)	14.14%	3.00%	17.14%	\$184.02
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	14.14%	3.00%	17.14%	\$194.42
Empire Premier Guided Access for Child Only (caed)	14.14%	3.00%	17.14%	\$218.24
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	14.14%	3.00%	17.14%	\$226.38
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	14.14%	3.00%	17.14%	\$228.64
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	14.14%	3.00%	17.14%	\$236.19

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{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	13) Final Premium Rates (all regions combined)					
	a) Conversion Factor (4)	b) Single Premium Rate: (12) x (13)(a)	c) Individual: (13)(b) x 1.00	d) Husband/ Wife: (13)(b) x 2.00	e) Parent/ Child(ren): (13)(b) x 1.70	f) Family: (13)(b) x 2.85
Empire Core Guided Access (caat)	1.173	\$360.24	\$360.24	\$720.48	\$612.41	\$900.60
Empire Core Guided Access (cabs)	1.173	\$367.81	\$367.81	\$735.62	\$625.28	\$919.53
Empire Core Guided Access w/ Dep Age 29 (cbra)	1.173	\$374.66	\$374.66	\$749.32	\$636.92	\$936.65
Empire Core Guided Access w/ Dep Age 29 (ccra)	1.173	\$382.52	\$382.52	\$765.04	\$650.28	\$956.30
Empire Core Guided Access w/ Child Dental (cdat)	1.173	\$389.85	\$389.85	\$779.70	\$662.75	\$974.63
Empire Core Guided Access w/ Child Dental (cdbs)	1.173	\$397.41	\$397.41	\$794.82	\$675.60	\$993.53
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	1.173	\$405.44	\$405.44	\$810.88	\$689.25	\$1,013.60
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	1.173	\$413.31	\$413.31	\$826.62	\$702.63	\$1,033.28
Empire Essential Guided Access (cbjw)	1.173	\$427.77	\$427.77	\$855.54	\$727.21	\$1,069.43
Empire Essential Guided Access w/ HSA (cdib)	1.173	\$418.02	\$418.02	\$836.04	\$710.63	\$1,045.05
Empire Essential Guided Access w/Dep Age 29 (ceae)	1.173	\$444.88	\$444.88	\$889.76	\$756.30	\$1,112.20
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	1.173	\$434.74	\$434.74	\$869.48	\$739.06	\$1,086.85
Empire Essential Guided Access w/ Child Dental (cdce)	1.173	\$457.38	\$457.38	\$914.76	\$777.55	\$1,143.45
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	1.173	\$447.62	\$447.62	\$895.24	\$760.95	\$1,119.05
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdcc)	1.173	\$475.67	\$475.67	\$951.34	\$808.64	\$1,189.18
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	1.173	\$465.53	\$465.53	\$931.06	\$791.40	\$1,163.83
Empire Preferred Guided Access (cecb)	1.173	\$519.11	\$519.11	\$1,038.22	\$882.49	\$1,297.78
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	1.173	\$539.87	\$539.87	\$1,079.74	\$917.78	\$1,349.68
Empire Preferred Guided Access w/ Child Dental (cdgd)	1.173	\$548.72	\$548.72	\$1,097.44	\$932.82	\$1,371.80
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	1.173	\$570.66	\$570.66	\$1,141.32	\$970.12	\$1,426.65
Empire Premier Guided Access (cazd)	1.173	\$616.26	\$616.26	\$1,232.52	\$1,047.64	\$1,540.65
Empire Premier Guided Access w/ Out-of-Network (ccze)	1.173	\$642.14	\$642.14	\$1,284.28	\$1,091.64	\$1,605.35
Empire Premier Guided Access w/ Dep Age 29 (cayd)	1.173	\$640.90	\$640.90	\$1,281.80	\$1,089.53	\$1,602.25
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	1.173	\$667.82	\$667.82	\$1,335.64	\$1,135.29	\$1,669.55
Empire Premier Guided Access w/Child Dental (cdwc)	1.173	\$645.87	\$645.87	\$1,291.74	\$1,097.98	\$1,614.68
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	1.173	\$671.74	\$671.74	\$1,343.48	\$1,141.96	\$1,679.35
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	1.173	\$671.69	\$671.69	\$1,343.38	\$1,141.87	\$1,679.23
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	1.173	\$698.62	\$698.62	\$1,397.24	\$1,187.65	\$1,746.55

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	13) Final Premium Rates (all regions combined)				
	a) Conversion Factor {2}	b) Single Premium Rate: (12) x (13)(a)	c) Child Only (1 Child): (13)(b) x 1.00	d) Child Only (2 Children): (13)(b) x 2.00	e) Child Only (3+ Children): (13)(b) x 3.00
Empire Core Guided Access for Child Only w/HSA (cadc)	1.173	\$155.45	\$155.45	\$310.90	\$466.35
Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	1.173	\$167.65	\$167.65	\$335.30	\$502.95
Empire Essential Guided Access for Child Only (cade)	1.173	\$180.99	\$180.99	\$361.98	\$542.97
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	1.173	\$193.19	\$193.19	\$386.38	\$579.57
Empire Preferred Guided Access for Child Only (cadd)	1.173	\$215.86	\$215.86	\$431.72	\$647.58
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	1.173	\$228.05	\$228.05	\$456.10	\$684.15
Empire Premier Guided Access for Child Only (caed)	1.173	\$256.00	\$256.00	\$512.00	\$768.00
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	1.173	\$265.54	\$265.54	\$531.08	\$796.62
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	1.173	\$268.19	\$268.19	\$536.38	\$804.57
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	1.173	\$277.05	\$277.05	\$554.10	\$831.15

{1} The Initial Plan Pricing AVs are computed prior to the plan-level adjustments in (10) and (11) and are not normalized relative to the reference plan; therefore, the values in this column will not match the benefit plan factors in Exhibit J or the Plan Pricing AVs in URRT.

{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

ACTUARIAL MEMORANDUM

1. General Information

- Company Identifying Information

Company Legal Name:	Empire HealthChoice HMO, Inc.
State:	New York
HIOS Issuer ID:	80519
Market:	Individual
Effective Date:	January 1, 2014

- Company Contact Information

Primary Contact Name:	[REDACTED]
Primary Contact Telephone Number:	[REDACTED]
Primary Contact Email Address:	[REDACTED]

2. Scope and Purpose of the Filing

To the best of Empire's knowledge and current understanding, this filing complies with the most recent regulations and related guidance. Empire's intention is to fully comply with all applicable laws and guidance; however, the regulatory framework continues to change and evolve rapidly. To the extent relevant rules or guidance on the rules are updated or changed, amendments to this filing may be required.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). The rates will be in-force for effective dates on or after January 1, 2014. This filing displays plans offered Off-Exchange only, however rate development information includes On-Exchange and Off-Exchange due to the use of a single risk pool. A filing for On-Exchange plans has already been submitted. This rate filing is not intended to be used for other purposes.

Policy Form Number(s):	NY_OFFHIX_HM(1/14) NY_OFFHIX_HM_CHILD(1/14)
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3. Description of How the Base Rate Is Determined

The development of the Base Rate is detailed in Exhibit A - Base Rate Development. Further details on how the base rate is developed can be found in Section 4: Credibility Manual Rate Development, Section 6: Risk Adjustment and Reinsurance, Section 7: Non-Benefit Expenses, Profit and Risk, and Section 8: Average 2014 Rating Factors. A description of the methodology used to determine the base rate is as follows:

- Historical Individual experience is not considered representative of the future market; therefore, the manual rates are developed based on Small Group Grandfathered and Non-Grandfathered experience.
- The experience data is normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period based on expected distribution of membership.
- The projected claims cost is calculated by adjusting the normalized claims for the impact of benefit changes, population morbidity, trend factors, other cost of care impacts and other claim adjustments.
- The projection period is January 1, 2014 - December 31, 2014.
- Adjustments for risk adjustment and reinsurance are applied to the projected claims cost.
- Non-benefit expenses, profit, and risk are applied to the projected claims cost to determine the required projection period premium.
- The average rating factors in the projection period are applied to the projection period premium to determine the base rate.
- The base rate represents an average benefit plan and area for a single adult covered in an average area.

Premiums at the contract type level are determined by multiplying the base rate by the applicable factor for each of the allowable rating criteria: benefit plan, area and family composition. An example of this calculation is shown in Exhibit N - Sample Rate Calculation.

4. Credibility Manual Rate Development

Experience developed and projected herein is Empire's HMO Small Group Business as well as Healthy New York, based on benefit expense. The rate development is shown in Exhibit A - Base Rate Development.

- **Source and Appropriateness of Experience Data Used**

As requested by the New York DFS, Empire is using its Small Group experience to develop the manual rates.

The source data underlying the development of the manual rate consists of paid claims for all Grandfathered and Non-Grandfathered Small Group business in the HMO company, as well as all of Healthy New York, incurred during the period November 1, 2011 – October 31, 2012 and paid through December 31, 2012. Completion factors are then applied to reflect additional months of runout after December 31, 2012.

Experience is adjusted as follows:

- Claims incurred for members who live out-of-state were excluded; however, claims incurred by in-state members traveling out-of-state were included.

For more detail, see Exhibit B - Claims Experience for Manual Rate Development.

- **Adjustments Made to the Data**

The development of the projected claims is summarized in Exhibit A - Base Rate Development, items (1) - (10), and described in detail below.

The projected claims cost is calculated by multiplying the normalized claims cost by the impact of benefit changes, anticipated changes in population morbidity, and cost of care impacts. The adjustments are described below, and the factors are presented in Exhibit D - Projection Period Adjustments.

Changes in Demographics (Normalization)

The source data was normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period. The purpose of these factors is to adjust current experience to be reflective of expected claim experience in the projection period. See Section 13: Membership Projections for additional information on membership movement. The normalization factors and their aggregate impact on the underlying experience data are detailed in Exhibit C - Normalization Factors.

- **Age/Gender:** The assumed claims cost is applied by age and gender to the experience period distribution and the projection period distribution. Age/gender factors are developed from WellPoint Enterprise Individual data.
- **Area/Network:** The area claims factors are developed based on an analysis of Small Group allowed claims, mapped to the prescribed 2014 rating areas using 5-digit zip code.

- **Benefit Plan:** The experience period claims are normalized to an average 2014 plan using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements. The adjustments for anticipated changes in utilization are in accordance with the DFS Instructions for the submission of 2014 premium rates, section 5: "Induced Demand"

Changes in Benefits

Benefit changes include the following:

- **Preventive Rx (over the counter):** The claims are adjusted for 100% coverage of benefits for specific over the counter drugs obtained with a prescription from a physician.
- **Rx Adjustments:** The claims are adjusted for differences in the Rx formulary, mandatory mail order programs, and impacts for moving drugs into different tiers in the projection period relative to what is reflected in the base experience data.

Changes in the Morbidity of the Population Insured

Morbidity changes to the source data include the following:

- **HMO to Total Small Group adjustment:** The morbidity of the HMO company's experience is adjusted to reflect the morbidity of the total Small Group block. Morbidity is based on health status determined from internal risk score data, net of demographic components.
- **Higher morbidity expected from individual-level purchasing decisions in 2014:** Empire assumes that the morbidity of the smallest groups of only one member, relative to the total small group population, are a reasonable approximation for the health status of the individual market. Relative morbidity is based on health status determined from internal risk score data, net of demographic components.
- **Higher morbidity of the uninsured compared to the insured population:** This adjustment is based on a CDC study on the health status and life styles of both currently insured and uninsured populations. This adjustment also considers the expected number of previously uninsured individuals expected to move into the Individual market in 2014.
- **Pent-up demand:** As previously uninsured individuals obtain insurance in 2014, Empire expects them to have some pent-up demand for health care services. An adjustment is needed to account for this additional utilization of health care services in year one. Previously uninsured individuals are assumed to utilize more health care services due to pent-up demand. Currently insured members are assumed to have no pent-up demand for health care services.

- Morbidity of Non-Grandfathered compared to Grandfathered members: The base period experience includes Grandfathered and Non-Grandfathered members. The experience is adjusted to account for the different morbidity between Grandfathered and Non-Grandfathered members to derive a Non-Grandfathered only rate.

Trend Factors

- The annual pricing trend used in the development of the rates includes the underlying cost of care claims trend (including anticipated changes in provider contracts), which has been normalized for persistent business, age/gender, and large claims, plus an estimate for leveraging, aging and a provision for adverse deviation. The claims are trended 26 months from the midpoint of the experience period, which is May 1, 2012, to the midpoint of the projection period, which is July 1, 2014.
- Empire's overall pricing trend is approximately 11.1% and consists of the following components:
 - ✦ Underlying Trend: Empire's Cost of Care Actuaries calculate the underlying trend data. This trend excludes aging, leveraging and selection adjustments, but includes the impact of new technology and cost of care initiatives. The underlying trend is roughly 7%.
 - ✦ Aging Adjustment: The aging adjustment is just under 3%.
 - ✦ Cost Sharing Leveraging Adjustment: The cost sharing leveraging adjustment is roughly 1%.

Other Cost of Care Impacts

- Induced Demand Due to Cost Share Reductions: Individuals below 200% Federal Poverty Level who enroll in silver plans On-Exchange will be eligible for cost share reductions. As a result, the base period experience is adjusted to account for the higher anticipated utilization levels.
- Grace Period: The base period experience is adjusted upward to account for some incidence of enrollees not paying premiums due during the first month of the 90-day grace period when the QHP is liable for paying claims. Empire is assuming a 15% rate of premium non-payment on one-twelfth of the annual premium due for 60% of the Individual population (those eligible for Advance Payments of a Premium Tax Credit). The amount of premium at risk is only on the portion that Empire does not receive via direct subsidy, estimated to be about 50%. These assumptions result in an upward adjustment to the base rate of 0.375% ($0.15 \times 0.60 \times 50\% \times 1/12 = 0.00375$).

Other Claim Adjustments

The adjustments described below are presented in Exhibit E - Other Claim Adjustments.

- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.
- The cost of adding benefits for pediatric dental, pediatric vision and gym membership are included.
- Covered Lives Assessment: This indirect New York tax is a charge on all fully and self insured “covered lives”. The purpose of the Covered Lives Assessment is to raise funds for a variety of state programs and for the state Budget. The Assessment is included in claims costs for purposes of calculating the MLR.
- Regulation 146 Adjustment: The 2012 individual market stabilization mechanism disbursements of \$20M to Empire HealthChoice HMO and \$4M to Empire HealthChoice Assurance must be credited to individual customers. In keeping with Empire’s historical practice, the 2014 rates will be reduced to implement this credit. Review of Empire’s current Empire HealthChoice HMO individual membership shows that about 60% of the business is grandfathered, therefore \$12M of the \$20M will be earmarked to reduce the grandfathered rates and will be reflected in Empire’s next rate filing for those customers. The remaining \$8M (\$4M from Empire HealthChoice HMO plus \$4M from Empire HealthChoice Assurance) will be used to reduce the rates in this filing. The PMPM reduction was estimated by dividing \$12M by the projected member months ($\$12,077,641 / (117,880 * 12) = \8.54).
- Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

- Capitation Payments

The underlying data includes capitation payments, which are combined with the base medical and pharmacy claims and projected at the same rate. No further adjustment is made to the capitation.

5. Credibility of Experience

Empire’s Individual market experience primarily consists of Hospital-Only Plan claims along with claims from very rich HMO plans, neither of which are representative of Empire’s expected exposure to the Individual market in 2014. Empire believes that Small Group experience is more representative of the future projection period. Actuarial judgment has been exercised to determine that rates will be developed giving full credibility to the small group data.

6. Risk Adjustment and Reinsurance

- Projected Risk Adjustment

The Risk Adjustment program transfers funds from lower risk plans to higher risk plans in the Non-Grandfathered Individual and Small Group market. At this time, Empire is assuming the risk for the plans in this filing are in accordance with the New York DFS risk adjustment simulation. This simulation shows that the risk adjuster payment for small group business in the HMO company is 14.3% of claims, while the risk adjuster payment for small group business in the Assurance company is -0.7% of claims. The weighted average of these percentages, based on total claims, yields a risk adjuster payment of 3.5% of claims, which is equivalent to \$11.86 PMPM in 2014, as shown in Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments.

- Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The transitional reinsurance risk mitigation program collects funds from all insurance issuers and TPAs and redistributes them to high cost claimants in the Non-Grandfathered Individual market. The reinsurance contribution is equal to the national per capita reinsurance contribution rate as shown in Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments.

The reinsurance payment is developed using projected paid claims, claim probability distribution, and reinsurance payment guidelines. The claim probability distribution observes claims between \$60K and \$250K using a claim probability distribution that reflects the anticipated claim cost distribution of the 2014 Individual market. Expected paid claims are calculated for an assumed average On-Exchange plan design. Reinsurance payments are allocated proportionally by plan premiums to all plans in the risk pool.

7. Non-Benefit Expenses, Profit and Risk

Non-Benefit expenses are detailed in Exhibit G - Non-Benefit Expenses and Profit & Risk.

- Administrative Expense

Administrative Expense contains both acquisition costs associated with the production of new business through non-broker distribution channels (direct, telesales, etc) as well as maintenance costs associated with ongoing costs for the administration of the business. Acquisition costs are projected using historical cost per member sold amounts applied to future sales estimates. Maintenance costs are assumed to be flat on a per member basis with savings from fixed cost leverage and the elimination of underwriting offset by new expenses for risk management, regulatory compliance and premium reconciliation and balancing.

- Quality Improvement Expense

The quality improvement expense represents Empire's dedication to providing the highest standard of customer care and consistently seeking to improve health care quality, outcomes and value in a cost efficient manner.

See Exhibit H - Quality Improvement/Cost Containment Programs for a description of these programs.

- Selling Expense

Selling Expense represents broker commissions and bonuses associated with the broker distribution channel using projected commission levels. Commissions will be paid On-Exchange and Off-Exchange.

Empire recently filed a commission schedule for 2014 Individual business.

- Taxes and Fees

- Patient-Centered Outcomes Research Institute (PCORI) Fee: The PCORI fee is a federally-mandated fee designed to help fund the Patient-Centered Outcomes Research Trust Fund. For plan years ending before October 1, 2014, the fee is \$2 per member per year. Thereafter, for every plan year ending before October 1, 2019, the fee will increase by the percentage increase in National Healthcare Expenditures.
- Risk Adjustment Fee: The Risk Adjustment fee is a user fee to support the administration of the HHS operated Risk Adjustment program. The charge is \$1 per enrollee per year.
- ACA Insurer Fee: The health insurance industry will be assessed a permanent fee, based on market share of net premium, which is not tax deductible.
- Federal, state, and premium taxes are also included in the retention items.

- Profit

Profit is reflected on a post-tax basis as a percent that does not vary by product or plan.

- Changes in Exhibit 9 (formerly Exhibit 2) Expense Components

As indicated, future membership volume, demographics and morbidity, as well as premium levels are expected to change drastically. A comparison with Empire's current individual block of business is challenging. However, the following are some general comments regarding the differences in expense components between the current Exhibit 9 and the Exhibit 2 submitted for inforce plans in the most recent Section 4308(c) Rate Adjustment application:

- Commissions and Broker Fees: Previously Empire paid 3% of premium to only one broker and only for the lower premium hospital only plan. Commission payments will increase in 2014, as per the recent commission schedule filing.
- Overall Expense Level: The drastic decrease in premium level will result in expenses being a larger proportion of premium, as fixed expenses do not decrease in proportion to the premium decrease. The non-fixed expenses, however, will decrease sharply as claim levels decrease.

- Reconciliation with Financial Statements

Based on the expected differences in the volume and morbidity of the future individual population and the large drop in premium levels, a comparison to past individual financial statements adds little value.

8. Average 2014 Rating Factors

The required premium in the projection period is adjusted to reflect the average benefit plan, area and family composition rating factors to develop the rating period base rate. The average factors are shown in Exhibit I - Average 2014 Rating Factors and applied in line item 14 of Exhibit A - Base Rate Development.

- Benefit Plan Factors

Refer to Exhibit J - Non-Grandfathered Benefit Plan Factors.

- Area Factors

Refer to Exhibit K - Area Factors.

- Family Composition Factors

Refer to Exhibit L - Family Composition Factors.

9. Projected Loss Ratio

- Projected Federal MLR

The projected Federal MLR for the products in this filing is estimated in Exhibit O - Federal MLR Estimated Calculation. Please note that this calculation is purely an estimate and not meant to be a true measure for Federal or State MLR rebate purposes. The products in this filing represent only a subset of Empire's Individual business. The MLR for Empire's entire book of Individual business will be compared to the minimum Federal benchmark for purposes of determining regulation-related premium refunds. Also note that the projected Federal MLR presented here does not capture all adjustments, including but not limited to third party margins, three-year averaging, credibility, dual option, and deductible. Empire's projected MLR is expected to meet or exceed the minimum MLR standards at the market level after including all adjustments.

10. Index Rate

- Projection Period Index Rate

The index rate, as defined in the Federal regulations, represents the average allowed claims PMPM of essential health benefits for Empire HealthChoice HMO, Inc.'s Individual Non-Grandfathered Business. The projection period index rate was developed as shown in Exhibit P - Projected Index Rate Development by adjusting the projected incurred claims PMPM described in Section 4: Credibility Manual Rate Development of this memorandum. No benefits in excess of the essential health benefits are included in the projection period allowed claims and Exhibit P's projection period index rate. To calculate the required premium, the projection period index rate is adjusted only by the adjustments allowed per Market Reform and Payment Parameters Regulations. This development is presented in Exhibit Q - Development of Required Premium from Index Rate.

11. Actuarial Value Metal Values

The Actuarial Value (AV) Metal Values included in Addendum II - Listing of Plans in the Risk Pool are based on the AV Calculator. To the extent a component of the benefit design was not accommodated by an available input within the AV Calculator, the benefit characteristic was adjusted to be actuarially-equivalent to an available input within the AV Calculator for purposes of utilizing the AV Calculator as the basis for the AV Metal Values. Benefits for Plans that are not compatible with the parameters of the AV Calculator have been separately identified and documented in the Unique Plan Design Supporting Documentation and Justification that supports the Plan & Benefits Template.

12. Actuarial Value Pricing Values

The Initial Plan Pricing AVs in Addendum III - Development of Plan-Level Premium Rates by Census Tier are developed using WellPoint's benefit relativity factor model, which is a modified Milliman model. The program allows induced utilization to be turned off and the DFS' recommended induced utilization amounts were used.

13. Membership Projections

Membership projections are developed using a population movement model and adjustments for sales expectations. This model projects the membership in the projection period by taking into account:

- Uninsured to Individual as a result of subsidized coverage and the individual mandate
- Small Group to Individual as a result of lower priced options in the individual market
- Individual and Uninsured to Medicaid as a result of expanded Medicaid eligibility

The plan distribution is based on assumed metal tier and network distributions.

Refer to Exhibit D - Projection Period Adjustments for the projected claims impacts from the experience period to the projection period.

14. State Actuarial Memorandum Requirements

For a mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum, please refer to Addendum I - State Requirements.

For a listing of all plans included in the risk pool, refer to Addendum II - Listing of Plans in the Risk Pool.

For a development of plan-level premium rates in the format requested by the DFS, refer to Addendum III - Development of Plan-Level Premium Rates by Census Tier.

15. Actuarial Certification

I, [REDACTED] am an actuary for Empire. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I hereby certify that the following statements are true to the best of my knowledge with regards to this filing:

(1) The filing is in compliance with all applicable laws and regulations of the State of New York;

(2) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) 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. 41, Actuarial Communications

(3) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;

(4) The benefits are reasonable in relation to the premiums charged; and

(5) The rates are not unfairly discriminatory.

[Redacted Signature]

June 5, 2013

Date

Exhibit A - Base Rate Development

Effective January 1, 2014

**Empire HealthChoice HMO, Inc.
Individual**

	<u>Paid Claims</u>	
1) Experience Period Cost PMPM	\$ 428.91	Exhibit B
2) x <u>Normalization Factor</u>	0.5999	Exhibit C
3) = Normalized Claims	\$ 257.30	= (1) x (2)
4) x Benefit Changes	0.9757	Exhibit D
5) x Morbidity Changes	1.0558	Exhibit D
6) x Medical Trend Factor	1.2566	Exhibit D
7) x <u>Other Cost of Care Impacts</u>	1.0219	Exhibit D
8) = Projected Claim Cost	\$ 340.36	= (3) x (4) x (5) x (6) x (7)
9) + Other Claim Impacts	(\$1.50)	Exhibit E
10) = Claims Projected to Projection Period	\$ 338.86	= (8) + (9)
11) + Risk Mitigation - Contributions and Payments	(\$51.15)	Exhibit F
12) + <u>Selling Expense, Administration and Other Retention Items {1}</u>	\$59.53	Exhibit G
13) = Required Premium in Projection Period	\$ 347.24	= (10) + (11) + (12)
14) (a) x Average Contract Size Factor in Projection Period	1.4263	Exhibit H
(b) ÷ Average Rating Factors (Rating Tier/Area/Plan) in Projection Period	1.2159	Exhibit H
15) = Base Rate (Average Plan-Level)	\$ 407.33	= (13) x (14a) ÷ (14b)
16) Projected Loss Ratio (Conventional Basis)	82.9%	= [(10) + (11)] ÷ (13)

NOTES:

{1} Equivalent to PMPM expenses on Exhibit G + % of premium expenses on Exhibit G applied to Required Premium (Row 13 above).

Exhibit B - Claims Experience for Manual Rate Development

Empire HealthChoice HMO, Inc.
Individual

Incurred November 1, 2011 through October 31, 2012
Paid through December 31, 2012

Healthy New York and SG HMO In-Area Business:

PAID CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total	
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM	
\$ 282,096,965	\$ 57,120,698	\$ 7,879,948	\$ 24,829	\$ 289,976,913	\$ 57,145,527	\$ 3,024,462	\$ 350,146,902	816,367	\$ 428.91	

ALLOWED CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total	
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM	
\$ 328,964,817	\$ 72,442,708	\$ 8,977,348	\$ 30,723	\$ 337,942,165	\$ 72,473,431	\$ 3,024,462	\$ 413,440,058	816,367	\$ 506.44	

Exhibit C - Normalization Factors

Empire HealthChoice HMO, Inc.
Individual

Experience Period: November 1, 2011 through October 31, 2012

<u>Normalize to population expected in 2014</u>			
<i>Average claim factors based on future population as compared to experience period population:</i>			
	Average Claim Factors		Normalization
	Experience Period Population	Future Population	Factor
Age/Gender	1.1430	1.1499	1.0060
Area/Network	1.0010	0.8308	0.8300
Benefit Plan	1.2463	0.8954	0.7185
Total	1.4258	0.8555	0.5999

Exhibit D - Projection Period Adjustments

Empire HealthChoice HMO, Inc. Individual

Impact of Changes Between Experience Period and Projection Period:

	<u>Adjustment Factor</u>
<u>Benefit changes</u>	
Preventive Rx (over the counter)	1.0007
Eliminate Pre-Ex	1.0000
<u>Rx Adjustments {1}</u>	<u>0.9750</u>
Total Benefit Changes	0.9757
<u>Morbidity changes</u>	
Total Morbidity Changes	1.0558
<u>Cost of care impacts</u>	
Annual Medical/Rx Trend Rate	11.12%
# Months of Projection	26
Trend Factor	1.2566
Induced Demand for Cost Share Reductions	1.0180
Grace Period	1.0038

NOTES:

{1} Includes Rx formulary, mandatory mail order

Exhibit E - Other Claim Adjustments

Empire HealthChoice HMO, Inc. Individual

Adjustments to projection period claims to reflect covered benefits not included in experience period data:

	<u>PMPM</u>
Rx Rebates	(\$7.20)
Pediatric Dental	\$3.16
Pediatric Vision	\$0.44
Gym Membership	\$0.99
Covered Lives Assessment	\$9.35
Regulation 146 Adjustment	(\$8.54)
<u>Additional Non-EHBs {1}</u>	<u>\$0.30</u>
Total	(\$1.50)

NOTES:

{1} Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014

<u>Risk Adjustment:</u>				
Description	Transfers funds from lowest risk plans to highest risk plans			
Participants	Non-Grandfathered Individual and Small Group plans (inside and outside Exchange) are eligible			
PMPM	Net Transfer			
Federal Program	(\$11.86)			
	<u>Note:</u>			
	It is assumed the risk for the plans included in this rate filing is worse overall than other plans within this market.			
<u>Reinsurance:</u>				
Description	Provides funding to plans that enroll highest cost individuals			
Participants	All insurance issuers and TPAs contribute funds			
	Non-Grandfathered Individual plans (inside and outside Exchange) are eligible for payments			
PMPM	Contributions Made	Payments Received		
Federal Program	\$5.25	(\$44.54)	<i>Small Group Plans contribute funds but only Individual Plans are eligible to receive payments</i>	
	<u>Source:</u>			
	HHS estimates a national per capita contribution rate of \$5.25 per month (\$63 per year) in benefit year 2014 (per Payment Parameter Rule).			
Grand Total of All Risk Mitigation Programs				(\$51.15)

Exhibit G - Non-Benefit Expenses and Profit & Risk

Empire HealthChoice HMO, Inc. Individual

	<u>PMPM</u>	<u>% Premium</u>
Administrative Costs	\$23.96	
Quality Improvement Expense	\$1.15	
Selling Expense	\$5.00	
ACA Related Fees:		
PCORI Fee	\$0.17	
Risk Adjustment User Fee	\$0.08	
ACA Insurer Fee		2.46%
Exchange User Fee		0.00%
Premium Tax and 332 Assessment		2.94%
Federal/State Taxes		1.02%
Profit (Post-Tax)		1.98%
Total	\$30.36	8.40%

Exhibit H - Quality Improvement/Cost Containment Programs

Empire HealthChoice HMO, Inc. Individual

Radiology and Cardiac	Prospective clinical appropriateness reviews for diagnostic imaging .
Specialty Pharmacy Program	Prospective clinical appropriateness reviews for specialty pharmaceuticals.
OptiNet	A web-based application supports collaboration and more informed decision-making by physicians and members when selecting diagnostic imaging facilities.
Specialty Care Shopper Program	A member-engagement program that aims to provide members with choices between high-cost and low-cost imaging facilities with equal or better quality by information sharing and proactive member call outs.
Sleep Program	A Sleep Medicine Management Program that conducts pre-service clinical appropriateness review.
Physical Therapy / Occupational Therapy (PT/OT) Management Program	The PT/OT Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Discharge Planning	Discharge planning activities are comprehensive in nature and consist of organizing and transitioning care to lesser acute facilities, counseling patients on discharge instructions, care coordination, etc.
Care coordination	Nurses interface with the clinicians on a member's care team when members are admitted to the hospital.
Radiology Benefits Management Program	The Radiology Benefits Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Pharmacy Prior Authorization	Prior authorization involves review of submitted pharmacy claims to ensure the intended use is FDA approved or recognized in a major compendia as being safe and effective in order to be a covered benefit.
Specialty Pharmacy Drug Reviews	Pre-certification process of specialty medications.
Care Management	Care management staff coordinates quality health care services and the optimization of benefits through a realistic, cost-effective, and timely care management plan.
ComplexCare	The ComplexCare program is a proactive, collaborative, member-centric model of care management in which chronic care management is emphasized for those members with chronic or multiple non-disease management types of condition(s) at future high risk.
ConditionCare (Disease Management) Program	A program to help maximize member health status, improve health outcomes, and control health care expenses associated with the following prevalent conditions: Asthma (pediatric and adult), Diabetes (pediatric and adult), Heart Failure (HF), Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD).
MyHealth Coach Program	MyHealth Coach nurses serve as a central point of contact for individuals who have questions about a health care related topic, condition or concern, a question about benefits, a concern about claim payment or language in an 'Explanation of Benefits' statement.
Chronic Kidney Disease	The Kidney Disease Management: Chronic Kidney Disease (late stage) and End Stage Renal Disease program is designed to Improve participant's quality of life and clinical outcomes, slowing the progression of the disease and controlling costs related to hospitalizations, emergency room admissions and significant complications.
Nurseline	24/7 NurseLine is staffed exclusively by Registered Nurses who assist consumers in choosing the most appropriate use of health care resources, applying self care, learning about specific medical conditions, treatment options and side effects associated with prescription drugs, and providing valuable lifestyle management and nutrition information.
MyHealth Advantage (MHA)	MHA comprises quality-based communications to members, physicians, health care plans, and pharmacists (as needed) on topics such as best-practice therapeutic interventions in member medical care.
Health IT	IT expenses in support of the programs noted above which have been identified as executing Quality Improvement activities.
Chiropractic Benefit Management Program	The Chiropractic benefit Management program involves retrospective review of services with regard to established medical policy and clinical guidelines.
Gym Reimbursement Program	The Gym Reimbursement program involves partially reimbursing the Subscriber and the Subscriber's Covered Spouse for certain exercise facility fees or membership fees but only if such fees are paid to exercise facilities and which maintain equipment and programs that promote cardiovascular wellness.

Exhibit I - Average 2014 Rating Factors

Empire HealthChoice HMO, Inc.
Individual

Effective January 1, 2014

<i>Average 2014 rating factors for 2014 population:</i>	
	Average Rating Factor
Average Contract Size	1.4263
Contract Type	1.2159
Area	1.0000
Benefit Plan	1.0000
Total (Contract Type x Area x Benefit Plan) =	1.2159
Conversion Factor	1.1730

Exhibit J - Non-Grandfathered Benefit Plan Factors

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014

Off-Exchange Plans:		
Metal Level	HIOS Standard Component Plan ID	Benefit Plan Factor
Bronze	80519NY0180001	0.8844
	80519NY0180003	0.9030
	80519NY0180085	0.3816
	80519NY0180013	0.9198
	80519NY0180015	0.9391
	80519NY0180051	0.9571
	80519NY0180043	0.9756
	80519NY0180087	0.4116
	80519NY0180053	0.9953
	80519NY0180047	1.0147
	80519NY0180002	0.8844
	80519NY0180004	0.9030
	80519NY0180086	0.3816
	80519NY0180014	0.9198
	80519NY0180016	0.9391
	80519NY0180052	0.9571
	80519NY0180044	0.9756
	80519NY0180088	0.4116
	80519NY0180054	0.9953
	80519NY0180048	1.0147
Silver	80519NY0180005	1.0502
	80519NY0180089	1.0262
	80519NY0180041	0.4443
	80519NY0180017	1.0922
	80519NY0180091	1.0673
	80519NY0180059	1.1228
	80519NY0180090	1.0989
	80519NY0180077	0.4743
	80519NY0180061	1.1678
	80519NY0180092	1.1428
	80519NY0180006	1.0502
	80519NY0180093	1.0262
	80519NY0180042	0.4443
	80519NY0180018	1.0922
	80519NY0180095	1.0673
	80519NY0180060	1.1228
	80519NY0180094	1.0989
	80519NY0180078	0.4743
	80519NY0180062	1.1678
	80519NY0180096	1.1428
Gold	80519NY0180097	1.2744
	80519NY0180035	0.5299
	80519NY0180099	1.3254
	80519NY0180098	1.3471
	80519NY0180073	0.5599
	80519NY0180100	1.4010
	80519NY0180101	1.2744
	80519NY0180036	0.5299
	80519NY0180103	1.3254
	80519NY0180102	1.3471
	80519NY0180074	0.5599
	80519NY0180104	1.4010
Platinum	80519NY0180105	1.5129
	80519NY0180113	1.5764
	80519NY0180037	0.6285
	80519NY0180039	0.6519
	80519NY0180107	1.5734
	80519NY0180115	1.6395
	80519NY0180106	1.5856
	80519NY0180119	1.6491
	80519NY0180081	0.6584
	80519NY0180083	0.6802
	80519NY0180108	1.6490
	80519NY0180117	1.7151
	80519NY0180109	1.5129
	80519NY0180114	1.5764
	80519NY0180038	0.6285

Exhibit J - Non-Grandfathered Benefit Plan Factors

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014

80519NY0180040	0.6519
80519NY0180111	1.5734
80519NY0180116	1.6395
80519NY0180110	1.5856
80519NY0180120	1.6491
80519NY0180082	0.6584
80519NY0180084	0.6802
80519NY0180112	1.6490
80519NY0180118	1.7151

Benefit Plan Factors above reflect plan by plan differences from the index rate for allowable adjustments as described in detail in the Market Reform and Payment Parameters Regulations and illustrated in Exhibit Q. The weighted average of these adjustments for the entire risk pool included in this rate filing is detailed in Exhibit I.

Exhibit K - Area Factors

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Rating Area Description	Narrow Rating Factor
Albany	0.9418
Long Island	0.9310
Mid-Hudson	1.1108
New York City	1.0115
Upstate	1.4991

NOTES:

{1} Network adjustments (e.g., discount differences) are included in the benefit plan factors as shown in Exhibit J.

Exhibit L - Family Composition Factors

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Contract Type	Composition Factor
Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Single + Spouse + Child(ren)	2.85

NOTES:

The Child only rate is 0.412 of the Single rate for 1 child; 2 x 0.412 of the Single rate for 2 children; and 3 x 0.412 of the Single rate for 3 or more children.

Exhibit M - Development of Conversion Factor

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Contract Type	Projected Contract Distribution	a) Prescribed Premium Relativity	b) Average Contract Size	c) Conversion Factor: (a) ÷ (b)
Individual	63%	1.00	1.00	
Husband/Wife	18%	2.00	2.00	
Parent/Child(ren)	2%	1.70	3.34	
Child Only	12%	0.41	1.00	
Family	5%	2.85	4.99	
All Contracts	100%	1.2159	1.4263	1.1730

Exhibit N - Sample Rate Calculation

Empire HealthChoice HMO, Inc. Individual

Name: John Doe
Effective Date: 01/01/2014
On/Off Exchange: Off
Metal Level: Bronze
Plan ID: 80519NY0180002
Rating Area: Albany
Network: Narrow

Calculation of Monthly Premium:

Base Rate =	\$	407.33	Exhibit A
x Benefit Plan Factor		0.8844	Exhibit J
<u>x Area Factor</u>		<u>0.9418</u>	Exhibit K
Base Rate Adjusted for Plan/Area =	\$	339.28	

Final Monthly Premium PMPM:

<u>Contract Type</u>	<u>Family Composition</u>	
	<u>Factor</u> <u>(Exhibit L)</u>	<u>Monthly Rate</u>
Single	1.00	\$ 339.28
Single + Spouse	2.00	\$ 678.56
Single + Child(ren)	1.70	\$ 576.78
Single + Spouse + Child(ren)	2.85	\$ 966.95

NOTE:

{1} Minor rate variances may occur due to differences in rounding methodology.

Exhibit O - Federal MLR Estimated Calculation

Empire HealthChoice HMO, Inc. Individual

Numerator:

Incurred Claims	\$338.86	Exhibit A
+ Quality Improvement Expense	\$1.15	Exhibit G
+ Risk Corridor Contributions	\$0.00	
+ Risk Adjustment Contributions	\$0.00	Exhibit F
- Reinsurance Receipts	\$44.54	Exhibit F
- Risk Corridor Receipts:	\$0.00	
<u>- Risk Adjustment Receipts:</u>	<u>\$11.86</u>	Exhibit F
= <i>Estimated Federal MLR Numerator</i>	\$283.61	

Denominator:

Premiums	\$347.24	Exhibit A
- Federal and State Taxes	\$3.55	Exhibit A (Premium) and Exhibit G (Taxes)
- Premium Taxes	\$10.21	Exhibit A (Premium) and Exhibit G (Taxes)
- Reinsurance Contributions	\$5.25	Exhibit F
<u>- Licensing and Regulatory Fees</u>	<u>\$8.79</u>	Exhibit A (Premium) and Exhibit G (Fees)
= <i>Estimated Federal MLR Denominator</i>	\$319.44	

Estimated Federal MLR

88.78%

NOTES:

The above calculation is purely an estimate and not meant to be compared to the minimum MLR benchmark for federal/state MLR rebate purposes:

{1} The above calculation represents only the products in this filing. Federal MLR will be calculated at the legal entity and market level.

{2} Not all numerator/denominator components are captured above (for example, third party vendors excess reimbursement, fraud and prevention program costs, payroll taxes, assessments for state high risk pools etc.).

{3} Other adjustments may also be applied within the federal MLR calculation such as 3-year averaging, new business, credibility, deductible and dual option. These are ignored in the above calculation.

{4} Licensing and Regulatory Fees include ACA-related fees as allowed under the MLR Final Rule

Exhibit P - Projected Index Rate Development

Effective January 1, 2014

Empire HealthChoice HMO, Inc.
Individual

1) Projected Paid Claim Cost	\$	340.36	Exhibit A, Line Item 8
2) <u>- Non-EHBs Embedded in Line Item 1) Above</u>		<u>\$0.00</u>	Exhibit E (see footnote in Exhibit E)
3) = Projected Paid Claims, Excluding ALL Non-EHBs	\$	340.36	
4) + Rx Rebates		(\$7.20)	Exhibit E
5) <u>+ Additional EHBs {1}</u>		<u>\$4.59</u>	Exhibit E
6) = Projected Paid Claims Reflecting <i>only</i> EHBs	\$	337.75	
7) <u>÷ Paid to Allowed Ratio</u>		<u>0.7042</u>	
8) = Projected Allowed Claims Reflecting <i>only</i> EHBs		\$479.63	= Index Rate

NOTE:

{1} Pediatric Dental, Pediatric Vision and Gym

Exhibit Q - Development of Required Premium from Index Rate

Effective January 1, 2014

Empire HealthChoice HMO, Inc. Individual

	<u>Weighted Average for Risk Pool</u>	
1) Index Rate - Federal Definition	\$479.63	Exhibit P
2) <u>x Paid to Allowed Ratio</u>	<u>0.7042</u>	Exhibit P
3) = Projected Paid Claims Reflecting <i>only</i> EHBs	\$337.75	
<u>Allowable Index Rate Adjustments {1} {2}:</u>		
4) x Benefit Adjustments	1.0000	
5) + Non-EHBs	\$1.11	Exhibit E
6) x Catastrophic Adjustment	1.0000	
7) x Network Adjustment	1.0000	
8) + Risk Mitigation - Contributions and Payments	(\$51.15)	Exhibit F
9) <u>+ Selling Expense, Administration and Other Retention Items</u>	<u>\$59.53</u>	Exhibit G (also see Exhibit A, Line item 12)
10) = Required Premium in Projection Period	\$347.24	Ties to Exhibit A, Line item 13

NOTES:

- {1} Allowable adjustments to the index rate as made above are in accordance with the Market Reform and Payment Parameters Regulations.
- {2} The above illustrates the allowable adjustments to the average single risk pool index rate as included in this rate filing. These adjustments may vary on a plan by plan basis and such variances are captured in the benefit plan factors as summarized in Exhibit J.
- {3} Plan-level rates are obtained by multiplying the base rate as shown in line item 15 of Exhibit A by the benefit plan factors illustrated in Exhibit J. Further allowable adjustments (area and family composition) are applied to arrive at final premium rates.

ADDENDUM I: STATE REQUIREMENTS

Mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum

Actuarial Memorandum Requirement	Location in this Submitted Actuarial Memorandum
(h) The process used for the determination of the Index Rate and premium rates for both on-	Addendum III - Development of Plan-Level Premium Rates by Census Tier
(1) Average PMPM Incurred Claims for the latest experience period.	
(2) Average AV Pricing Value determined for all inforce plans in effect during the latest experience period, based on member-months in the experience period for each inforce plan.	
(3) Average Induced Demand Adjustment factor determined based on member-months in the experience period for each inforce plan.	
(4) Assumptions as to average annual claim trend rates for all components, including inflation, utilization, leverage, and other factors.	
(5) Projection trend factor from midpoint of experience period to midpoint of applicability for First Quarter 2014 premium rates.	
(6) Projected Average PMPM Incurred Claims determined from (1) and (5) above.	
(7) Market-wide index rate adjustments as discussed in Section 6, not already reflected.	
(8) Market-wide adjustments to reflect the impact of the Federal Transitional Reinsurance Program Recovery, if not already reflected.	
(9) For all inforce plans combined, determine the "Index" PMPM Claim Rate. This step reflects the Projected PMPM Incurred Claims per (6) above with Market-wide adjustments prescribed in HHS regulation per (7) and (8) above. Note that such adjustments do not vary by the plan-design level.	
(10) Determine the starting point PMPM Claim Rate for each Non-Grandfathered Plan (both On-Exchange and Off-Exchange) by multiplying the Index PMPM Claim Rate for all inforce plans combined per (9) above by the ratio of (A) to (B), as follows: (A) The AV Pricing Value for each Non-Grandfathered Plan, both On-Exchange and Off-Exchange, at each of the Metal Tier levels; (B) The Average AV Pricing Value per (2) above for all inforce plans.	
(11) Plan-Design Level Adjustments for the various differences in characteristics as described above.	
(12) Plan-Design Level Adjustments for Administrative Costs and Profit Margins per Exhibit 9.	
(13) Preliminary PMPM Premium Rate for each Non-Grandfathered Plan, as determined from items (11) and (12) above, e.g., (11) divided by 100% less (12).	
(14) Final (all regions combined) Premium Rates for all Non-Grandfathered Plans for Employees only, for Employees and Spouse, for Employees and Child(ren) and for Employees and Spouse and Child(ren), based on census factors prescribed by the Department.	
(15) Final Premium Rates for each Non-Grandfathered Plans for each applicable rating	Rate Manual

ADDENDUM I: STATE REQUIREMENTS

Mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum

Actuarial Memorandum Requirement	Location in this Submitted Actuarial Memorandum
(i) Supporting details on the key assumptions and additional information to be included in actuarial memorandum:	See below.
(1) Assumptions on annual claim trend rates, including if available, information on experienced annualized claim trend rates on allowed charges;	4: Credibility Manual Rate Development
(2) Justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic (aging) change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components that is not part of the Market-Wide Index Rate Adjustments;	4: Credibility Manual Rate Development
(3) Assumptions on Administrative costs components, including (a) explanations for differences in expense components between the current Exhibit 9 for Non-Grandfathered plans and the Exhibit 2 submitted for inforce plans in the most recent/current Sections 3231(e)(1)/4308(c) Rate Adjustment submission, and (b) reconciliation with administrative costs information reported in latest financial statements; and	7: Non-Benefit Expenses, Profit and Risk
(4) Assumptions on profit margins or contribution to surplus, including a discussion on Return on Equity.	7: Non-Benefit Expenses, Profit and Risk
(5) Details as to adjustments to Actuarial Values determined based on HHS AV Calculator for inforce plans.	11: Actuarial Value Metal Values
(6) SERFF Number of the associated QHP Template filing.	1: General Information
(7) Details as to the restructuring of the various "composite" premium rates into separate premium rates for the various census cells, i.e. Employees only, Employees	8: Average 2014 Rating Factors
(8) Details as to the determination of the premium rates by the standardized rating regions.	8: Average 2014 Rating Factors
(9) Details as to adjustments to the premium rates for the impact of risk adjustments and the impact of the transitional reinsurance program, including the results for the	6: Risk Adjustment and Reinsurance
(10) Details and support on any other adjustments deemed necessary by the Company's actuary.	4: Credibility Manual Rate Development
(11) If the source data for the determination of the premium rates for the Exchange plans is other than the actual claims experience under Non- Grandfathered/ Grandfathered plans, indicate the source of this data (e.g., the publication, organization, or consultants), and the applicability of this source data.	4: Credibility Manual Rate Development

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc. Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
On Exchange	Empire Catastrophic Guided Access	Catastrophic	0.5970	\$6,350	0%	\$6,350	No	No	No
On Exchange	Empire Catastrophic Guided Access w/ Child Dental	Catastrophic	0.5970	\$6,350	0%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ HSA (cacm)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access (caat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access (cabs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access for Child Only w/HSA (cadc)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access w/ HSA and Dep Age 29 (cara)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ Dep Age 29 (cbra)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ Dep Age 29 (ccra)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ HSA and Child Dental (cdcl)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ Child Dental (cdat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ Child Dental (cdbs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access for Child Only w/ Child Dental (cdea)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ HSA, Child Dental and Dep Age 29 (cdga)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	Yes
On Exchange	Empire Bronze Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	Yes
On Exchange	Empire Bronze Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	Yes
On Exchange	Empire Silver Guided Access (cbnw)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
On Exchange	Empire Silver Guided Access (cbjw)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	No
On Exchange	Empire Silver Guided Access w/ HSA (cdib)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	No
On Exchange	Empire Silver Guided Access for Child Only (cade)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
On Exchange	Empire Silver Guided Access w/Dep Age 29 (ceaa)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	Yes
On Exchange	Empire Silver Guided Access w/Dep Age 29 (ceae)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	Yes
On Exchange	Empire Silver Guided Access w/ HSA and Dep Age 29 (cefa)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	Yes
On Exchange	Empire Silver Guided Access w/ Child Dental (cdca)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
On Exchange	Empire Silver Guided Access w/ Child Dental (cdce)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	No
On Exchange	Empire Silver Guided Access w/ HSA and Child Dental (cdmb)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	No
On Exchange	Empire Silver Guided Access for Child Only w/ Child Dental (cdbb)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
On Exchange	Empire Silver Guided Access w/ Child Dental and Dep Age 29 (cddd)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	Yes
On Exchange	Empire Silver Guided Access w/ Child Dental and Dep Age 29 (cdec)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	Yes
On Exchange	Empire Silver Guided Access w/ HSA, Child and Dep Age 29 Dental (cdwe)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	Yes

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc. Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
On Exchange	Empire Gold Guided Access (ccav)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
On Exchange	Empire Gold Guided Access (cecb)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	No
On Exchange	Empire Gold Guided Access for Child Only (cadd)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
On Exchange	Empire Gold Guided Access w/ Dep Age 29 (ceod)	Gold	0.7900	\$600	0%	\$4,000	No	No	Yes
On Exchange	Empire Gold Guided Access w/ Dep Age 29 (ceea)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	Yes
On Exchange	Empire Gold Guided Access w/ Child Dental (cddj)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
On Exchange	Empire Gold Guided Access w/ Child Dental (cdgd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	No
On Exchange	Empire Gold Guided Access for Child Only w/ Child Dental (cdha)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
On Exchange	Empire Gold Guided Access w/ Child Dental and Dep Age 29 (cdoe)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	Yes
On Exchange	Empire Gold Guided Access w/ Child Dental and Dep Age 29 (ccvd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	Yes
On Exchange	Empire Platinum Guided Access (ceaf)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
On Exchange	Empire Platinum Guided Access (cazd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	No
On Exchange	Empire Platinum Guided Access for Child Only (caed)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
On Exchange	Empire Platinum Guided Access w/ Dep Age 29 (ceyd)	Platinum	0.8810	\$0	0%	\$2,000	No	No	Yes
On Exchange	Empire Platinum Guided Access w/ Dep Age 29 (cayd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	Yes
On Exchange	Empire Platinum Guided Access w/ Child Dental (cdma)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
On Exchange	Empire Platinum Guided Access w/Child Dental (cdwc)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	No
On Exchange	Empire Platinum Guided Access for Child Only w/ Child Dental (cdja)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
On Exchange	Empire Platinum Guided Access w/ Child Dental and Dep Age 29 (cdyd)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	Yes
On Exchange	Empire Platinum Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	Yes
Off Exchange	Empire Core Guided Access (caat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access (cabs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access for Child Only w/HSA (cadc)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access w/ Dep Age 29 (cbra)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	Yes
Off Exchange	Empire Core Guided Access w/ Dep Age 29 (ccra)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	Yes
Off Exchange	Empire Core Guided Access w/ Child Dental (cdat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Access w/ Child Dental (cdbs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	Yes
Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	Yes

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc. Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
Off Exchange	Empire Essential Guided Access (cbjw)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	No
Off Exchange	Empire Essential Guided Access w/ HSA (cdib)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	No
Off Exchange	Empire Essential Guided Access for Child Only (cade)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
Off Exchange	Empire Essential Guided Access w/Dep Age 29 (ceae)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	Yes
Off Exchange	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	Yes
Off Exchange	Empire Essential Guided Access w/ Child Dental (cdce)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	No
Off Exchange	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	No
Off Exchange	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
Off Exchange	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	Yes
Off Exchange	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	Yes
Off Exchange	Empire Preferred Guided Access (cecb)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	No
Off Exchange	Empire Preferred Guided Access for Child Only (cadd)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
Off Exchange	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	Yes
Off Exchange	Empire Preferred Guided Access w/ Child Dental (cdgd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	No
Off Exchange	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
Off Exchange	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	Yes
Off Exchange	Empire Premier Guided Access (cazd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	No
Off Exchange	Empire Premier Guided Access w/ Out-of-Network (ccze)	Platinum	0.8801	\$200	5%	\$3,400	Yes	No	No
Off Exchange	Empire Premier Guided Access for Child Only (caed)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	Platinum	0.8810	\$0	0%	\$2,000	Yes	No	No
Off Exchange	Empire Premier Guided Access w/ Dep Age 29 (cayd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	Yes
Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	Platinum	0.8801	\$200	5%	\$3,400	Yes	No	Yes
Off Exchange	Empire Premier Guided Access w/Child Dental (cdwc)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	No
Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	Platinum	0.8801	\$200	5%	\$3,400	Yes	Yes	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child D	Platinum	0.8810	\$0	0%	\$2,000	Yes	Yes	No
Off Exchange	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	Yes
Off Exchange	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Ag	Platinum	0.8801	\$200	5%	\$3,400	Yes	Yes	Yes

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 1)

Empire HealthChoice HMO, Inc. Individual

1)	Average PMPM Incurred Claims	\$428.91
2)	Average AV Pricing Value of All Inforce Plans	1.2463
3)	Average Induced Demand Adjustment Factor for All Inforce Plans	1.1412
4)	Average Annual Trend Rate Components	
	a) Annual Trend Assumption	11.1%
	b) Number of Trend Months	26
5)	Projected Trend Factor: $[1 + (4)(a)]^{[(4)(b) \div 12]}$	1.2566
6)	Projected PMPM Incurred Claims: (1) x (5)	\$538.97
7)	Market-Wide Index Rate Adjustments {1}	
	a) Benefit Changes	0.9757
	b) Changes in Provider Network	0.8201
	c) Fee Schedule Changes	1.0000
	d) Utilization Management Changes	1.0000
	e) Age/Gender Normalization	1.0060
	f) Morbidity Changes – Other	1.0152
	g) Morbidity Changes – Small Group to Individual Morbidity	1.0400
	h) Area/Network Normalization	1.0121
	i) Federal Risk Adjustment Program Impact	0.9604
	j) Federal Transitional Reinsurance Program Recovery	0.8841
	k) Credibility Adjustment	1.0000
	l) Rx Rebates	0.9788
	m) Induced Demand from Cost Share Reductions	1.0180
	n) <u>Grace Period</u>	<u>1.0038</u>
	o) <u>Total Market-Wide Index Rate Adjustments</u>	<u>0.7305</u>
8)	Federal Transitional Reinsurance Program Recovery Impact	Included Above
9)	"Index" PMPM Claim Rate: (6) x (7)(o)	\$393.69
10)	Starting PMPM Claim Rate for Each Non-Grandfathered Plan	Part 2
11)	Plan-Level Adjustments for Benefit Characteristics	Part 2
12)	Plan-Level Adjustments for Administrative Costs & Profit Margin	Part 2
13)	Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan	Part 2
14)	Final Plan-Level Premium Rates by Census Tier	Part 2
15)	Final Plan-Level Premium Rates by Census Tier and Rating Region	Rate Manual

NOTES:

{1} For descriptions of these adjustments, refer to the Actuarial Memorandum, "Credibility Manual Rate" section.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	8) "Index" PMPM Claim Rate, from Page 1	9) Starting PMPM Claim Rate for Each Non-Grandfathered Plan				10) Plan-Level Adjustments for Benefit/Plan Characteristics			
		a) Initial Plan Pricing AV (1)	b) Adjusted Plan Pricing AV (2)	c) Average Experience Period Pricing AV	d) Starting PMPM Claim Rate: (8) x [(9)(b) ÷ (9)(c)]	a) Benefit Adjustment {3}	b) Catastrophic Plan Adjustment (normalized)	c) Order of Operations and Rounding Adjustment	d) PMPM Claim Rate After Adjustments: (9)(d) x (10)(a-c)
Empire Core Guided Access (caat)	\$393.69	0.7833	0.7872	1.2463	\$248.67	1.0066	1.0165	1.0001	\$254.46
Empire Core Guided Access (cabs)	\$393.69	0.8004	0.8043	1.2463	\$254.06	1.0060	1.0165	1.0001	\$259.81
Empire Core Guided Access w/ Dep Age 29 (cbra)	\$393.69	0.7833	0.7872	1.2463	\$248.67	1.0469	1.0165	1.0001	\$264.64
Empire Core Guided Access w/ Dep Age 29 (ccra)	\$393.69	0.8004	0.8043	1.2463	\$254.06	1.0462	1.0165	1.0001	\$270.19
Empire Core Guided Access w/ Child Dental (cdat)	\$393.69	0.7833	0.8540	1.2463	\$269.78	1.0041	1.0165	1.0001	\$275.37
Empire Core Guided Access w/ Child Dental (cdba)	\$393.69	0.8004	0.8711	1.2463	\$275.18	1.0036	1.0165	1.0001	\$280.72
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$393.69	0.7833	0.8540	1.2463	\$269.78	1.0443	1.0165	1.0001	\$286.39
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$393.69	0.8004	0.8711	1.2463	\$275.18	1.0437	1.0165	1.0001	\$291.95
Empire Essential Guided Access (cbjw)	\$393.69	0.9357	0.9396	1.2463	\$296.81	1.0015	1.0165	1.0001	\$302.16
Empire Essential Guided Access w/ HSA (cdib)	\$393.69	0.9137	0.9176	1.2463	\$289.86	1.0021	1.0165	1.0001	\$295.28
Empire Essential Guided Access w/Dep Age 29 (ceae)	\$393.69	0.9357	0.9396	1.2463	\$296.81	1.0415	1.0165	1.0001	\$314.25
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$393.69	0.9137	0.9176	1.2463	\$289.86	1.0422	1.0165	1.0001	\$307.08
Empire Essential Guided Access w/ Child Dental (cdce)	\$393.69	0.9357	1.0064	1.2463	\$317.93	0.9997	1.0165	1.0001	\$323.07
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$393.69	0.9137	0.9844	1.2463	\$310.97	1.0002	1.0165	1.0001	\$316.18
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdcc)	\$393.69	0.9357	1.0064	1.2463	\$317.93	1.0397	1.0165	1.0000	\$336.00
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$393.69	0.9137	0.9844	1.2463	\$310.97	1.0403	1.0165	1.0001	\$328.83
Empire Preferred Guided Access (cecb)	\$393.69	1.1419	1.1457	1.2463	\$361.93	0.9966	1.0165	1.0001	\$366.68
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$393.69	1.1419	1.1457	1.2463	\$361.93	1.0365	1.0165	1.0001	\$381.35
Empire Preferred Guided Access w/ Child Dental (cdgd)	\$393.69	1.1419	1.2125	1.2463	\$383.04	0.9954	1.0165	1.0001	\$387.60
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$393.69	1.1419	1.2125	1.2463	\$383.04	1.0353	1.0165	1.0001	\$403.10
Empire Premier Guided Access (cazd)	\$393.69	1.3611	1.3649	1.2463	\$431.18	0.9931	1.0165	1.0001	\$435.31
Empire Premier Guided Access w/ Out-of-Network (ccze)	\$393.69	1.4195	1.4234	1.2463	\$449.63	0.9924	1.0165	1.0001	\$453.59
Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$393.69	1.3611	1.3649	1.2463	\$431.18	1.0329	1.0165	1.0001	\$452.71
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$393.69	1.4195	1.4234	1.2463	\$449.63	1.0321	1.0165	1.0001	\$471.73
Empire Premier Guided Access w/Child Dental (cdwc)	\$393.69	1.3611	1.4318	1.2463	\$452.29	0.9923	1.0165	1.0001	\$456.21
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$393.69	1.4195	1.4902	1.2463	\$470.75	0.9916	1.0165	1.0001	\$474.50
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$393.69	1.3611	1.4318	1.2463	\$452.29	1.0320	1.0165	1.0001	\$474.47
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29	\$393.69	1.4195	1.4902	1.2463	\$470.75	1.0313	1.0165	1.0001	\$493.48

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	8) "Index" PMPM Claim Rate, from Page 1	9) Starting PMPM Claim Rate for Each Non-Grandfathered Plan				10) Plan-Level Adjustments for Benefit/Plan Characteristics			
		a) Initial Plan Pricing AV {1}	b) Adjusted Plan Pricing AV {2}	b) Average Experience Period Pricing AV	d) Starting PMPM Claim Rate: (8) x [(9)(b) ÷ (9)(c)]	a) Benefit Adjustment {3}	b) Catastrophic Plan Adjustment (normalized)	c) Order of Operations and Rounding Adjustment	d) PMPM Claim Rate After Adjustments: (9)(d) x (10)(a-c)
Empire Core Guided Access for Child Only w/HSA (cadc)	\$393.69	0.8219	0.8317	1.2463	\$262.73	0.4111	1.0165	1.0001	\$109.80
Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$393.69	0.8219	1.0279	1.2463	\$324.71	0.3588	1.0165	1.0000	\$118.42
Empire Essential Guided Access for Child Only (cade)	\$393.69	0.9618	0.9715	1.2463	\$306.91	0.4098	1.0165	1.0001	\$127.85
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$393.69	0.9618	1.1620	1.2463	\$367.07	0.3657	1.0165	1.0000	\$136.46
Empire Preferred Guided Access for Child Only (cadd)	\$393.69	1.1527	1.1624	1.2463	\$367.21	0.4085	1.0165	1.0001	\$152.47
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$393.69	1.1527	1.3475	1.2463	\$425.69	0.3723	1.0165	1.0001	\$161.09
Empire Premier Guided Access for Child Only (caed)	\$393.69	1.3726	1.3822	1.2463	\$436.64	0.4074	1.0165	1.0001	\$180.83
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$393.69	1.4261	1.4358	1.2463	\$453.55	0.4068	1.0165	1.0001	\$187.57
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$393.69	1.3726	1.5633	1.2463	\$493.83	0.3774	1.0165	1.0000	\$189.44
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Denta	\$393.69	1.4261	1.6167	1.2463	\$510.72	0.3770	1.0165	1.0000	\$195.70

{1} The Initial Plan Pricing AVs are computed prior to the plan-level adjustments in (10) and (11) and are not normalized relative to the reference plan; therefore, the values in this column will not match the benefit plan factors in Exhibit J or the Plan Pricing AVs in URRT.

{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	11) Plan-Level Adjustments for Administrative Costs and Profit Margins, as a % of Premium			12) Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan: (10) ÷ [1 - (11)(c)]
	a) Administrative Costs, excluding Profits	b) Profit/Contribution to Surplus Margins	c) Total Administrative Expense Load: (11)(a) + (11)(b)	
Empire Core Guided Access (caat)	14.14%	3.00%	17.14%	\$307.11
Empire Core Guided Access (cabs)	14.14%	3.00%	17.14%	\$313.56
Empire Core Guided Access w/ Dep Age 29 (cbra)	14.14%	3.00%	17.14%	\$319.40
Empire Core Guided Access w/ Dep Age 29 (ccra)	14.14%	3.00%	17.14%	\$326.10
Empire Core Guided Access w/ Child Dental (cdat)	14.14%	3.00%	17.14%	\$332.35
Empire Core Guided Access w/ Child Dental (cdb)	14.14%	3.00%	17.14%	\$338.80
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	14.14%	3.00%	17.14%	\$345.64
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	14.14%	3.00%	17.14%	\$352.35
Empire Essential Guided Access (cbjw)	14.14%	3.00%	17.14%	\$364.68
Empire Essential Guided Access w/ HSA (cdib)	14.14%	3.00%	17.14%	\$356.37
Empire Essential Guided Access w/Dep Age 29 (ceae)	14.14%	3.00%	17.14%	\$379.27
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	14.14%	3.00%	17.14%	\$370.62
Empire Essential Guided Access w/ Child Dental (cdce)	14.14%	3.00%	17.14%	\$389.92
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	14.14%	3.00%	17.14%	\$381.60
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	14.14%	3.00%	17.14%	\$405.52
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	14.14%	3.00%	17.14%	\$396.87
Empire Preferred Guided Access (cecb)	14.14%	3.00%	17.14%	\$442.55
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	14.14%	3.00%	17.14%	\$460.25
Empire Preferred Guided Access w/ Child Dental (cdgd)	14.14%	3.00%	17.14%	\$467.79
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	14.14%	3.00%	17.14%	\$486.50
Empire Premier Guided Access (cazd)	14.14%	3.00%	17.14%	\$525.37
Empire Premier Guided Access w/ Out-of-Network (ccze)	14.14%	3.00%	17.14%	\$547.43
Empire Premier Guided Access w/ Dep Age 29 (cayd)	14.14%	3.00%	17.14%	\$546.38
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	14.14%	3.00%	17.14%	\$569.33
Empire Premier Guided Access w/Child Dental (cdwc)	14.14%	3.00%	17.14%	\$550.61
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	14.14%	3.00%	17.14%	\$572.67
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	14.14%	3.00%	17.14%	\$572.63
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	14.14%	3.00%	17.14%	\$595.58

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	11) Plan-Level Adjustments for Administrative Costs and Profit Margins, as a % of Premium			12) Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan: (10) ÷ [1 - (11)(c)]
	a) Administrative Costs, excluding Profits	b) Profit/Contribution to Surplus Margins	c) Total Administrative Expense Load: (11)(a) + (11)(b)	
Empire Core Guided Access for Child Only w/HSA (cadc)	14.14%	3.00%	17.14%	\$132.52
Empire Core Guided Access for Child Only w/ Child Dental (cdea)	14.14%	3.00%	17.14%	\$142.92
Empire Essential Guided Access for Child Only (cade)	14.14%	3.00%	17.14%	\$154.30
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	14.14%	3.00%	17.14%	\$164.70
Empire Preferred Guided Access for Child Only (cadd)	14.14%	3.00%	17.14%	\$184.02
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	14.14%	3.00%	17.14%	\$194.42
Empire Premier Guided Access for Child Only (caed)	14.14%	3.00%	17.14%	\$218.24
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	14.14%	3.00%	17.14%	\$226.38
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	14.14%	3.00%	17.14%	\$228.64
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	14.14%	3.00%	17.14%	\$236.19

{1} The Initial Plan Pricing AVs are computed prior to the plan-level adjustments in (10) and (11) and are not normalized relative to the reference plan; therefore, the values in this column will not match the benefit plan factors in Exhibit J or the Plan Pricing AVs in URRR.

{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	13) Final Premium Rates (all regions combined)					
	a) Conversion Factor (4)	b) Single Premium Rate: (12) x (13)(a)	c) Individual: (13)(b) x 1.00	d) Husband/ Wife: (13)(b) x 2.00	e) Parent/ Child(ren): (13)(b) x 1.70	f) Family: (13)(b) x 2.85
Empire Core Guided Access (caat)	1.173	\$360.24	\$360.24	\$720.48	\$612.41	\$900.60
Empire Core Guided Access (cabs)	1.173	\$367.81	\$367.81	\$735.62	\$625.28	\$919.53
Empire Core Guided Access w/ Dep Age 29 (cbra)	1.173	\$374.66	\$374.66	\$749.32	\$636.92	\$936.65
Empire Core Guided Access w/ Dep Age 29 (ccra)	1.173	\$382.52	\$382.52	\$765.04	\$650.28	\$956.30
Empire Core Guided Access w/ Child Dental (cdat)	1.173	\$389.85	\$389.85	\$779.70	\$662.75	\$974.63
Empire Core Guided Access w/ Child Dental (cdbs)	1.173	\$397.41	\$397.41	\$794.82	\$675.60	\$993.53
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	1.173	\$405.44	\$405.44	\$810.88	\$689.25	\$1,013.60
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	1.173	\$413.31	\$413.31	\$826.62	\$702.63	\$1,033.28
Empire Essential Guided Access (cbjw)	1.173	\$427.77	\$427.77	\$855.54	\$727.21	\$1,069.43
Empire Essential Guided Access w/ HSA (cdib)	1.173	\$418.02	\$418.02	\$836.04	\$710.63	\$1,045.05
Empire Essential Guided Access w/Dep Age 29 (ceae)	1.173	\$444.88	\$444.88	\$889.76	\$756.30	\$1,112.20
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	1.173	\$434.74	\$434.74	\$869.48	\$739.06	\$1,086.85
Empire Essential Guided Access w/ Child Dental (cdce)	1.173	\$457.38	\$457.38	\$914.76	\$777.55	\$1,143.45
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	1.173	\$447.62	\$447.62	\$895.24	\$760.95	\$1,119.05
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	1.173	\$475.67	\$475.67	\$951.34	\$808.64	\$1,189.18
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	1.173	\$465.53	\$465.53	\$931.06	\$791.40	\$1,163.83
Empire Preferred Guided Access (cecb)	1.173	\$519.11	\$519.11	\$1,038.22	\$882.49	\$1,297.78
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	1.173	\$539.87	\$539.87	\$1,079.74	\$917.78	\$1,349.68
Empire Preferred Guided Access w/ Child Dental (cdgd)	1.173	\$548.72	\$548.72	\$1,097.44	\$932.82	\$1,371.80
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	1.173	\$570.66	\$570.66	\$1,141.32	\$970.12	\$1,426.65
Empire Premier Guided Access (cazd)	1.173	\$616.26	\$616.26	\$1,232.52	\$1,047.64	\$1,540.65
Empire Premier Guided Access w/ Out-of-Network (ccze)	1.173	\$642.14	\$642.14	\$1,284.28	\$1,091.64	\$1,605.35
Empire Premier Guided Access w/ Dep Age 29 (cayd)	1.173	\$640.90	\$640.90	\$1,281.80	\$1,089.53	\$1,602.25
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	1.173	\$667.82	\$667.82	\$1,335.64	\$1,135.29	\$1,669.55
Empire Premier Guided Access w/Child Dental (cdwc)	1.173	\$645.87	\$645.87	\$1,291.74	\$1,097.98	\$1,614.68
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	1.173	\$671.74	\$671.74	\$1,343.48	\$1,141.96	\$1,679.35
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	1.173	\$671.69	\$671.69	\$1,343.38	\$1,141.87	\$1,679.23
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	1.173	\$698.62	\$698.62	\$1,397.24	\$1,187.65	\$1,746.55

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	13) Final Premium Rates (all regions combined)				
	a) Conversion Factor {2}	b) Single Premium Rate: (12) x (13)(a)	c) Child Only (1 Child): (13)(b) x 1.00	d) Child Only (2 Children): (13)(b) x 2.00	e) Child Only (3+ Children): (13)(b) x 3.00
Empire Core Guided Access for Child Only w/HSA (cadc)	1.173	\$155.45	\$155.45	\$310.90	\$466.35
Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	1.173	\$167.65	\$167.65	\$335.30	\$502.95
Empire Essential Guided Access for Child Only (cade)	1.173	\$180.99	\$180.99	\$361.98	\$542.97
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	1.173	\$193.19	\$193.19	\$386.38	\$579.57
Empire Preferred Guided Access for Child Only (cadd)	1.173	\$215.86	\$215.86	\$431.72	\$647.58
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	1.173	\$228.05	\$228.05	\$456.10	\$684.15
Empire Premier Guided Access for Child Only (caed)	1.173	\$256.00	\$256.00	\$512.00	\$768.00
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	1.173	\$265.54	\$265.54	\$531.08	\$796.62
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	1.173	\$268.19	\$268.19	\$536.38	\$804.57
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	1.173	\$277.05	\$277.05	\$554.10	\$831.15

{1} The Initial Plan Pricing AVs are computed prior to the plan-level adjustments in (10) and (11) and are not normalized relative to the reference plan; therefore, the values in this column will not match the benefit plan factors in Exhibit J or the Plan Pricing AVs in URRT.

{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

Empire Tab Name	HIOS Plan Name
2.D	Empire Bronze Guided Access (caat)
6.J	Empire Bronze Guided Access (cabs)
13.L	Empire Silver Guided Access (cbjw)
NY NonStd Gold	Empire Gold Guided Access (cecb)
NY NonStd Silver	Empire Silver Guided Access w/ HSA (cdib)
NY NonStd Platinum	Empire Platinum Guided Access (cazd); Empire Premier Guided Access w/ Out-of-Network (ccze)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze ▼

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,800.00			\$6,000.00
Coinsurance (%; Insurer's Cost Share)			80.00%			85.00%
OOP Maximum (\$)			\$6,350.00			\$6,350.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	56%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	59%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84%	
Rehabilitative Speech Therapy							100%	
Rehabilitative Occupational and Rehabilitative Physical Therapy							100%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care			69%				100%	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10): 2

Output

Status/Error Messages: Calculation underway.
 Actuarial Value: 59.6%
 Metal Tier: Bronze
 \$2,966.47
 \$4,976.71

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (%; Insurer's Cost Share)		60.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (%; Insurer's Cost Share)		80.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy								
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preventive Well Baby Visits and Care			54%					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input checked="" type="checkbox"/>
Copays (1-10): 3

Output

Status/Error Messages: Calculation underway.
 Actuarial Value: 61.3%
 Metal Tier: Bronze
 \$3,052.61
 \$4,976.71

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,250.00			\$2,250.00
Coinsurance (%; Insurer's Cost Share)			75.00%			65.00%
OOP Maximum (\$)			\$6,350.00			\$6,350.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	64%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	63%	
Rehabilitative Speech Therapy							80%	
Rehabilitative Occupational and Rehabilitative Physical Therapy							80%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care			100%				100%	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Output

Status/Error Messages: Calculation underway.
 Actuarial Value: 68.0%
 Metal Tier: Silver
 \$3,500.22
 \$5,146.76

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver ▼

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,450.00
Coinsurance (%; Insurer's Cost Share)			90.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$200.00
Coinsurance (%; Insurer's Cost Share)			65.00%
OOP Maximum (\$)			\$650.00
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	74%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation underway.
68.6%
Silver

\$3,531.54
\$5,146.76

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,000.00
Coinsurance (%; Insurer's Cost Share)			90.00%
OOP Maximum (\$)			\$6,250.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,250.00
Coinsurance (%; Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$5,000.00
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	79%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	56%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>	78%		<input type="checkbox"/>	<input type="checkbox"/>	78%	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation underway.
78.1%
Gold

\$4,220.53
\$5,403.01

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$200.00
Coinsurance (% , Insurer's Cost Share)			95.00%
OOP Maximum (\$)			\$3,400.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,250.00
Coinsurance (% , Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$5,000.00
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	56%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$30.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>	78%		<input type="checkbox"/>	<input type="checkbox"/>	78%	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$15.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	<input type="checkbox"/>

Output

Status/Error Messages: Calculation underway.
 Actuarial Value: 88.0%
 Metal Tier: Platinum
 \$5,108.05
 \$5,804.27

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Empire HealthChoice HMO, Inc.</u> <small>Company submitting the rate adjustment request</small>	<u>HMO - 44</u> <small>Company Type</small>	<u>For Profit</u> <small>Org. Type</small>	<u>95433</u> <small>Company NAIC Code</small>
<u>1 Liberty Plaza, Area NY0A14-0008, New York, NY 10006</u> <small>Company mailing address</small>				
B.	Contact Person: ██████████ <u>Actuarial Director</u> <small>Rate filing contact person name, title</small>	██████████ <small>Contact phone number</small>	██ <small>Contact Email address</small>	
C.	Actuarial Contact (If different from above): <u>Same as above</u> <small>Actuary name, title</small>	 <small>Actuary phone number</small>	 <small>Actuary Email address</small>	
D.	New Rate Information (See Note #1): <u>January 1, 2014 - December 31, 2014</u> <small>New rate applicability period</small>	<u>01/01/2014</u> <small>New rate effective date</small>	<u>AWLP-129002159</u> <small>SERFF Tracking Number</small>	

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

	Response
F. Provide responses for the following questions:	
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, all required exhibits have been submitted.
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 prefilling.	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 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Empire HealthChoice HMO, Inc.</u> <small>Company submitting the rate adjustment request</small>	<u>HMO - 44</u> <small>Company Type</small>	<u>For Profit</u> <small>Org. Type</small>	<u>95433</u> <small>Company NAIC Code</small>
1 Liberty Plaza, Area NY0A14-0008, New York, NY 10006 <small>Company mailing address</small>				
B.	Contact Person: [REDACTED] <small>Rate filing contact person name, title</small>	[REDACTED] <small>Contact phone number</small>	[REDACTED] <small>Contact Email address</small>	
C.	Actuarial Contact (If different from above): <u>Same as above</u> <small>Actuary name, title</small>	_____ <small>Actuary phone number</small>	_____ <small>Actuary Email address</small>	
D.	New Rate Information (See Note #1): <u>January 1, 2014 - December 31, 2014</u> <small>New rate applicability period</small>	<u>01/01/2014</u> <small>New rate effective date</small>	<u>AWLP-129002159</u> <small>SERFF Tracking Number</small>	

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

	Response
F. Provide responses for the following questions:	
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	<u>No</u>
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>No</u>
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).	<u>No</u>
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?	<u>Yes, all required exhibits have been submitted.</u>
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 prefilling.	<u>No</u>

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

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMEN'

Company Name: Empire HealthChoice HMO, Inc.
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: IND

- 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.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or Small Group (SG).
- C. In Column 4, market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), or Other (OT). 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, etc. 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 it). 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 in the comments column).
- 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											
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	
C IPA-DP	Direct Pay HMO	Direct Pay HMO	DP HMO	1/1/2014	IND	HMO	Yes	Open	3,297	3,829	XX
C IPA-DP OOP	Direct Pay HMO-Based	Direct Pay POS	DP HMO	1/1/2014	IND	HMO based POS	Yes	Open	2,026	2,428	XX
CERT-44B; HNY HMO-	Healthy New York	Healthy New York	HNY	1/1/2014	HNY-IND	HMO	No	Open	17,194	25,071	XX

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

T FILING

ool.
 mn 2. Skip a row between the different rating pools.
 r SG HMO Upstate if rating pools vary by rating region.
 ip (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY

based POS, Consumer Health Plans and Base+Supplemental.

fer to this product/policy form when communicating with the Department).

used in the actuarial memorandum).

			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	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) (\$)	
C IPA-DP	Direct Pay HMO	Direct Pay HMO	11/01/11	10/31/12	49,341	59,513,902	68,780,327	59,504,991	58,994,306	(1,239,581)	(1,767,806)	3,891,464	XX
C IPA-DP OOP	Direct Pay HMO-Based	Direct Pay POS	11/01/11	10/31/12	30,543	45,652,217	52,463,061	57,095,836	58,299,381	(1,554,358)	(1,684,150)	2,412,873	XX
CERT-44B; HNY HMO-	Healthy New York	Healthy New York	11/01/11	10/31/12	342,710	116,448,992	145,943,613	154,116,237	149,624,213	(4,235,665)	0	9,844,692	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) (\$)	
C IPA-DP	Direct Pay HMO	Direct Pay HMO	11/01/10	10/31/11	56,722	65,327,472	79,183,873	63,500,013	63,490,190	(7,584,550)	(10,816,184)	3,611,090	XX
C IPA-DP OOP	Direct Pay HMO-Based	Direct Pay POS	11/01/10	10/31/11	31,189	44,636,434	53,843,882	48,275,099	48,166,068	(8,972,315)	(9,602,140)	1,986,900	XX
CERT-44B; HNY HMO-	Healthy New York	Healthy New York	11/01/10	10/31/11	366,024	111,545,288	158,521,019	142,848,075	146,771,436	(25,956,184)	0	9,814,951	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) (\$)
C IPA-DP	Direct Pay HMO	Direct Pay HMO	11/01/09	10/31/10	69,873	72,609,004	97,721,207	67,101,557	66,257,708	(6,243,756)	(9,045,530)	4,144,304
C IPA-DP OOP	Direct Pay HMO-Based	Direct Pay POS	11/01/09	10/31/10	32,100	42,203,871	55,605,681	41,656,955	41,721,265	(6,848,155)	(6,915,232)	1,906,137
CERT-44B; HNY HMO-	Healthy New York	Healthy New York	11/01/09	10/31/10	379,016	111,463,620	168,273,996	133,870,072	134,269,563	(26,204,145)	0	10,795,228

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Empire HealthChoice HMO, Inc.
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Separate column for each plan design (on or off Exchange)

Line #	General	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6200	0.5961	0.6134	0.5961
5	AV Pricing Value (total, risk pool experience based)*	0.8421	0.8598	0.3634	0.8758	0.8942	0.9113
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access (caat)	Empire Core Guided Access (cabs)	Empire Core Guided Access for Child Only w/HSA (cadc)	Empire Core Guided Access w/ Dep Age 29 (cbra)	Empire Core Guided Access w/ Dep Age 29 (ccra)	Empire Core Guided Access w/ Child Dental (cdat)
8	Plan ID*	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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	350,146,902					
10B	Member-Months for Latest Experience Period	816,367					
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	428.91					
11	Average Pricing Actuarial Value reflected in experience period	1.246					
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.6134	0.6200	0.5961	0.6134	0.5961	0.6134
5	AV Pricing Value (total, risk pool experience based)*	0.9290	0.3919	0.9478	0.9662	0.8421	0.8598
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access w/ Child Dental (cdb)	Empire Core Guided Access for Child Only w/ Child Dental (cdea)	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Empire Core Guided Access (caat)	Empire Core Guided Access (cabs)
8	Plan ID*	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.6200	0.5961	0.6134	0.5961	0.6134	0.6200
5	AV Pricing Value (total, risk pool experience based)*	0.3634	0.8758	0.8942	0.9113	0.9290	0.3919
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access for Child Only w/HSA (cadc)	Empire Core Guided Access w/ Dep Age 29 (cbra)	Empire Core Guided Access w/ Dep Age 29 (ccra)	Empire Core Guided Access w/ Child Dental (cdat)	Empire Core Guided Access w/ Child Dental (cdba)	Empire Core Guided Access for Child Only w/ Child Dental (cdea)
8	Plan ID*	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6801	0.6862	0.7070	0.6801
5	AV Pricing Value (total, risk pool experience based)*	0.9478	0.9662	1.0000	0.9772	0.4231	1.0400
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Empire Essential Guided Access (cbjw)	Empire Essential Guided Access w/ HSA (cdib)	Empire Essential Guided Access for Child Only (cade)	Empire Essential Guided Access w/Dep Age 29 (ceae)
8	Plan ID*	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6862	0.6801	0.6862	0.7070	0.6801	0.6862
5	AV Pricing Value (total, risk pool experience based)*	1.0163	1.0692	1.0464	0.4516	1.1120	1.0882
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	Empire Essential Guided Access w/ Child Dental (cdce)	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)
8	Plan ID*	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6801	0.6862	0.7070	0.6801	0.6862	0.6801
5	AV Pricing Value (total, risk pool experience based)*	1.0000	0.9772	0.4231	1.0400	1.0163	1.0692
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Essential Guided Access (cbjw)	Empire Essential Guided Access w/ HSA (cdib)	Empire Essential Guided Access for Child Only (cade)	Empire Essential Guided Access w/Dep Age 29 (ceae)	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	Empire Essential Guided Access w/ Child Dental (cdce)
8	Plan ID*	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800	80519NY01800
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
1	Product*	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
2	Product ID*	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.6862	0.7070	0.6801	0.6862	0.7811	0.7900	0.7811	0.7811	0.7900
5	AV Pricing Value (total, risk pool experience based)*	1.0464	0.4516	1.1120	1.0882	1.2135	0.5046	1.2621	1.2827	0.5331
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Essential Guided Access w/ HSA and Child	Empire Essential Guided Access for Child Only w/	Empire Essential Guided Access w/ Child Dental	Empire Essential Guided Access w/ HSA, Child	Empire Preferred Guided Access (cecb)	Empire Preferred Guided Access for Child Only	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	Empire Preferred Guided Access w/ Child Dental	Empire Preferred Guided Access for Child Only w/
8	Plan ID*	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY
9	Exchange Plan?*	Off	Off	Off	Off	Off	Off	Off	Off	Off
	Exchange Plan?*	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
1	Product*									
2	Product ID*	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.7811	0.7811	0.7900	0.7811	0.7811	0.7900	0.7811	0.8801	0.8801
5	AV Pricing Value (total, risk pool experience based)*	1.3340	1.2135	0.5046	1.2621	1.2827	0.5331	1.3340	1.4406	1.5011
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Preferred Guided Access w/ Child Dental	Empire Preferred Guided Access (cecb)	Empire Preferred Guided Access for Child Only	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	Empire Preferred Guided Access w/ Child Dental	Empire Preferred Guided Access for Child Only w/	Empire Preferred Guided Access w/ Child Dental	Empire Premier Guided Access (cazd)	Empire Premier Guided Access w/ Out-of-Network
8	Plan ID*	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY
9	Exchange Plan?*	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
1	Product*	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
2	Product ID*	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.8810	0.8810	0.8801	0.8801	0.8801	0.8801	0.8810	0.8810	0.8801
5	AV Pricing Value (total, risk pool experience based)*	0.5984	0.6208	1.4982	1.5612	1.5098	1.5703	0.6270	0.6477	1.5702
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Premier Guided Access for Child Only	Empire Premier Guided Access for Child Only w/	Empire Premier Guided Access w/ Dep Age 29 (cayd)	Empire Premier Guided Access w/ Out-of-Network	Empire Premier Guided Access w/Child Dental	Empire Premier Guided Access w/ Out-of-Network	Empire Premier Guided Access for Child Only w/	Empire Premier Guided Access for Child Only w/	Empire Premier Guided Access w/ Child Dental
8	Plan ID*	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY
9	Exchange Plan?*	Off	Off	Off	Off	Off	Off	Off	Off	Off
		Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
1	Product*									
2	Product ID*	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY	80519NY
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.8801	0.8801	0.8801	0.8810	0.8810	0.8801	0.8801	0.8801	0.8801
5	AV Pricing Value (total, risk pool experience based)*	1.6331	1.4406	1.5011	0.5984	0.6208	1.4982	1.5612	1.5098	1.5703
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Premier Guided Access w/ Out-of-Network,	Empire Premier Guided Access (cazd)	Empire Premier Guided Access w/ Out-of-Network	Empire Premier Guided Access for Child Only	Empire Premier Guided Access for Child Only w/	Empire Premier Guided Access w/ Dep Age 29 (cayd)	Empire Premier Guided Access w/ Out-of-Network	Empire Premier Guided Access w/Child Dental	Empire Premier Guided Access w/ Out-of-Network
8	Plan ID*	80519NY Off	80519NY Off	80519NY Off	80519NY Off	80519NY Off	80519NY Off	80519NY Off	80519NY Off	80519NY Off
9	Exchange Plan?*	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange	Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15	344.15

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Small Group Data)

Line #	General	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
1	Product*				
2	Product ID*	80519NY	80519NY	80519NY	80519NY
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.8810	0.8810	0.8801	0.8801
5	AV Pricing Value (total, risk pool experience based)*	0.6270	0.6477	1.5702	1.6331
6	Plan Type*	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Premier Guided Access for Child Only w/	Empire Premier Guided Access for Child Only w/	Empire Premier Guided Access w/ Child Dental	Empire Premier Guided Access w/ Out-of-Network,
8	Plan ID*	80519NY Off	80519NY Off	80519NY Off	80519NY Off
9	Exchange Plan?*	Exchange	Exchange	Exchange	Exchange

* 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 PMPM (L10C / L11)	344.15	344.15	344.15	344.15

Market Segment: Individual (Small Group Data)

Separate column for each plan design (on or off Exchange)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6200	0.5961	0.6134	0.5961

**Market Wide Adjustments to the AV
Adjusted Experience Period Index Rate**

13	Impact of adjusting experience period data to EHB benefit level	0.976					
14	Market wide adjustment for changes in provider network **	0.820					
15	Market wide adjustment for fee schedule changes **	1.000					
16	Market wide adjustment for utilization management changes **	1.000					
17	Impact on risk pool of changes in expected covered membership risk characteristics **	1.021					
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]	1.040					
19	Adjustment for changes in distribution of risk pool membership by rating regions **	1.012					
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	0.960					
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.884					
22	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000					
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.257					
24	Other 1 (Rx Rebates)	0.979					
25	Other 2 (Induced Demand from Cost Share Reductions)	1.018					
26	Other 3 (Grace Period)	1.004					
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.6134	0.6200	0.5961	0.6134	0.5961	0.6134

**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 characteristics **						
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]						
19	Adjustment for changes in distribution of risk pool membership by rating regions **						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
22	Impact of adjustments due to experience period claim data not being sufficiently credible						
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
24	Other 1 (Rx Rebates)						
25	Other 2 (Induced Demand from Cost Share Reductions)						
26	Other 3 (Grace Period)						
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.6200	0.5961	0.6134	0.5961	0.6134	0.6200

**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 characteristics **						
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]						
19	Adjustment for changes in distribution of risk pool membership by rating regions **						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
22	Impact of adjustments due to experience period claim data not being sufficiently credible						
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
24	Other 1 (Rx Rebates)						
25	Other 2 (Induced Demand from Cost Share Reductions)						
26	Other 3 (Grace Period)						
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6801	0.6862	0.7070	0.6801

**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 characteristics **						
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]						
19	Adjustment for changes in distribution of risk pool membership by rating regions **						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
22	Impact of adjustments due to experience period claim data not being sufficiently credible						
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
24	Other 1 (Rx Rebates)						
25	Other 2 (Induced Demand from Cost Share Reductions)						
26	Other 3 (Grace Period)						
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6862	0.6801	0.6862	0.7070	0.6801	0.6862

**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 characteristics **						
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]						
19	Adjustment for changes in distribution of risk pool membership by rating regions **						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
22	Impact of adjustments due to experience period claim data not being sufficiently credible						
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
24	Other 1 (Rx Rebates)						
25	Other 2 (Induced Demand from Cost Share Reductions)						
26	Other 3 (Grace Period)						
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6801	0.6862	0.7070	0.6801	0.6862	0.6801

**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 characteristics **						
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]						
19	Adjustment for changes in distribution of risk pool membership by rating regions **						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)						
22	Impact of adjustments due to experience period claim data not being sufficiently credible						
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)						
24	Other 1 (Rx Rebates)						
25	Other 2 (Induced Demand from Cost Share Reductions)						
26	Other 3 (Grace Period)						
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.6862	0.7070	0.6801	0.6862	0.7811	0.7900	0.7811	0.7811	0.7900

**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 characteristics **									
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]									
19	Adjustment for changes in distribution of risk pool membership by rating regions **									
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)									
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)									
22	Impact of adjustments due to experience period claim data not being sufficiently credible									
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)									
24	Other 1 (Rx Rebates)									
25	Other 2 (Induced Demand from Cost Share Reductions)									
26	Other 3 (Grace Period)									
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum						
4	AV Metal Value (HHS Calculator)*	0.7811	0.7811	0.7900	0.7811	0.7811	0.7900	0.7811	0.8801	0.8801

**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 characteristics **									
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]									
19	Adjustment for changes in distribution of risk pool membership by rating regions **									
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)									
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)									
22	Impact of adjustments due to experience period claim data not being sufficiently credible									
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)									
24	Other 1 (Rx Rebates)									
25	Other 2 (Induced Demand from Cost Share Reductions)									
26	Other 3 (Grace Period)									
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Platinum								
4	AV Metal Value (HHS Calculator)*	0.8810	0.8810	0.8801	0.8801	0.8801	0.8801	0.8810	0.8810	0.8801

**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 characteristics **									
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]									
19	Adjustment for changes in distribution of risk pool membership by rating regions **									
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)									
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)									
22	Impact of adjustments due to experience period claim data not being sufficiently credible									
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)									
24	Other 1 (Rx Rebates)									
25	Other 2 (Induced Demand from Cost Share Reductions)									
26	Other 3 (Grace Period)									
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Platinum								
4	AV Metal Value (HHS Calculator)*	0.8801	0.8801	0.8801	0.8810	0.8810	0.8801	0.8801	0.8801	0.8801

**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 characteristics **									
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]									
19	Adjustment for changes in distribution of risk pool membership by rating regions **									
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)									
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)									
22	Impact of adjustments due to experience period claim data not being sufficiently credible									
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)									
24	Other 1 (Rx Rebates)									
25	Other 2 (Induced Demand from Cost Share Reductions)									
26	Other 3 (Grace Period)									
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>				
1	Product*	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
2	Product ID*	80519NY	80519NY	80519NY	80519NY
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.8810	0.8810	0.8801	0.8801

**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 characteristics **				
18	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]				
19	Adjustment for changes in distribution of risk pool membership by rating regions **				
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)				
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)				
22	Impact of adjustments due to experience period claim data not being sufficiently credible				
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)				
24	Other 1 (Rx Rebates)				
25	Other 2 (Induced Demand from Cost Share Reductions)				
26	Other 3 (Grace Period)				
27	Impact of Market Wide Adjustments (product L13 through L26)	0.918	0.918	0.918	0.918

** Not Included in Claim Trend Adjustment

Market Segment: Individual (Small Group Data)

Separate column for each plan design (on or off Exchange)

<u>Line #</u>	<u>General</u>						
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6200	0.5961	0.6134	0.5961

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.783	0.800	0.822	0.783	0.800	0.783
29	Pricing actuarial value (only the induced demand factor) #	1.000	1.000	1.000	1.000	1.000	1.000
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.005	1.005	1.012	1.005	1.005	1.090
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.007	1.006	0.411	1.047	1.046	1.004
41	Impact of Plan Level Adjustments (product L28 through L40)	0.972	0.993	0.420	1.011	1.032	1.052

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	307.11	313.56	132.52	319.40	326.10	332.35
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange					
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.6134	0.6200	0.5961	0.6134	0.5961	0.6134

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.800	0.822	0.783	0.800	0.783	0.800
29	Pricing actuarial value (only the induced demand factor) #	1.000	1.000	1.000	1.000	1.000	1.000
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.088	1.251	1.090	1.088	1.005	1.005
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.004	0.359	1.044	1.044	1.007	1.006
41	Impact of Plan Level Adjustments (product L28 through L40)	1.072	0.452	1.094	1.115	0.972	0.993

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	338.80	142.92	345.64	352.35	307.11	313.56
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange					
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.6200	0.5961	0.6134	0.5961	0.6134	0.6200

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.822	0.783	0.800	0.783	0.800	0.822
29	Pricing actuarial value (only the induced demand factor) #	1.000	1.000	1.000	1.000	1.000	1.000
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.012	1.005	1.005	1.090	1.088	1.251
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	0.411	1.047	1.046	1.004	1.004	0.359
41	Impact of Plan Level Adjustments (product L28 through L40)	0.420	1.011	1.032	1.052	1.072	0.452

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	132.52	319.40	326.10	332.35	338.80	142.92
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange					
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6801	0.6862	0.7070	0.6801

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.783	0.800	0.908	0.887	0.934	0.908
29	Pricing actuarial value (only the induced demand factor) #	1.000	1.000	1.030	1.030	1.030	1.030
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.090	1.088	1.004	1.004	1.010	1.004
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.044	1.044	1.002	1.002	0.410	1.042
41	Impact of Plan Level Adjustments (product L28 through L40)	1.094	1.115	1.154	1.128	0.488	1.201

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	345.64	352.35	364.68	356.37	154.30	379.27
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange					
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6862	0.6801	0.6862	0.7070	0.6801	0.6862

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.887	0.908	0.887	0.934	0.908	0.887
29	Pricing actuarial value (only the induced demand factor) #	1.030	1.030	1.030	1.030	1.030	1.030
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.004	1.076	1.077	1.208	1.076	1.077
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.042	1.000	1.000	0.366	1.040	1.040
41	Impact of Plan Level Adjustments (product L28 through L40)	1.173	1.234	1.208	0.521	1.284	1.256

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	370.62	389.92	381.60	164.70	405.52	396.87
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-Exchange					
1	Product*						
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6801	0.6862	0.7070	0.6801	0.6862	0.6801

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.908	0.887	0.934	0.908	0.887	0.908
29	Pricing actuarial value (only the induced demand factor) #	1.030	1.030	1.030	1.030	1.030	1.030
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.004	1.004	1.010	1.004	1.004	1.076
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.002	1.002	0.410	1.042	1.042	1.000
41	Impact of Plan Level Adjustments (product L28 through L40)	1.154	1.128	0.488	1.201	1.173	1.234

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	364.68	356.37	154.30	379.27	370.62	389.92
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.6862	0.7070	0.6801	0.6862	0.7811	0.7900	0.7811	0.7811	0.7900

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.887	0.934	0.908	0.887	1.057	1.067	1.057	1.057	1.067
29	Pricing actuarial value (only the induced demand factor) #	1.030	1.030	1.030	1.030	1.080	1.080	1.080	1.080	1.080
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	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	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.077	1.208	1.076	1.077	1.003	1.008	1.003	1.062	1.169
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.000	0.366	1.040	1.040	0.997	0.408	1.037	0.996	0.372
41	Impact of Plan Level Adjustments (product L28 through L40)	1.208	0.521	1.284	1.256	1.401	0.583	1.457	1.481	0.615

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	381.60	164.70	405.52	396.87	442.55	184.02	460.25	467.79	194.42
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum						
4	AV Metal Value (HHS Calculator)*	0.7811	0.7811	0.7900	0.7811	0.7811	0.7900	0.7811	0.8801	0.8801

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	1.057	1.057	1.067	1.057	1.057	1.067	1.057	1.184	1.234
29	Pricing actuarial value (only the induced demand factor) #	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.150	1.150
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	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	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.062	1.003	1.008	1.003	1.062	1.169	1.062	1.003	1.003
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.035	0.997	0.408	1.037	0.996	0.372	1.035	0.993	0.992
41	Impact of Plan Level Adjustments (product L28 through L40)	1.540	1.401	0.583	1.457	1.481	0.615	1.540	1.663	1.733

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	486.50	442.55	184.02	460.25	467.79	194.42	486.50	525.37	547.43
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Platinum								
4	AV Metal Value (HHS Calculator)*	0.8810	0.8810	0.8801	0.8801	0.8801	0.8801	0.8810	0.8810	0.8801

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	1.194	1.240	1.184	1.234	1.184	1.234	1.194	1.240	1.184
29	Pricing actuarial value (only the induced demand factor) #	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	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	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.007	1.007	1.003	1.003	1.052	1.050	1.139	1.134	1.052
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	0.407	0.407	1.033	1.032	0.992	0.992	0.377	0.377	1.032
41	Impact of Plan Level Adjustments (product L28 through L40)	0.691	0.717	1.730	1.802	1.743	1.813	0.724	0.748	1.813

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	218.24	226.38	546.38	569.33	550.61	572.67	228.64	236.19	572.63
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-								
1	Product*									
2	Product ID*	80519NY								
3	Metal Level (or catastrophic)*	Platinum								
4	AV Metal Value (HHS Calculator)*	0.8801	0.8801	0.8801	0.8810	0.8810	0.8801	0.8801	0.8801	0.8801

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	1.234	1.184	1.234	1.194	1.240	1.184	1.234	1.184	1.234
29	Pricing actuarial value (only the induced demand factor) #	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150
30	Impact of provider network characteristics ##	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
32	Impact of utilization management practices ##	1.000	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	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.050	1.003	1.003	1.007	1.007	1.003	1.003	1.052	1.050
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	1.031	0.993	0.992	0.407	0.407	1.033	1.032	0.992	0.992
41	Impact of Plan Level Adjustments (product L28 through L40)	1.885	1.663	1.733	0.691	0.717	1.730	1.802	1.743	1.813

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	595.58	525.37	547.43	218.24	226.38	546.38	569.33	550.61	572.67
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Market Segment: Individual (Small Group Data)

<u>Line #</u>	<u>General</u>	HMO - Off-	HMO - Off-	HMO - Off-	HMO - Off-
1	Product*				
2	Product ID*	80519NY	80519NY	80519NY	80519NY
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.8810	0.8810	0.8801	0.8801

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	1.194	1.240	1.184	1.234
29	Pricing actuarial value (only the induced demand factor) #	1.150	1.150	1.150	1.150
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.171	1.171
35	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031
36	Impact of eligibility categories (catastrophic plans only)	1.016	1.016	1.016	1.016
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000
39	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.139	1.134	1.052	1.050
40	Other 2 (Dep. to Age 29 Rider, Covered Lives Assess., Child Only Adjust., Reg. 146, Rounding)	0.377	0.377	1.032	1.031
41	Impact of Plan Level Adjustments (product L28 through L40)	0.724	0.748	1.813	1.885

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)	228.64	236.19	572.63	595.58
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Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Empire HealthChoice HMO, Inc.

NAIC Code: 95433

SERFF Number: AWLP-129002159

Market Segment: Individual (Individual Data)

Separate column for each plan design (on or off Exchange)

<u>Line #</u>	<u>General</u>					
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6200	0.5961	0.6134
5	AV Pricing Value (total, risk pool experience based)*	0.8421	0.8598	0.3634	0.8758	0.8942
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access (caat)	Empire Core Guided Access (cabs)	Empire Core Guided Access for Child Only w/HSA (cadc)	Empire Core Guided Access w/ Dep Age 29 (cbra)	Empire Core Guided Access w/ Dep Age 29 (ccra)
8	Plan ID*	80519NY018001	80519NY018003	80519NY0180085	80519NY0180013	80519NY0180015
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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	266,917,900				
10B	Member-Months for Latest Experience Period	422,594				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	631.62				
11	Average Pricing Actuarial Value reflected in experience period					
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	0.00	0.00	0.00	0.00	0.00

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc

NAIC Code: 95433

SERFF Number: AWLP-129002159

Market Segment: Individual (Individual Data)

<u>Line #</u>	<u>General</u>					
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6200	0.5961	0.6134
5	AV Pricing Value (total, risk pool experience based)*	0.9113	0.9290	0.3919	0.9478	0.9662
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access w/ Child Dental (cdat)	Empire Core Guided Access w/ Child Dental (cdb)	Empire Core Guided Access for Child Only w/ Child Dental (cdea)	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)
8	Plan ID*	80519NY0180051	80519NY0180043	80519NY0180087	80519NY0180053	80519NY0180047
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	0.00	0.00	0.00	0.00	0.00

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc

NAIC Code: 95433

SERFF Number: AWLP-129002159

Market Segment: Individual (Individual Data)

<u>Line #</u>	<u>General</u>					
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6200	0.5961	0.6134
5	AV Pricing Value (total, risk pool experience based)*	0.8421	0.8598	0.3634	0.8758	0.8942
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access (caat)	Empire Core Guided Access (cabs)	Empire Core Guided Access for Child Only w/HSA (cadc)	Empire Core Guided Access w/ Dep Age 29 (cbra)	Empire Core Guided Access w/ Dep Age 29 (ccra)
8	Plan ID*	80519NY018002	80519NY018004	80519NY0180086	80519NY0180014	80519NY0180016
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	0.00	0.00	0.00	0.00	0.00

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual (Individual Data)

<u>Line #</u>	<u>General</u>					
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.5961	0.6134	0.6200	0.5961	0.6134
5	AV Pricing Value (total, risk pool experience based)*	0.9113	0.9290	0.3919	0.9478	0.9662
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Core Guided Access w/ Child Dental (cdat)	Empire Core Guided Access w/ Child Dental (cdb)	Empire Core Guided Access for Child Only w/ Child Dental (cdea)	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)
8	Plan ID*	80519NY0180052	80519NY0180044	80519NY0180088	80519NY0180054	80519NY0180048
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	0.00	0.00	0.00	0.00	0.00

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc

NAIC Code: 95433

SERFF Number: AWLP-129002159

Market Segment: Individual (Individual Data)

<u>Line #</u>	<u>General</u>					
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6801	0.6862	0.7070	0.6801	0.6862
5	AV Pricing Value (total, risk pool experience based)*	1.0000	0.9772	0.4231	1.0400	1.0163
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Essential Guided Access (cbjw)	Empire Essential Guided Access w/ HSA (cdib)	Empire Essential Guided Access for Child Only (cade)	Empire Essential Guided Access w/Dep Age 29 (ceae)	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)
8	Plan ID*	80519NY018005	80519NY0180089	80519NY0180041	80519NY0180017	80519NY0180091
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	0.00	0.00	0.00	0.00	0.00

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc

NAIC Code: 95433

SERFF Number: AWLP-129002159

Market Segment: Individual (Individual Data)

<u>Line #</u>	<u>General</u>					
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6801	0.6862	0.7070	0.6801	0.6862
5	AV Pricing Value (total, risk pool experience based)*	1.0692	1.0464	0.4516	1.1120	1.0882
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Essential Guided Access w/ Child Dental (cdce)	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)
8	Plan ID*	80519NY0180059	80519NY0180090	80519NY0180077	80519NY0180061	80519NY0180092
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	0.00	0.00	0.00	0.00	0.00

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc

NAIC Code: 95433

SERFF Number: AWLP-129002159

Market Segment: Individual (Individual Data)

<u>Line #</u>	<u>General</u>					
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.6801	0.6862	0.7070	0.6801	0.6862
5	AV Pricing Value (total, risk pool experience based)*	1.0000	0.9772	0.4231	1.0400	1.0163
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire Essential Guided Access (cbjw)	Empire Essential Guided Access w/ HSA (cdib)	Empire Essential Guided Access for Child Only (cade)	Empire Essential Guided Access w/Dep Age 29 (ceae)	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)
8	Plan ID*	80519NY018006	80519NY0180093	80519NY0180042	80519NY0180018	80519NY0180095
9	Exchange Plan?*	Off Exchange	Off Exchange	Off Exchange	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	0.00	0.00	0.00	0.00	0.00

Exhibit 8 - Index Rate/Plan Design Level Adjustment

Company Name: Empire HealthChoice HMO, Inc

NAIC Code: 95433

SERFF Number: AWLP-129002159

Market Segment: Individual (Individual Data)

<u>Line #</u>	<u>General</u>		
1	Product*	HMO - Off-Exchange	HMO - Off-Exchange
2	Product ID*	80519NY018	80519NY018
3	Metal Level (or catastrophic)*	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.8801	0.8801
5	AV Pricing Value (total, risk pool experience based)*	1.5702	1.6331
6	Plan Type*	HMO	HMO
7	Plan Name*	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)
8	Plan ID*	80519NY0180112	80519NY0180118
9	Exchange Plan?*	Off Exchange	Off Exchange

* 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 PMPM (L10C / L11)	0.00	0.00

EXHIBIT 9: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT FILING

EXHIBIT 9 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN AND INCLUDED IN CURRENT RATE APPLICATION

Company Name: Empire HealthChoice HMO, Inc.
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual

- A. Complete a separate ROW for Metal Level/Exchange product in the current new On/Off Exchange product filing.
- Information should be for all the benefits included in that plan design (medical, drugs, etc).
 - Enter the Metal Tier the On/Off Exchange product belongs to using the drop down menu, or enter a value.
 - Enter the On/Off Designation using the drop down menu.
 - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- B. The average claim trend is the average annualized claim trend for that used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the proposed rates and the average annual claim trend assumed.
- D. This form must be submitted as an Excel file and as a PDF file.

1. Metal Level (drop down menu)	2. On/Off Exchange Designation (drop down menu)	3. Exchange Product Name	4.1 Period assumed - beginning date (MM/DD/YY)	4.2 Period assumed - ending date (MM/DD/YY)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10
Bronze	Off Exchange	Empire Core Guided Access (caat)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access (cabs)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access w/ Dep Age 29 (cbra)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access w/ Dep Age 29 (ccra)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental (cdat)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental (cdbs)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access (cbjw)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access w/ HSA (cdib)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access w/Dep Age 29 (ceae)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access w/ Child Dental (cdce)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdcc)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Gold	Off Exchange	Empire Preferred Guided Access (cecb)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Gold	Off Exchange	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Gold	Off Exchange	Empire Preferred Guided Access w/ Child Dental (cdgd)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Gold	Off Exchange	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access (cazd)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network (ccze)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access w/ Dep Age 29 (cayd)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%

EXHIBIT 9: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT FILING

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as \$mpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as \$mpm	12.3 Commissions and broker fees - as \$mpm	12.4 Premium Taxes - as \$mpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as \$mpm	12.6 Other administrative expenses - as \$mpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/ contribution to surplus) - as \$mpm	14. State income tax component - as \$mpm	15. Federal income tax component - as \$mpm	16. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
Bronze	Off Exchange	Empire Core Guided Access (caat)	2.89	1.02	4.42	6.14	7.78	21.19	43.43	6.08	0.00	3.13	0.00	52.65
Bronze	Off Exchange	Empire Core Guided Access (cabs)	2.95	1.04	4.51	6.27	7.94	21.63	44.34	6.21	0.00	3.20	0.00	53.75
Bronze	Off Exchange	Empire Core Guided Access w/ Dep Age 29 (cbra)	3.00	1.06	4.60	6.39	8.09	22.04	45.17	6.32	0.00	3.26	0.00	54.75
Bronze	Off Exchange	Empire Core Guided Access w/ Dep Age 29 (ccra)	3.07	1.08	4.70	6.52	8.26	22.50	46.12	6.46	0.00	3.33	0.00	55.90
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental (cdat)	3.12	1.10	4.79	6.65	8.41	22.93	47.00	6.58	0.00	3.39	0.00	56.97
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental (cdbs)	3.18	1.12	4.88	6.78	8.58	23.38	47.91	6.71	0.00	3.46	0.00	58.08
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	3.25	1.14	4.98	6.91	8.75	23.85	48.88	6.84	0.00	3.53	0.00	59.25
Bronze	Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	3.31	1.17	5.07	7.05	8.92	24.31	49.83	6.98	0.00	3.59	0.00	60.40
Silver	Off Exchange	Empire Essential Guided Access (cbjw)	3.43	1.21	5.25	7.29	9.23	25.16	51.57	7.22	0.00	3.72	0.00	62.51
Silver	Off Exchange	Empire Essential Guided Access w/ HSA (cdib)	3.35	1.18	5.13	7.13	9.02	24.59	50.40	7.06	0.00	3.63	0.00	61.09
Silver	Off Exchange	Empire Essential Guided Access w/Dep Age 29 (ceae)	3.56	1.26	5.46	7.59	9.60	26.17	53.64	7.51	0.00	3.87	0.00	65.02
Silver	Off Exchange	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	3.48	1.23	5.34	7.41	9.38	25.57	52.41	7.34	0.00	3.78	0.00	63.53
Silver	Off Exchange	Empire Essential Guided Access w/ Child Dental (cdce)	3.67	1.29	5.61	7.80	9.87	26.90	55.14	7.72	0.00	3.98	0.00	66.84
Silver	Off Exchange	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	3.59	1.26	5.49	7.63	9.66	26.33	53.97	7.56	0.00	3.89	0.00	65.42
Silver	Off Exchange	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	3.81	1.34	5.84	8.11	10.27	27.98	57.35	8.03	0.00	4.14	0.00	69.51
Silver	Off Exchange	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	3.73	1.31	5.71	7.94	10.05	27.38	56.13	7.86	0.00	4.05	0.00	68.03
Gold	Off Exchange	Empire Preferred Guided Access (cecb)	4.16	1.47	6.37	8.85	11.20	30.53	62.59	8.76	0.00	4.51	0.00	75.86
Gold	Off Exchange	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	4.33	1.52	6.63	9.20	11.65	31.76	65.09	9.11	0.00	4.69	0.00	78.90
Gold	Off Exchange	Empire Preferred Guided Access w/ Child Dental (cdgd)	4.40	1.55	6.74	9.36	11.84	32.28	66.16	9.26	0.00	4.77	0.00	80.19
Gold	Off Exchange	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	4.57	1.61	7.00	9.73	12.32	33.57	68.80	9.63	0.00	4.96	0.00	83.40
Platinum	Off Exchange	Empire Premier Guided Access (cazd)	4.94	1.74	7.56	10.51	13.30	36.25	74.30	10.40	0.00	5.36	0.00	90.06
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network (ccze)	5.15	1.81	7.88	10.95	13.86	37.77	77.42	10.84	0.00	5.58	0.00	93.84
Platinum	Off Exchange	Empire Premier Guided Access w/ Dep Age 29 (cayd)	5.14	1.81	7.87	10.93	13.83	37.70	77.27	10.82	0.00	5.57	0.00	93.66

EXHIBIT 9: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT FILING

EXHIBIT 9 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN AND INCLUDED IN CURRENT RATE APPLICATION

Company Name: Empire HealthChoice HMO, Inc.
 NAIC Code: 95433
 SERFF Number: AWLP-129002159
 Market Segment: Individual

- A. Complete a separate ROW for Metal Level/Exchange product in the current new On/Off Exchange product filing.
 • Information should be for all the benefits included in that plan design (medical, drugs, etc).
 • Enter the Metal Tier the On/Off Exchange product belongs to using the drop down menu, or enter a value.
 • Enter the On/Off Designation using the drop down menu.
 • Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- B. The average claim trend is the average annualized claim trend for that used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the proposed rates and the average annual claim trend assumed.
- D. This form must be submitted as an Excel file and as a PDF file.

1. Metal Level (drop down menu)	2. On/Off Exchange Designation (drop down menu)	3. Exchange Product Name	4.1 Period assumed - beginning date (MM/DD/YY)	4.2 Period assumed - ending date (MM/DD/YY)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access w/Child Dental (cdwc)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access for Child Only w/HSA (cadc)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Bronze	Off Exchange	Empire Core Guided Access for Child Only w/ Child Dental (cdea)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access for Child Only (cade)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Silver	Off Exchange	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Gold	Off Exchange	Empire Preferred Guided Access for Child Only (cadd)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Gold	Off Exchange	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access for Child Only (caed)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%
Platinum	Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	01/01/14	12/31/14	11.12%	0.94%	0.33%	1.44%	2.00%	2.53%	6.90%	14.14%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	17.14%

EXHIBIT 9: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT FILING

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as \$mpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as \$mpm	12.3 Commissions and broker fees - as \$mpm	12.4 Premium Taxes - as \$mpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as \$mpm	12.6 Other administrative expenses - as \$mpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/ contribution to surplus) - as \$mpm	14. State income tax component - as \$mpm	15. Federal income tax component - as \$mpm	16. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	5.35	1.89	8.20	11.39	14.41	39.28	80.52	11.27	0.00	5.81	0.00	97.60
Platinum	Off Exchange	Empire Premier Guided Access w/Child Dental (cdwc)	5.18	1.82	7.93	11.01	13.94	37.99	77.87	10.90	0.00	5.62	0.00	94.39
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	5.38	1.90	8.25	11.45	14.50	39.51	80.99	11.34	0.00	5.84	0.00	98.17
Platinum	Off Exchange	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	5.38	1.90	8.24	11.45	14.50	39.51	80.98	11.34	0.00	5.84	0.00	98.16
Platinum	Off Exchange	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	5.60	1.97	8.58	11.91	15.08	41.09	84.23	11.79	0.00	6.07	0.00	102.09
Bronze	Off Exchange	Empire Core Guided Access for Child Only w/HSA (cadc)	1.25	0.44	1.91	2.65	3.36	9.14	18.74	2.62	0.00	1.35	0.00	22.72
Bronze	Off Exchange	Empire Core Guided Access for Child Only w/ Child Dental (cdea)	1.34	0.47	2.06	2.86	3.62	9.86	20.21	2.83	0.00	1.46	0.00	24.50
Silver	Off Exchange	Empire Essential Guided Access for Child Only (cade)	1.45	0.51	2.22	3.09	3.91	10.65	21.82	3.05	0.00	1.57	0.00	26.45
Silver	Off Exchange	Empire Essential Guided Access for Child Only w/ Child Dental (cddb)	1.55	0.55	2.37	3.29	4.17	11.36	23.29	3.26	0.00	1.68	0.00	28.23
Gold	Off Exchange	Empire Preferred Guided Access for Child Only (cadd)	1.73	0.61	2.65	3.68	4.66	12.70	26.02	3.64	0.00	1.88	0.00	31.55
Gold	Off Exchange	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	1.83	0.64	2.80	3.89	4.92	13.41	27.50	3.85	0.00	1.98	0.00	33.33
Platinum	Off Exchange	Empire Premier Guided Access for Child Only (caed)	2.05	0.72	3.14	4.36	5.53	15.06	30.86	4.32	0.00	2.23	0.00	37.41
Platinum	Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	2.13	0.75	3.26	4.53	5.73	15.62	32.02	4.48	0.00	2.31	0.00	38.81
Platinum	Off Exchange	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	2.15	0.76	3.29	4.57	5.79	15.78	32.34	4.53	0.00	2.33	0.00	39.19
Platinum	Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	2.22	0.78	3.40	4.72	5.98	16.30	33.40	4.68	0.00	2.41	0.00	40.49

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:	Empire HealthChoice HMO, Inc. <small>Company submitting the rate adjustment request</small>	HMO - 44 <small>Company Type</small>	For Profit <small>Org. Type</small>	95433 <small>Company NAIC Code</small>
	1 Liberty Plaza, Area NY0A14-0008, New York, NY 10006 <small>Company mailing address</small>			
B. Contact Person:	[REDACTED] <small>Rate filing contact person name, title</small>	[REDACTED] <small>Contact phone number</small>	[REDACTED] <small>Contact Email address</small>	
C. Actuarial Contact (If different from above):	Same as above <small>Actuary name, title</small>	 <small>Actuary phone number</small>	 <small>Actuary Email address</small>	
D. New Rate Information (See Note #1):	January 1, 2014 - December 31, 2014 <small>New rate applicability period</small>	01/01/2014 <small>New rate effective date</small>	AWLP-129002159 <small>SERFF Tracking Number</small>	

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

	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, all required exhibits have been submitted.
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 prefilling.	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.

ACTUARIAL MEMORANDUM

1. General Information

- Company Identifying Information

Company Legal Name:	Empire HealthChoice HMO, Inc.
State:	New York
HIOS Issuer ID:	80519
Market:	Individual
Effective Date:	January 1, 2014

- Company Contact Information

Primary Contact Name:	[REDACTED]
Primary Contact Telephone Number:	[REDACTED]
Primary Contact Email Address:	[REDACTED]

2. Scope and Purpose of the Filing

To the best of Empire's knowledge and current understanding, this filing complies with the most recent regulations and related guidance. Empire's intention is to fully comply with all applicable laws and guidance; however, the regulatory framework continues to change and evolve rapidly. To the extent relevant rules or guidance on the rules are updated or changed, amendments to this filing may be required.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). The rates will be in-force for effective dates on or after January 1, 2014. This filing displays plans offered Off-Exchange only, however rate development information includes On-Exchange and Off-Exchange due to the use of a single risk pool. A filing for On-Exchange plans has already been submitted. This rate filing is not intended to be used for other purposes.

Policy Form Number(s):	NY_OFFHIX_HM(1/14) NY_OFFHIX_HM_CHILD(1/14)
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3. Description of How the Base Rate Is Determined

The development of the Base Rate is detailed in Exhibit A - Base Rate Development. Further details on how the base rate is developed can be found in Section 4: Credibility Manual Rate Development, Section 6: Risk Adjustment and Reinsurance, Section 7: Non-Benefit Expenses, Profit and Risk, and Section 8: Average 2014 Rating Factors. A description of the methodology used to determine the base rate is as follows:

- Historical Individual experience is not considered representative of the future market; therefore, the manual rates are developed based on Small Group Grandfathered and Non-Grandfathered experience.
- The experience data is normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period based on expected distribution of membership.
- The projected claims cost is calculated by adjusting the normalized claims for the impact of benefit changes, population morbidity, trend factors, other cost of care impacts and other claim adjustments.
- The projection period is January 1, 2014 - December 31, 2014.
- Adjustments for risk adjustment and reinsurance are applied to the projected claims cost.
- Non-benefit expenses, profit, and risk are applied to the projected claims cost to determine the required projection period premium.
- The average rating factors in the projection period are applied to the projection period premium to determine the base rate.
- The base rate represents an average benefit plan and area for a single adult covered in an average area.

Premiums at the contract type level are determined by multiplying the base rate by the applicable factor for each of the allowable rating criteria: benefit plan, area and family composition. An example of this calculation is shown in Exhibit N - Sample Rate Calculation.

4. Credibility Manual Rate Development

Experience developed and projected herein is Empire's HMO Small Group Business as well as Healthy New York, based on benefit expense. The rate development is shown in Exhibit A - Base Rate Development.

- **Source and Appropriateness of Experience Data Used**

As requested by the New York DFS, Empire is using its Small Group experience to develop the manual rates.

The source data underlying the development of the manual rate consists of paid claims for all Grandfathered and Non-Grandfathered Small Group business in the HMO company, as well as all of Healthy New York, incurred during the period November 1, 2011 – October 31, 2012 and paid through December 31, 2012. Completion factors are then applied to reflect additional months of runout after December 31, 2012.

Experience is adjusted as follows:

- Claims incurred for members who live out-of-state were excluded; however, claims incurred by in-state members traveling out-of-state were included.

For more detail, see Exhibit B - Claims Experience for Manual Rate Development.

- **Adjustments Made to the Data**

The development of the projected claims is summarized in Exhibit A - Base Rate Development, items (1) - (10), and described in detail below.

The projected claims cost is calculated by multiplying the normalized claims cost by the impact of benefit changes, anticipated changes in population morbidity, and cost of care impacts. The adjustments are described below, and the factors are presented in Exhibit D - Projection Period Adjustments.

Changes in Demographics (Normalization)

The source data was normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period. The purpose of these factors is to adjust current experience to be reflective of expected claim experience in the projection period. See Section 13: Membership Projections for additional information on membership movement. The normalization factors and their aggregate impact on the underlying experience data are detailed in Exhibit C - Normalization Factors.

- **Age/Gender:** The assumed claims cost is applied by age and gender to the experience period distribution and the projection period distribution. Age/gender factors are developed from WellPoint Enterprise Individual data.
- **Area/Network:** The area claims factors are developed based on an analysis of Small Group allowed claims, mapped to the prescribed 2014 rating areas using 5-digit zip code.

- **Benefit Plan:** The experience period claims are normalized to an average 2014 plan using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements. The adjustments for anticipated changes in utilization are in accordance with the DFS Instructions for the submission of 2014 premium rates, section 5: "Induced Demand"

Changes in Benefits

Benefit changes include the following:

- **Preventive Rx (over the counter):** The claims are adjusted for 100% coverage of benefits for specific over the counter drugs obtained with a prescription from a physician.
- **Rx Adjustments:** The claims are adjusted for differences in the Rx formulary, mandatory mail order programs, and impacts for moving drugs into different tiers in the projection period relative to what is reflected in the base experience data.

Changes in the Morbidity of the Population Insured

Morbidity changes to the source data include the following:

- **HMO to Total Small Group adjustment:** The morbidity of the HMO company's experience is adjusted to reflect the morbidity of the total Small Group block. Morbidity is based on health status determined from internal risk score data, net of demographic components.
- **Higher morbidity expected from individual-level purchasing decisions in 2014:** Empire assumes that the morbidity of the smallest groups of only one member, relative to the total small group population, are a reasonable approximation for the health status of the individual market. Relative morbidity is based on health status determined from internal risk score data, net of demographic components.
- **Higher morbidity of the uninsured compared to the insured population:** This adjustment is based on a CDC study on the health status and life styles of both currently insured and uninsured populations. This adjustment also considers the expected number of previously uninsured individuals expected to move into the Individual market in 2014.
- **Pent-up demand:** As previously uninsured individuals obtain insurance in 2014, Empire expects them to have some pent-up demand for health care services. An adjustment is needed to account for this additional utilization of health care services in year one. Previously uninsured individuals are assumed to utilize more health care services due to pent-up demand. Currently insured members are assumed to have no pent-up demand for health care services.

- Morbidity of Non-Grandfathered compared to Grandfathered members: The base period experience includes Grandfathered and Non-Grandfathered members. The experience is adjusted to account for the different morbidity between Grandfathered and Non-Grandfathered members to derive a Non-Grandfathered only rate.

Trend Factors

- The annual pricing trend used in the development of the rates includes the underlying cost of care claims trend (including anticipated changes in provider contracts), which has been normalized for persistent business, age/gender, and large claims, plus an estimate for leveraging, aging and a provision for adverse deviation. The claims are trended 26 months from the midpoint of the experience period, which is May 1, 2012, to the midpoint of the projection period, which is July 1, 2014.
- Empire's overall pricing trend is approximately 11.1% and consists of the following components:
 - ✦ Underlying Trend: Empire's Cost of Care Actuaries calculate the underlying trend data. This trend excludes aging, leveraging and selection adjustments, but includes the impact of new technology and cost of care initiatives. The underlying trend is roughly 7%.
 - ✦ Aging Adjustment: The aging adjustment is just under 3%.
 - ✦ Cost Sharing Leveraging Adjustment: The cost sharing leveraging adjustment is roughly 1%.

Other Cost of Care Impacts

- Induced Demand Due to Cost Share Reductions: Individuals below 200% Federal Poverty Level who enroll in silver plans On-Exchange will be eligible for cost share reductions. As a result, the base period experience is adjusted to account for the higher anticipated utilization levels.
- Grace Period: The base period experience is adjusted upward to account for some incidence of enrollees not paying premiums due during the first month of the 90-day grace period when the QHP is liable for paying claims. Empire is assuming a 15% rate of premium non-payment on one-twelfth of the annual premium due for 60% of the Individual population (those eligible for Advance Payments of a Premium Tax Credit). The amount of premium at risk is only on the portion that Empire does not receive via direct subsidy, estimated to be about 50%. These assumptions result in an upward adjustment to the base rate of 0.375% ($0.15 \times 0.60 \times 50\% \times 1/12 = 0.00375$).

Other Claim Adjustments

The adjustments described below are presented in Exhibit E - Other Claim Adjustments.

- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.
- The cost of adding benefits for pediatric dental, pediatric vision and gym membership are included.
- Covered Lives Assessment: This indirect New York tax is a charge on all fully and self insured “covered lives”. The purpose of the Covered Lives Assessment is to raise funds for a variety of state programs and for the state Budget. The Assessment is included in claims costs for purposes of calculating the MLR.
- Regulation 146 Adjustment: The 2012 individual market stabilization mechanism disbursements of \$20M to Empire HealthChoice HMO and \$4M to Empire HealthChoice Assurance must be credited to individual customers. In keeping with Empire’s historical practice, the 2014 rates will be reduced to implement this credit. Review of Empire’s current Empire HealthChoice HMO individual membership shows that about 60% of the business is grandfathered, therefore \$12M of the \$20M will be earmarked to reduce the grandfathered rates and will be reflected in Empire’s next rate filing for those customers. The remaining \$8M (\$4M from Empire HealthChoice HMO plus \$4M from Empire HealthChoice Assurance) will be used to reduce the rates in this filing. The PMPM reduction was estimated by dividing \$12M by the projected member months ($\$12,077,641 / (117,880 * 12) = \8.54).
- Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

- Capitation Payments

The underlying data includes capitation payments, which are combined with the base medical and pharmacy claims and projected at the same rate. No further adjustment is made to the capitation.

5. Credibility of Experience

Empire’s Individual market experience primarily consists of Hospital-Only Plan claims along with claims from very rich HMO plans, neither of which are representative of Empire’s expected exposure to the Individual market in 2014. Empire believes that Small Group experience is more representative of the future projection period. Actuarial judgment has been exercised to determine that rates will be developed giving full credibility to the small group data.

6. Risk Adjustment and Reinsurance

- Projected Risk Adjustment

The Risk Adjustment program transfers funds from lower risk plans to higher risk plans in the Non-Grandfathered Individual and Small Group market. At this time, Empire is assuming the risk for the plans in this filing are in accordance with the New York DFS risk adjustment simulation. This simulation shows that the risk adjuster payment for small group business in the HMO company is 14.3% of claims, while the risk adjuster payment for small group business in the Assurance company is -0.7% of claims. The weighted average of these percentages, based on total claims, yields a risk adjuster payment of 3.5% of claims, which is equivalent to \$11.86 PMPM in 2014, as shown in Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments.

- Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The transitional reinsurance risk mitigation program collects funds from all insurance issuers and TPAs and redistributes them to high cost claimants in the Non-Grandfathered Individual market. The reinsurance contribution is equal to the national per capita reinsurance contribution rate as shown in Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments.

The reinsurance payment is developed using projected paid claims, claim probability distribution, and reinsurance payment guidelines. The claim probability distribution observes claims between \$60K and \$250K using a claim probability distribution that reflects the anticipated claim cost distribution of the 2014 Individual market. Expected paid claims are calculated for an assumed average On-Exchange plan design. Reinsurance payments are allocated proportionally by plan premiums to all plans in the risk pool.

7. Non-Benefit Expenses, Profit and Risk

Non-Benefit expenses are detailed in Exhibit G - Non-Benefit Expenses and Profit & Risk.

- Administrative Expense

Administrative Expense contains both acquisition costs associated with the production of new business through non-broker distribution channels (direct, telesales, etc) as well as maintenance costs associated with ongoing costs for the administration of the business. Acquisition costs are projected using historical cost per member sold amounts applied to future sales estimates. Maintenance costs are assumed to be flat on a per member basis with savings from fixed cost leverage and the elimination of underwriting offset by new expenses for risk management, regulatory compliance and premium reconciliation and balancing.

- Quality Improvement Expense

The quality improvement expense represents Empire's dedication to providing the highest standard of customer care and consistently seeking to improve health care quality, outcomes and value in a cost efficient manner.

See Exhibit H - Quality Improvement/Cost Containment Programs for a description of these programs.

- Selling Expense

Selling Expense represents broker commissions and bonuses associated with the broker distribution channel using projected commission levels. Commissions will be paid On-Exchange and Off-Exchange.

Empire recently filed a commission schedule for 2014 Individual business.

- Taxes and Fees

- Patient-Centered Outcomes Research Institute (PCORI) Fee: The PCORI fee is a federally-mandated fee designed to help fund the Patient-Centered Outcomes Research Trust Fund. For plan years ending before October 1, 2014, the fee is \$2 per member per year. Thereafter, for every plan year ending before October 1, 2019, the fee will increase by the percentage increase in National Healthcare Expenditures.
- Risk Adjustment Fee: The Risk Adjustment fee is a user fee to support the administration of the HHS operated Risk Adjustment program. The charge is \$1 per enrollee per year.
- ACA Insurer Fee: The health insurance industry will be assessed a permanent fee, based on market share of net premium, which is not tax deductible.
- Federal, state, and premium taxes are also included in the retention items.

- Profit

Profit is reflected on a post-tax basis as a percent that does not vary by product or plan.

- Changes in Exhibit 9 (formerly Exhibit 2) Expense Components

As indicated, future membership volume, demographics and morbidity, as well as premium levels are expected to change drastically. A comparison with Empire's current individual block of business is challenging. However, the following are some general comments regarding the differences in expense components between the current Exhibit 9 and the Exhibit 2 submitted for inforce plans in the most recent Section 4308(c) Rate Adjustment application:

- Commissions and Broker Fees: Previously Empire paid 3% of premium to only one broker and only for the lower premium hospital only plan. Commission payments will increase in 2014, as per the recent commission schedule filing.
- Overall Expense Level: The drastic decrease in premium level will result in expenses being a larger proportion of premium, as fixed expenses do not decrease in proportion to the premium decrease. The non-fixed expenses, however, will decrease sharply as claim levels decrease.

- Reconciliation with Financial Statements

Based on the expected differences in the volume and morbidity of the future individual population and the large drop in premium levels, a comparison to past individual financial statements adds little value.

8. Average 2014 Rating Factors

The required premium in the projection period is adjusted to reflect the average benefit plan, area and family composition rating factors to develop the rating period base rate. The average factors are shown in Exhibit I - Average 2014 Rating Factors and applied in line item 14 of Exhibit A - Base Rate Development.

- Benefit Plan Factors

Refer to Exhibit J - Non-Grandfathered Benefit Plan Factors.

- Area Factors

Refer to Exhibit K - Area Factors.

- Family Composition Factors

Refer to Exhibit L - Family Composition Factors.

9. Projected Loss Ratio

- Projected Federal MLR

The projected Federal MLR for the products in this filing is estimated in Exhibit O - Federal MLR Estimated Calculation. Please note that this calculation is purely an estimate and not meant to be a true measure for Federal or State MLR rebate purposes. The products in this filing represent only a subset of Empire's Individual business. The MLR for Empire's entire book of Individual business will be compared to the minimum Federal benchmark for purposes of determining regulation-related premium refunds. Also note that the projected Federal MLR presented here does not capture all adjustments, including but not limited to third party margins, three-year averaging, credibility, dual option, and deductible. Empire's projected MLR is expected to meet or exceed the minimum MLR standards at the market level after including all adjustments.

10. Index Rate

- Projection Period Index Rate

The index rate, as defined in the Federal regulations, represents the average allowed claims PMPM of essential health benefits for Empire HealthChoice HMO, Inc.'s Individual Non-Grandfathered Business. The projection period index rate was developed as shown in Exhibit P - Projected Index Rate Development by adjusting the projected incurred claims PMPM described in Section 4: Credibility Manual Rate Development of this memorandum. No benefits in excess of the essential health benefits are included in the projection period allowed claims and Exhibit P's projection period index rate. To calculate the required premium, the projection period index rate is adjusted only by the adjustments allowed per Market Reform and Payment Parameters Regulations. This development is presented in Exhibit Q - Development of Required Premium from Index Rate.

11. Actuarial Value Metal Values

The Actuarial Value (AV) Metal Values included in Addendum II - Listing of Plans in the Risk Pool are based on the AV Calculator. To the extent a component of the benefit design was not accommodated by an available input within the AV Calculator, the benefit characteristic was adjusted to be actuarially-equivalent to an available input within the AV Calculator for purposes of utilizing the AV Calculator as the basis for the AV Metal Values. Benefits for Plans that are not compatible with the parameters of the AV Calculator have been separately identified and documented in the Unique Plan Design Supporting Documentation and Justification that supports the Plan & Benefits Template.

12. Actuarial Value Pricing Values

The Initial Plan Pricing AVs in Addendum III - Development of Plan-Level Premium Rates by Census Tier are developed using WellPoint's benefit relativity factor model, which is a modified Milliman model. The program allows induced utilization to be turned off and the DFS' recommended induced utilization amounts were used.

13. Membership Projections

Membership projections are developed using a population movement model and adjustments for sales expectations. This model projects the membership in the projection period by taking into account:

- Uninsured to Individual as a result of subsidized coverage and the individual mandate
- Small Group to Individual as a result of lower priced options in the individual market
- Individual and Uninsured to Medicaid as a result of expanded Medicaid eligibility

The plan distribution is based on assumed metal tier and network distributions.

Refer to Exhibit D - Projection Period Adjustments for the projected claims impacts from the experience period to the projection period.

14. State Actuarial Memorandum Requirements

For a mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum, please refer to Addendum I - State Requirements.

For a listing of all plans included in the risk pool, refer to Addendum II - Listing of Plans in the Risk Pool.

For a development of plan-level premium rates in the format requested by the DFS, refer to Addendum III - Development of Plan-Level Premium Rates by Census Tier.

15. Actuarial Certification

I, [REDACTED] am an actuary for Empire. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I hereby certify that the following statements are true to the best of my knowledge with regards to this filing:

(1) The filing is in compliance with all applicable laws and regulations of the State of New York;

(2) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) 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. 41, Actuarial Communications

(3) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;

(4) The benefits are reasonable in relation to the premiums charged; and

(5) The rates are not unfairly discriminatory.

[Redacted signature]

June 5, 2013

Date

Exhibit A - Base Rate Development

Effective January 1, 2014

**Empire HealthChoice HMO, Inc.
Individual**

	<u>Paid Claims</u>	
1) Experience Period Cost PMPM	\$ 428.91	Exhibit B
2) x <u>Normalization Factor</u>	0.5999	Exhibit C
3) = Normalized Claims	\$ 257.30	= (1) x (2)
4) x Benefit Changes	0.9757	Exhibit D
5) x Morbidity Changes	1.0558	Exhibit D
6) x Medical Trend Factor	1.2566	Exhibit D
7) x <u>Other Cost of Care Impacts</u>	1.0219	Exhibit D
8) = Projected Claim Cost	\$ 340.36	= (3) x (4) x (5) x (6) x (7)
9) + Other Claim Impacts	(\$1.50)	Exhibit E
10) = Claims Projected to Projection Period	\$ 338.86	= (8) + (9)
11) + Risk Mitigation - Contributions and Payments	(\$51.15)	Exhibit F
12) + <u>Selling Expense, Administration and Other Retention Items {1}</u>	\$59.53	Exhibit G
13) = Required Premium in Projection Period	\$ 347.24	= (10) + (11) + (12)
14) (a) x Average Contract Size Factor in Projection Period	1.4263	Exhibit H
(b) ÷ Average Rating Factors (Rating Tier/Area/Plan) in Projection Period	1.2159	Exhibit H
15) = Base Rate (Average Plan-Level)	\$ 407.33	= (13) x (14a) ÷ (14b)
16) Projected Loss Ratio (Conventional Basis)	82.9%	= [(10) + (11)] ÷ (13)

NOTES:

{1} Equivalent to PMPM expenses on Exhibit G + % of premium expenses on Exhibit G applied to Required Premium (Row 13 above).

Exhibit B - Claims Experience for Manual Rate Development

Empire HealthChoice HMO, Inc.
Individual

Incurred November 1, 2011 through October 31, 2012
Paid through December 31, 2012

Healthy New York and SG HMO In-Area Business:

PAID CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total	
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM	
\$ 282,096,965	\$ 57,120,698	\$ 7,879,948	\$ 24,829	\$ 289,976,913	\$ 57,145,527	\$ 3,024,462	\$ 350,146,902	816,367	\$ 428.91	

ALLOWED CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total	
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM	
\$ 328,964,817	\$ 72,442,708	\$ 8,977,348	\$ 30,723	\$ 337,942,165	\$ 72,473,431	\$ 3,024,462	\$ 413,440,058	816,367	\$ 506.44	

Exhibit C - Normalization Factors

Empire HealthChoice HMO, Inc.
Individual

Experience Period: November 1, 2011 through October 31, 2012

<u>Normalize to population expected in 2014</u>			
<i>Average claim factors based on future population as compared to experience period population:</i>			
	Average Claim Factors		Normalization
	Experience Period Population	Future Population	Factor
Age/Gender	1.1430	1.1499	1.0060
Area/Network	1.0010	0.8308	0.8300
Benefit Plan	1.2463	0.8954	0.7185
Total	1.4258	0.8555	0.5999

Exhibit D - Projection Period Adjustments

Empire HealthChoice HMO, Inc.
Individual

Impact of Changes Between Experience Period and Projection Period:

	<u>Adjustment Factor</u>
<u>Benefit changes</u>	
Preventive Rx (over the counter)	1.0007
Eliminate Pre-Ex	1.0000
<u>Rx Adjustments {1}</u>	<u>0.9750</u>
Total Benefit Changes	0.9757
<u>Morbidity changes</u>	
Total Morbidity Changes	1.0558
<u>Cost of care impacts</u>	
Annual Medical/Rx Trend Rate	11.12%
# Months of Projection	26
Trend Factor	1.2566
Induced Demand for Cost Share Reductions	1.0180
Grace Period	1.0038

NOTES:

{1} Includes Rx formulary, mandatory mail order

Exhibit E - Other Claim Adjustments

Empire HealthChoice HMO, Inc. Individual

Adjustments to projection period claims to reflect covered benefits not included in experience period data:

	<u>PMPM</u>
Rx Rebates	(\$7.20)
Pediatric Dental	\$3.16
Pediatric Vision	\$0.44
Gym Membership	\$0.99
Covered Lives Assessment	\$9.35
Regulation 146 Adjustment	(\$8.54)
<u>Additional Non-EHBs {1}</u>	<u>\$0.30</u>
Total	(\$1.50)

NOTES:

{1} Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments

**Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014**

<u>Risk Adjustment:</u>			
Description	Transfers funds from lowest risk plans to highest risk plans		
Participants	Non-Grandfathered Individual and Small Group plans (inside and outside Exchange) are eligible		
PMPM	Net Transfer		
Federal Program	(\$11.86)		
	<u>Note:</u>		
	It is assumed the risk for the plans included in this rate filing is worse overall than other plans within this market.		
<u>Reinsurance:</u>			
Description	Provides funding to plans that enroll highest cost individuals		
Participants	All insurance issuers and TPAs contribute funds		
	Non-Grandfathered Individual plans (inside and outside Exchange) are eligible for payments		
PMPM	Contributions Made	Payments Received	
Federal Program	\$5.25	(\$44.54)	<i>Small Group Plans contribute funds but only Individual Plans are eligible to receive payments</i>
	<u>Source:</u>		
	HHS estimates a national per capita contribution rate of \$5.25 per month (\$63 per year) in benefit year 2014 (per Payment Parameter Rule).		
Grand Total of All Risk Mitigation Programs			(\$51.15)

Exhibit G - Non-Benefit Expenses and Profit & Risk

Empire HealthChoice HMO, Inc. Individual

	<u>PMPM</u>	<u>% Premium</u>
Administrative Costs	\$23.96	
Quality Improvement Expense	\$1.15	
Selling Expense	\$5.00	
ACA Related Fees:		
PCORI Fee	\$0.17	
Risk Adjustment User Fee	\$0.08	
ACA Insurer Fee		2.46%
Exchange User Fee		0.00%
Premium Tax and 332 Assessment		2.94%
Federal/State Taxes		1.02%
Profit (Post-Tax)		1.98%
Total	\$30.36	8.40%

Exhibit H - Quality Improvement/Cost Containment Programs

Empire HealthChoice HMO, Inc. Individual

Radiology and Cardiac	Prospective clinical appropriateness reviews for diagnostic imaging .
Specialty Pharmacy Program	Prospective clinical appropriateness reviews for specialty pharmaceuticals.
OptiNet	A web-based application supports collaboration and more informed decision-making by physicians and members when selecting diagnostic imaging facilities.
Specialty Care Shopper Program	A member-engagement program that aims to provide members with choices between high-cost and low-cost imaging facilities with equal or better quality by information sharing and proactive member call outs.
Sleep Program	A Sleep Medicine Management Program that conducts pre-service clinical appropriateness review.
Physical Therapy / Occupational Therapy (PT/OT) Management Program	The PT/OT Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Discharge Planning	Discharge planning activities are comprehensive in nature and consist of organizing and transitioning care to lesser acute facilities, counseling patients on discharge instructions, care coordination, etc.
Care coordination	Nurses interface with the clinicians on a member's care team when members are admitted to the hospital.
Radiology Benefits Management Program	The Radiology Benefits Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Pharmacy Prior Authorization	Prior authorization involves review of submitted pharmacy claims to ensure the intended use is FDA approved or recognized in a major compendia as being safe and effective in order to be a covered benefit.
Specialty Pharmacy Drug Reviews	Pre-certification process of specialty medications.
Care Management	Care management staff coordinates quality health care services and the optimization of benefits through a realistic, cost-effective, and timely care management plan.
ComplexCare	The ComplexCare program is a proactive, collaborative, member-centric model of care management in which chronic care management is emphasized for those members with chronic or multiple non-disease management types of condition(s) at future high risk.
ConditionCare (Disease Management) Program	A program to help maximize member health status, improve health outcomes, and control health care expenses associated with the following prevalent conditions: Asthma (pediatric and adult), Diabetes (pediatric and adult), Heart Failure (HF), Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD).
MyHealth Coach Program	MyHealth Coach nurses serve as a central point of contact for individuals who have questions about a health care related topic, condition or concern, a question about benefits, a concern about claim payment or language in an 'Explanation of Benefits' statement.
Chronic Kidney Disease	The Kidney Disease Management: Chronic Kidney Disease (late stage) and End Stage Renal Disease program is designed to Improve participant's quality of life and clinical outcomes, slowing the progression of the disease and controlling costs related to hospitalizations, emergency room admissions and significant complications.
Nurseline	24/7 NurseLine is staffed exclusively by Registered Nurses who assist consumers in choosing the most appropriate use of health care resources, applying self care, learning about specific medical conditions, treatment options and side effects associated with prescription drugs, and providing valuable lifestyle management and nutrition information.
MyHealth Advantage (MHA)	MHA comprises quality-based communications to members, physicians, health care plans, and pharmacists (as needed) on topics such as best-practice therapeutic interventions in member medical care.
Health IT	IT expenses in support of the programs noted above which have been identified as executing Quality Improvement activities.
Chiropractic Benefit Management Program	The Chiropractic benefit Management program involves retrospective review of services with regard to established medical policy and clinical guidelines.
Gym Reimbursement Program	The Gym Reimbursement program involves partially reimbursing the Subscriber and the Subscriber's Covered Spouse for certain exercise facility fees or membership fees but only if such fees are paid to exercise facilities and which maintain equipment and programs that promote cardiovascular wellness.

Exhibit I - Average 2014 Rating Factors

Empire HealthChoice HMO, Inc.
Individual

Effective January 1, 2014

<i>Average 2014 rating factors for 2014 population:</i>	
	Average Rating Factor
Average Contract Size	1.4263
Contract Type	1.2159
Area	1.0000
Benefit Plan	1.0000
Total (Contract Type x Area x Benefit Plan) =	1.2159
Conversion Factor	1.1730

Exhibit J - Non-Grandfathered Benefit Plan Factors

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014

Off-Exchange Plans:		
Metal Level	HIOS Standard Component Plan ID	Benefit Plan Factor
Bronze	80519NY0180001	0.8844
	80519NY0180003	0.9030
	80519NY0180085	0.3816
	80519NY0180013	0.9198
	80519NY0180015	0.9391
	80519NY0180051	0.9571
	80519NY0180043	0.9756
	80519NY0180087	0.4116
	80519NY0180053	0.9953
	80519NY0180047	1.0147
	80519NY0180002	0.8844
	80519NY0180004	0.9030
	80519NY0180086	0.3816
	80519NY0180014	0.9198
	80519NY0180016	0.9391
	80519NY0180052	0.9571
	80519NY0180044	0.9756
	80519NY0180088	0.4116
	80519NY0180054	0.9953
	80519NY0180048	1.0147
Silver	80519NY0180005	1.0502
	80519NY0180089	1.0262
	80519NY0180041	0.4443
	80519NY0180017	1.0922
	80519NY0180091	1.0673
	80519NY0180059	1.1228
	80519NY0180090	1.0989
	80519NY0180077	0.4743
	80519NY0180061	1.1678
	80519NY0180092	1.1428
	80519NY0180006	1.0502
	80519NY0180093	1.0262
	80519NY0180042	0.4443
	80519NY0180018	1.0922
	80519NY0180095	1.0673
	80519NY0180060	1.1228
	80519NY0180094	1.0989
	80519NY0180078	0.4743
	80519NY0180062	1.1678
	80519NY0180096	1.1428
Gold	80519NY0180097	1.2744
	80519NY0180035	0.5299
	80519NY0180099	1.3254
	80519NY0180098	1.3471
	80519NY0180073	0.5599
	80519NY0180100	1.4010
	80519NY0180101	1.2744
	80519NY0180036	0.5299
	80519NY0180103	1.3254
	80519NY0180102	1.3471
	80519NY0180074	0.5599
	80519NY0180104	1.4010
Platinum	80519NY0180105	1.5129
	80519NY0180113	1.5764
	80519NY0180037	0.6285
	80519NY0180039	0.6519
	80519NY0180107	1.5734
	80519NY0180115	1.6395
	80519NY0180106	1.5856
	80519NY0180119	1.6491
	80519NY0180081	0.6584
	80519NY0180083	0.6802
	80519NY0180108	1.6490
	80519NY0180117	1.7151
	80519NY0180109	1.5129
	80519NY0180114	1.5764
	80519NY0180038	0.6285

Exhibit J - Non-Grandfathered Benefit Plan Factors

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2014

80519NY0180040	0.6519
80519NY0180111	1.5734
80519NY0180116	1.6395
80519NY0180110	1.5856
80519NY0180120	1.6491
80519NY0180082	0.6584
80519NY0180084	0.6802
80519NY0180112	1.6490
80519NY0180118	1.7151

Benefit Plan Factors above reflect plan by plan differences from the index rate for allowable adjustments as described in detail in the Market Reform and Payment Parameters Regulations and illustrated in Exhibit Q. The weighted average of these adjustments for the entire risk pool included in this rate filing is detailed in Exhibit I.

Exhibit K - Area Factors

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Rating Area Description	Narrow Rating Factor
Albany	0.9418
Long Island	0.9310
Mid-Hudson	1.1108
New York City	1.0115
Upstate	1.4991

NOTES:

{1} Network adjustments (e.g., discount differences) are included in the benefit plan factors as shown in Exhibit J.

Exhibit L - Family Composition Factors

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Contract Type	Composition Factor
Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Single + Spouse + Child(ren)	2.85

NOTES:

The Child only rate is 0.412 of the Single rate for 1 child; 2 x 0.412 of the Single rate for 2 children; and 3 x 0.412 of the Single rate for 3 or more children.

Exhibit M - Development of Conversion Factor

Empire HealthChoice HMO, Inc.

Individual

Effective January 1, 2014

Contract Type	Projected Contract Distribution	a) Prescribed Premium Relativity	b) Average Contract Size	c) Conversion Factor: (a) ÷ (b)
Individual	63%	1.00	1.00	
Husband/Wife	18%	2.00	2.00	
Parent/Child(ren)	2%	1.70	3.34	
Child Only	12%	0.41	1.00	
Family	5%	2.85	4.99	
All Contracts	100%	1.2159	1.4263	1.1730

Exhibit N - Sample Rate Calculation

Empire HealthChoice HMO, Inc. Individual

Name: John Doe
Effective Date: 01/01/2014
On/Off Exchange: Off
Metal Level: Bronze
Plan ID: 80519NY0180002
Rating Area: Albany
Network: Narrow

Calculation of Monthly Premium:

Base Rate =	\$	407.33	Exhibit A
x Benefit Plan Factor		0.8844	Exhibit J
<u>x Area Factor</u>		<u>0.9418</u>	Exhibit K
Base Rate Adjusted for Plan/Area =	\$	339.28	

Final Monthly Premium PMPM:

<u>Contract Type</u>	<u>Family Composition</u>	
	<u>Factor</u> <u>(Exhibit L)</u>	<u>Monthly Rate</u>
Single	1.00	\$ 339.28
Single + Spouse	2.00	\$ 678.56
Single + Child(ren)	1.70	\$ 576.78
Single + Spouse + Child(ren)	2.85	\$ 966.95

NOTE:

{1} Minor rate variances may occur due to differences in rounding methodology.

Exhibit O - Federal MLR Estimated Calculation

Empire HealthChoice HMO, Inc. Individual

Numerator:

Incurred Claims	\$338.86	Exhibit A
+ Quality Improvement Expense	\$1.15	Exhibit G
+ Risk Corridor Contributions	\$0.00	
+ Risk Adjustment Contributions	\$0.00	Exhibit F
- Reinsurance Receipts	\$44.54	Exhibit F
- Risk Corridor Receipts:	\$0.00	
<u>- Risk Adjustment Receipts:</u>	<u>\$11.86</u>	Exhibit F
= <i>Estimated Federal MLR Numerator</i>	\$283.61	

Denominator:

Premiums	\$347.24	Exhibit A
- Federal and State Taxes	\$3.55	Exhibit A (Premium) and Exhibit G (Taxes)
- Premium Taxes	\$10.21	Exhibit A (Premium) and Exhibit G (Taxes)
- Reinsurance Contributions	\$5.25	Exhibit F
<u>- Licensing and Regulatory Fees</u>	<u>\$8.79</u>	Exhibit A (Premium) and Exhibit G (Fees)
= <i>Estimated Federal MLR Denominator</i>	\$319.44	

Estimated Federal MLR

88.78%

NOTES:

The above calculation is purely an estimate and not meant to be compared to the minimum MLR benchmark for federal/state MLR rebate purposes:

{1} The above calculation represents only the products in this filing. Federal MLR will be calculated at the legal entity and market level.

{2} Not all numerator/denominator components are captured above (for example, third party vendors excess reimbursement, fraud and prevention program costs, payroll taxes, assessments for state high risk pools etc.).

{3} Other adjustments may also be applied within the federal MLR calculation such as 3-year averaging, new business, credibility, deductible and dual option. These are ignored in the above calculation.

{4} Licensing and Regulatory Fees include ACA-related fees as allowed under the MLR Final Rule

Exhibit P - Projected Index Rate Development

Effective January 1, 2014

Empire HealthChoice HMO, Inc.
Individual

1) Projected Paid Claim Cost	\$	340.36	Exhibit A, Line Item 8
2) <u>- Non-EHBs Embedded in Line Item 1) Above</u>		<u>\$0.00</u>	Exhibit E (see footnote in Exhibit E)
3) = Projected Paid Claims, Excluding ALL Non-EHBs	\$	340.36	
4) + Rx Rebates		(\$7.20)	Exhibit E
5) <u>+ Additional EHBs {1}</u>		<u>\$4.59</u>	Exhibit E
6) = Projected Paid Claims Reflecting <i>only</i> EHBs	\$	337.75	
7) <u>÷ Paid to Allowed Ratio</u>		<u>0.7042</u>	
8) = Projected Allowed Claims Reflecting <i>only</i> EHBs		\$479.63	= Index Rate

NOTE:

{1} Pediatric Dental, Pediatric Vision and Gym

Exhibit Q - Development of Required Premium from Index Rate

Effective January 1, 2014

Empire HealthChoice HMO, Inc. Individual

	<u>Weighted Average for Risk Pool</u>	
1) Index Rate - Federal Definition	\$479.63	Exhibit P
2) <u>x Paid to Allowed Ratio</u>	<u>0.7042</u>	Exhibit P
3) = Projected Paid Claims Reflecting <i>only</i> EHBs	\$337.75	
<u>Allowable Index Rate Adjustments {1} {2}:</u>		
4) x Benefit Adjustments	1.0000	
5) + Non-EHBs	\$1.11	Exhibit E
6) x Catastrophic Adjustment	1.0000	
7) x Network Adjustment	1.0000	
8) + Risk Mitigation - Contributions and Payments	(\$51.15)	Exhibit F
9) <u>+ Selling Expense, Administration and Other Retention Items</u>	<u>\$59.53</u>	Exhibit G (also see Exhibit A, Line item 12)
10) = Required Premium in Projection Period	\$347.24	Ties to Exhibit A, Line item 13

NOTES:

- {1} Allowable adjustments to the index rate as made above are in accordance with the Market Reform and Payment Parameters Regulations.
- {2} The above illustrates the allowable adjustments to the average single risk pool index rate as included in this rate filing. These adjustments may vary on a plan by plan basis and such variances are captured in the benefit plan factors as summarized in Exhibit J.
- {3} Plan-level rates are obtained by multiplying the base rate as shown in line item 15 of Exhibit A by the benefit plan factors illustrated in Exhibit J. Further allowable adjustments (area and family composition) are applied to arrive at final premium rates.

ADDENDUM I: STATE REQUIREMENTS

Mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum

Actuarial Memorandum Requirement	Location in this Submitted Actuarial Memorandum
(h) The process used for the determination of the Index Rate and premium rates for both on-	Addendum III - Development of Plan-Level Premium Rates by Census Tier
(1) Average PMPM Incurred Claims for the latest experience period.	
(2) Average AV Pricing Value determined for all inforce plans in effect during the latest experience period, based on member-months in the experience period for each inforce plan.	
(3) Average Induced Demand Adjustment factor determined based on member-months in the experience period for each inforce plan.	
(4) Assumptions as to average annual claim trend rates for all components, including inflation, utilization, leverage, and other factors.	
(5) Projection trend factor from midpoint of experience period to midpoint of applicability for First Quarter 2014 premium rates.	
(6) Projected Average PMPM Incurred Claims determined from (1) and (5) above.	
(7) Market-wide index rate adjustments as discussed in Section 6, not already reflected.	
(8) Market-wide adjustments to reflect the impact of the Federal Transitional Reinsurance Program Recovery, if not already reflected.	
(9) For all inforce plans combined, determine the "Index" PMPM Claim Rate. This step reflects the Projected PMPM Incurred Claims per (6) above with Market-wide adjustments prescribed in HHS regulation per (7) and (8) above. Note that such adjustments do not vary by the plan-design level.	
(10) Determine the starting point PMPM Claim Rate for each Non-Grandfathered Plan (both On-Exchange and Off-Exchange) by multiplying the Index PMPM Claim Rate for all inforce plans combined per (9) above by the ratio of (A) to (B), as follows: (A) The AV Pricing Value for each Non-Grandfathered Plan, both On-Exchange and Off-Exchange, at each of the Metal Tier levels; (B) The Average AV Pricing Value per (2) above for all inforce plans.	
(11) Plan-Design Level Adjustments for the various differences in characteristics as described above.	
(12) Plan-Design Level Adjustments for Administrative Costs and Profit Margins per Exhibit 9.	
(13) Preliminary PMPM Premium Rate for each Non-Grandfathered Plan, as determined from items (11) and (12) above, e.g., (11) divided by 100% less (12).	
(14) Final (all regions combined) Premium Rates for all Non-Grandfathered Plans for Employees only, for Employees and Spouse, for Employees and Child(ren) and for Employees and Spouse and Child(ren), based on census factors prescribed by the Department.	
(15) Final Premium Rates for each Non-Grandfathered Plans for each applicable rating	Rate Manual

ADDENDUM I: STATE REQUIREMENTS

Mapping of each Actuarial Memorandum Requirement of the State of New York to its location in this submitted Actuarial Memorandum

Actuarial Memorandum Requirement	Location in this Submitted Actuarial Memorandum
(i) Supporting details on the key assumptions and additional information to be included in actuarial memorandum:	See below.
(1) Assumptions on annual claim trend rates, including if available, information on experienced annualized claim trend rates on allowed charges;	4: Credibility Manual Rate Development
(2) Justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic (aging) change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components that is not part of the Market-Wide Index Rate Adjustments;	4: Credibility Manual Rate Development
(3) Assumptions on Administrative costs components, including (a) explanations for differences in expense components between the current Exhibit 9 for Non-Grandfathered plans and the Exhibit 2 submitted for inforce plans in the most recent/current Sections 3231(e)(1)/4308(c) Rate Adjustment submission, and (b) reconciliation with administrative costs information reported in latest financial statements; and	7: Non-Benefit Expenses, Profit and Risk
(4) Assumptions on profit margins or contribution to surplus, including a discussion on Return on Equity.	7: Non-Benefit Expenses, Profit and Risk
(5) Details as to adjustments to Actuarial Values determined based on HHS AV Calculator for inforce plans.	11: Actuarial Value Metal Values
(6) SERFF Number of the associated QHP Template filing.	1: General Information
(7) Details as to the restructuring of the various "composite" premium rates into separate premium rates for the various census cells, i.e. Employees only, Employees	8: Average 2014 Rating Factors
(8) Details as to the determination of the premium rates by the standardized rating regions.	8: Average 2014 Rating Factors
(9) Details as to adjustments to the premium rates for the impact of risk adjustments and the impact of the transitional reinsurance program, including the results for the	6: Risk Adjustment and Reinsurance
(10) Details and support on any other adjustments deemed necessary by the Company's actuary.	4: Credibility Manual Rate Development
(11) If the source data for the determination of the premium rates for the Exchange plans is other than the actual claims experience under Non- Grandfathered/ Grandfathered plans, indicate the source of this data (e.g., the publication, organization, or consultants), and the applicability of this source data.	4: Credibility Manual Rate Development

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc.

Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
On Exchange	Empire Catastrophic Guided Access	Catastrophic	0.5970	\$6,350	0%	\$6,350	No	No	No
On Exchange	Empire Catastrophic Guided Access w/ Child Dental	Catastrophic	0.5970	\$6,350	0%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ HSA (cacm)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access (caat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access (cabs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access for Child Only w/HSA (cadc)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
On Exchange	Empire Bronze Guided Access w/ HSA and Dep Age 29 (cara)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ Dep Age 29 (cbra)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ Dep Age 29 (ccra)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	Yes
On Exchange	Empire Bronze Guided Access w/ HSA and Child Dental (cdcl)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ Child Dental (cdat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ Child Dental (cdbs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access for Child Only w/ Child Dental (cdea)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
On Exchange	Empire Bronze Guided Access w/ HSA, Child Dental and Dep Age 29 (cdga)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	Yes
On Exchange	Empire Bronze Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	Yes
On Exchange	Empire Bronze Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	Yes
On Exchange	Empire Silver Guided Access (cbnw)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
On Exchange	Empire Silver Guided Access (cbjw)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	No
On Exchange	Empire Silver Guided Access w/ HSA (cdib)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	No
On Exchange	Empire Silver Guided Access for Child Only (cade)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
On Exchange	Empire Silver Guided Access w/Dep Age 29 (ceaa)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	Yes
On Exchange	Empire Silver Guided Access w/Dep Age 29 (ceae)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	Yes
On Exchange	Empire Silver Guided Access w/ HSA and Dep Age 29 (cefa)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	Yes
On Exchange	Empire Silver Guided Access w/ Child Dental (cdca)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
On Exchange	Empire Silver Guided Access w/ Child Dental (cdce)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	No
On Exchange	Empire Silver Guided Access w/ HSA and Child Dental (cdmb)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	No
On Exchange	Empire Silver Guided Access for Child Only w/ Child Dental (cdbb)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
On Exchange	Empire Silver Guided Access w/ Child Dental and Dep Age 29 (cddd)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	Yes
On Exchange	Empire Silver Guided Access w/ Child Dental and Dep Age 29 (cdec)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	Yes
On Exchange	Empire Silver Guided Access w/ HSA, Child and Dep Age 29 Dental (cdwe)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	Yes

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc. Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
On Exchange	Empire Gold Guided Access (ccav)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
On Exchange	Empire Gold Guided Access (cecb)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	No
On Exchange	Empire Gold Guided Access for Child Only (cadd)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
On Exchange	Empire Gold Guided Access w/ Dep Age 29 (ceod)	Gold	0.7900	\$600	0%	\$4,000	No	No	Yes
On Exchange	Empire Gold Guided Access w/ Dep Age 29 (ceea)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	Yes
On Exchange	Empire Gold Guided Access w/ Child Dental (cddj)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
On Exchange	Empire Gold Guided Access w/ Child Dental (cdgd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	No
On Exchange	Empire Gold Guided Access for Child Only w/ Child Dental (cdha)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
On Exchange	Empire Gold Guided Access w/ Child Dental and Dep Age 29 (cdoe)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	Yes
On Exchange	Empire Gold Guided Access w/ Child Dental and Dep Age 29 (ccvd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	Yes
On Exchange	Empire Platinum Guided Access (ceaf)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
On Exchange	Empire Platinum Guided Access (cazd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	No
On Exchange	Empire Platinum Guided Access for Child Only (caed)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
On Exchange	Empire Platinum Guided Access w/ Dep Age 29 (ceyd)	Platinum	0.8810	\$0	0%	\$2,000	No	No	Yes
On Exchange	Empire Platinum Guided Access w/ Dep Age 29 (cayd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	Yes
On Exchange	Empire Platinum Guided Access w/ Child Dental (cdma)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
On Exchange	Empire Platinum Guided Access w/Child Dental (cdwc)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	No
On Exchange	Empire Platinum Guided Access for Child Only w/ Child Dental (cdja)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
On Exchange	Empire Platinum Guided Access w/ Child Dental and Dep Age 29 (cdyd)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	Yes
On Exchange	Empire Platinum Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	Yes
Off Exchange	Empire Core Guided Access (caat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access (cabs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access for Child Only w/HSA (cadc)	Bronze	0.6200	\$3,000	50%	\$6,350	No	No	No
Off Exchange	Empire Core Guided Access w/ Dep Age 29 (cbra)	Bronze	0.5961	\$5,800	20%	\$6,350	No	No	Yes
Off Exchange	Empire Core Guided Access w/ Dep Age 29 (ccra)	Bronze	0.6134	\$4,000	40%	\$6,350	No	No	Yes
Off Exchange	Empire Core Guided Access w/ Child Dental (cdat)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Access w/ Child Dental (cdbs)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	Bronze	0.6200	\$3,000	50%	\$6,350	No	Yes	No
Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	Bronze	0.5961	\$5,800	20%	\$6,350	No	Yes	Yes
Off Exchange	Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	Bronze	0.6134	\$4,000	40%	\$6,350	No	Yes	Yes

Addendum II - Listing of Plans in the Risk Pool

Empire HealthChoice HMO, Inc. Individual

On or Off Exchange	HIOS Plan Name	Metal Tier	Metal AV Value	Cost Sharing Features				Benefit Features	
				In Network Deductible	In Network Coins.	In Network OOP Max	Out of Network Coverage	Includes Pediatric Dental	Dependent Coverage through Age 29
Off Exchange	Empire Essential Guided Access (cbjw)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	No
Off Exchange	Empire Essential Guided Access w/ HSA (cdib)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	No
Off Exchange	Empire Essential Guided Access for Child Only (cade)	Silver	0.7070	\$2,000	0%	\$5,500	No	No	No
Off Exchange	Empire Essential Guided Access w/Dep Age 29 (ceae)	Silver	0.6801	\$2,250	25%	\$6,350	No	No	Yes
Off Exchange	Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	Silver	0.6862	\$2,450	10%	\$6,350	No	No	Yes
Off Exchange	Empire Essential Guided Access w/ Child Dental (cdce)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	No
Off Exchange	Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	No
Off Exchange	Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	Silver	0.7070	\$2,000	0%	\$5,500	No	Yes	No
Off Exchange	Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	Silver	0.6801	\$2,250	25%	\$6,350	No	Yes	Yes
Off Exchange	Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	Silver	0.6862	\$2,450	10%	\$6,350	No	Yes	Yes
Off Exchange	Empire Preferred Guided Access (cecb)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	No
Off Exchange	Empire Preferred Guided Access for Child Only (cadd)	Gold	0.7900	\$600	0%	\$4,000	No	No	No
Off Exchange	Empire Preferred Guided Access w/ Dep Age 29 (ceea)	Gold	0.7811	\$1,000	10%	\$6,250	No	No	Yes
Off Exchange	Empire Preferred Guided Access w/ Child Dental (cdgd)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	No
Off Exchange	Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	Gold	0.7900	\$600	0%	\$4,000	No	Yes	No
Off Exchange	Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	Gold	0.7811	\$1,000	10%	\$6,250	No	Yes	Yes
Off Exchange	Empire Premier Guided Access (cazd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	No
Off Exchange	Empire Premier Guided Access w/ Out-of-Network (ccze)	Platinum	0.8801	\$200	5%	\$3,400	Yes	No	No
Off Exchange	Empire Premier Guided Access for Child Only (caed)	Platinum	0.8810	\$0	0%	\$2,000	No	No	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	Platinum	0.8810	\$0	0%	\$2,000	Yes	No	No
Off Exchange	Empire Premier Guided Access w/ Dep Age 29 (cayd)	Platinum	0.8801	\$200	5%	\$3,400	No	No	Yes
Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	Platinum	0.8801	\$200	5%	\$3,400	Yes	No	Yes
Off Exchange	Empire Premier Guided Access w/Child Dental (cdwc)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	No
Off Exchange	Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	Platinum	0.8801	\$200	5%	\$3,400	Yes	Yes	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	Platinum	0.8810	\$0	0%	\$2,000	No	Yes	No
Off Exchange	Empire Premier Guided Access for Child Only w/ Out-of-Network and Child D	Platinum	0.8810	\$0	0%	\$2,000	Yes	Yes	No
Off Exchange	Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	Platinum	0.8801	\$200	5%	\$3,400	No	Yes	Yes
Off Exchange	Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Ag	Platinum	0.8801	\$200	5%	\$3,400	Yes	Yes	Yes

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 1)

Empire HealthChoice HMO, Inc. Individual

1)	Average PMPM Incurred Claims	\$428.91
2)	Average AV Pricing Value of All Inforce Plans	1.2463
3)	Average Induced Demand Adjustment Factor for All Inforce Plans	1.1412
4)	Average Annual Trend Rate Components	
	a) Annual Trend Assumption	11.1%
	b) Number of Trend Months	26
5)	Projected Trend Factor: $[1 + (4)(a)]^{[(4)(b) \div 12]}$	1.2566
6)	Projected PMPM Incurred Claims: (1) x (5)	\$538.97
7)	Market-Wide Index Rate Adjustments {1}	
	a) Benefit Changes	0.9757
	b) Changes in Provider Network	0.8201
	c) Fee Schedule Changes	1.0000
	d) Utilization Management Changes	1.0000
	e) Age/Gender Normalization	1.0060
	f) Morbidity Changes – Other	1.0152
	g) Morbidity Changes – Small Group to Individual Morbidity	1.0400
	h) Area/Network Normalization	1.0121
	i) Federal Risk Adjustment Program Impact	0.9604
	j) Federal Transitional Reinsurance Program Recovery	0.8841
	k) Credibility Adjustment	1.0000
	l) Rx Rebates	0.9788
	m) Induced Demand from Cost Share Reductions	1.0180
	n) <u>Grace Period</u>	<u>1.0038</u>
	o) <u>Total Market-Wide Index Rate Adjustments</u>	<u>0.7305</u>
8)	Federal Transitional Reinsurance Program Recovery Impact	Included Above
9)	"Index" PMPM Claim Rate: (6) x (7)(o)	\$393.69
10)	Starting PMPM Claim Rate for Each Non-Grandfathered Plan	Part 2
11)	Plan-Level Adjustments for Benefit Characteristics	Part 2
12)	Plan-Level Adjustments for Administrative Costs & Profit Margin	Part 2
13)	Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan	Part 2
14)	Final Plan-Level Premium Rates by Census Tier	Part 2
15)	Final Plan-Level Premium Rates by Census Tier and Rating Region	Rate Manual

NOTES:

{1} For descriptions of these adjustments, refer to the Actuarial Memorandum, "Credibility Manual Rate" section.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	8) "Index" PMPM Claim Rate, from Page 1	9) Starting PMPM Claim Rate for Each Non-Grandfathered Plan				10) Plan-Level Adjustments for Benefit/Plan Characteristics			
		a) Initial Plan Pricing AV (1)	b) Adjusted Plan Pricing AV (2)	c) Average Experience Period Pricing AV	d) Starting PMPM Claim Rate: (8) x [(9)(b) ÷ (9)(c)]	a) Benefit Adjustment {3}	b) Catastrophic Plan Adjustment (normalized)	c) Order of Operations and Rounding Adjustment	d) PMPM Claim Rate After Adjustments: (9)(d) x (10)(a-c)
Empire Core Guided Access (caat)	\$393.69	0.7833	0.7872	1.2463	\$248.67	1.0066	1.0165	1.0001	\$254.46
Empire Core Guided Access (cabs)	\$393.69	0.8004	0.8043	1.2463	\$254.06	1.0060	1.0165	1.0001	\$259.81
Empire Core Guided Access w/ Dep Age 29 (cbra)	\$393.69	0.7833	0.7872	1.2463	\$248.67	1.0469	1.0165	1.0001	\$264.64
Empire Core Guided Access w/ Dep Age 29 (ccra)	\$393.69	0.8004	0.8043	1.2463	\$254.06	1.0462	1.0165	1.0001	\$270.19
Empire Core Guided Access w/ Child Dental (cdat)	\$393.69	0.7833	0.8540	1.2463	\$269.78	1.0041	1.0165	1.0001	\$275.37
Empire Core Guided Access w/ Child Dental (cdba)	\$393.69	0.8004	0.8711	1.2463	\$275.18	1.0036	1.0165	1.0001	\$280.72
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	\$393.69	0.7833	0.8540	1.2463	\$269.78	1.0443	1.0165	1.0001	\$286.39
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	\$393.69	0.8004	0.8711	1.2463	\$275.18	1.0437	1.0165	1.0001	\$291.95
Empire Essential Guided Access (cbjw)	\$393.69	0.9357	0.9396	1.2463	\$296.81	1.0015	1.0165	1.0001	\$302.16
Empire Essential Guided Access w/ HSA (cdib)	\$393.69	0.9137	0.9176	1.2463	\$289.86	1.0021	1.0165	1.0001	\$295.28
Empire Essential Guided Access w/Dep Age 29 (ceae)	\$393.69	0.9357	0.9396	1.2463	\$296.81	1.0415	1.0165	1.0001	\$314.25
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	\$393.69	0.9137	0.9176	1.2463	\$289.86	1.0422	1.0165	1.0001	\$307.08
Empire Essential Guided Access w/ Child Dental (cdce)	\$393.69	0.9357	1.0064	1.2463	\$317.93	0.9997	1.0165	1.0001	\$323.07
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	\$393.69	0.9137	0.9844	1.2463	\$310.97	1.0002	1.0165	1.0001	\$316.18
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdcc)	\$393.69	0.9357	1.0064	1.2463	\$317.93	1.0397	1.0165	1.0000	\$336.00
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	\$393.69	0.9137	0.9844	1.2463	\$310.97	1.0403	1.0165	1.0001	\$328.83
Empire Preferred Guided Access (cecb)	\$393.69	1.1419	1.1457	1.2463	\$361.93	0.9966	1.0165	1.0001	\$366.68
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	\$393.69	1.1419	1.1457	1.2463	\$361.93	1.0365	1.0165	1.0001	\$381.35
Empire Preferred Guided Access w/ Child Dental (cdgd)	\$393.69	1.1419	1.2125	1.2463	\$383.04	0.9954	1.0165	1.0001	\$387.60
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	\$393.69	1.1419	1.2125	1.2463	\$383.04	1.0353	1.0165	1.0001	\$403.10
Empire Premier Guided Access (cazd)	\$393.69	1.3611	1.3649	1.2463	\$431.18	0.9931	1.0165	1.0001	\$435.31
Empire Premier Guided Access w/ Out-of-Network (ccze)	\$393.69	1.4195	1.4234	1.2463	\$449.63	0.9924	1.0165	1.0001	\$453.59
Empire Premier Guided Access w/ Dep Age 29 (cayd)	\$393.69	1.3611	1.3649	1.2463	\$431.18	1.0329	1.0165	1.0001	\$452.71
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	\$393.69	1.4195	1.4234	1.2463	\$449.63	1.0321	1.0165	1.0001	\$471.73
Empire Premier Guided Access w/Child Dental (cdwc)	\$393.69	1.3611	1.4318	1.2463	\$452.29	0.9923	1.0165	1.0001	\$456.21
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	\$393.69	1.4195	1.4902	1.2463	\$470.75	0.9916	1.0165	1.0001	\$474.50
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	\$393.69	1.3611	1.4318	1.2463	\$452.29	1.0320	1.0165	1.0001	\$474.47
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29	\$393.69	1.4195	1.4902	1.2463	\$470.75	1.0313	1.0165	1.0001	\$493.48

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	8) "Index" PMPM Claim Rate, from Page 1	9) Starting PMPM Claim Rate for Each Non-Grandfathered Plan				10) Plan-Level Adjustments for Benefit/Plan Characteristics			
		a) Initial Plan Pricing AV {1}	b) Adjusted Plan Pricing AV {2}	b) Average Experience Period Pricing AV	d) Starting PMPM Claim Rate: (8) x [(9)(b) ÷ (9)(c)]	a) Benefit Adjustment {3}	b) Catastrophic Plan Adjustment (normalized)	c) Order of Operations and Rounding Adjustment	d) PMPM Claim Rate After Adjustments: (9)(d) x (10)(a-c)
Empire Core Guided Access for Child Only w/HSA (cadc)	\$393.69	0.8219	0.8317	1.2463	\$262.73	0.4111	1.0165	1.0001	\$109.80
Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	\$393.69	0.8219	1.0279	1.2463	\$324.71	0.3588	1.0165	1.0000	\$118.42
Empire Essential Guided Access for Child Only (cade)	\$393.69	0.9618	0.9715	1.2463	\$306.91	0.4098	1.0165	1.0001	\$127.85
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	\$393.69	0.9618	1.1620	1.2463	\$367.07	0.3657	1.0165	1.0000	\$136.46
Empire Preferred Guided Access for Child Only (cadd)	\$393.69	1.1527	1.1624	1.2463	\$367.21	0.4085	1.0165	1.0001	\$152.47
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	\$393.69	1.1527	1.3475	1.2463	\$425.69	0.3723	1.0165	1.0001	\$161.09
Empire Premier Guided Access for Child Only (caed)	\$393.69	1.3726	1.3822	1.2463	\$436.64	0.4074	1.0165	1.0001	\$180.83
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	\$393.69	1.4261	1.4358	1.2463	\$453.55	0.4068	1.0165	1.0001	\$187.57
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	\$393.69	1.3726	1.5633	1.2463	\$493.83	0.3774	1.0165	1.0000	\$189.44
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Denta	\$393.69	1.4261	1.6167	1.2463	\$510.72	0.3770	1.0165	1.0000	\$195.70

{1} The Initial Plan Pricing AVs are computed prior to the plan-level adjustments in (10) and (11) and are not normalized relative to the reference plan; therefore, the values in this column will not match the benefit plan factors in Exhibit J or the Plan Pricing AVs in URRT.

{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	11) Plan-Level Adjustments for Administrative Costs and Profit Margins, as a % of Premium			12) Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan: (10) ÷ [1 - (11)(c)]
	a) Administrative Costs, excluding Profits	b) Profit/Contribution to Surplus Margins	c) Total Administrative Expense Load: (11)(a) + (11)(b)	
Empire Core Guided Access (caat)	14.14%	3.00%	17.14%	\$307.11
Empire Core Guided Access (cabs)	14.14%	3.00%	17.14%	\$313.56
Empire Core Guided Access w/ Dep Age 29 (cbra)	14.14%	3.00%	17.14%	\$319.40
Empire Core Guided Access w/ Dep Age 29 (ccra)	14.14%	3.00%	17.14%	\$326.10
Empire Core Guided Access w/ Child Dental (cdat)	14.14%	3.00%	17.14%	\$332.35
Empire Core Guided Access w/ Child Dental (cdb)	14.14%	3.00%	17.14%	\$338.80
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	14.14%	3.00%	17.14%	\$345.64
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	14.14%	3.00%	17.14%	\$352.35
Empire Essential Guided Access (cbjw)	14.14%	3.00%	17.14%	\$364.68
Empire Essential Guided Access w/ HSA (cdib)	14.14%	3.00%	17.14%	\$356.37
Empire Essential Guided Access w/Dep Age 29 (ceae)	14.14%	3.00%	17.14%	\$379.27
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	14.14%	3.00%	17.14%	\$370.62
Empire Essential Guided Access w/ Child Dental (cdce)	14.14%	3.00%	17.14%	\$389.92
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	14.14%	3.00%	17.14%	\$381.60
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdec)	14.14%	3.00%	17.14%	\$405.52
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	14.14%	3.00%	17.14%	\$396.87
Empire Preferred Guided Access (cecb)	14.14%	3.00%	17.14%	\$442.55
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	14.14%	3.00%	17.14%	\$460.25
Empire Preferred Guided Access w/ Child Dental (cdgd)	14.14%	3.00%	17.14%	\$467.79
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	14.14%	3.00%	17.14%	\$486.50
Empire Premier Guided Access (cazd)	14.14%	3.00%	17.14%	\$525.37
Empire Premier Guided Access w/ Out-of-Network (ccze)	14.14%	3.00%	17.14%	\$547.43
Empire Premier Guided Access w/ Dep Age 29 (cayd)	14.14%	3.00%	17.14%	\$546.38
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	14.14%	3.00%	17.14%	\$569.33
Empire Premier Guided Access w/Child Dental (cdwc)	14.14%	3.00%	17.14%	\$550.61
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	14.14%	3.00%	17.14%	\$572.67
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	14.14%	3.00%	17.14%	\$572.63
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	14.14%	3.00%	17.14%	\$595.58

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	11) Plan-Level Adjustments for Administrative Costs and Profit Margins, as a % of Premium			12) Preliminary PMPM Premium Rate for Each Non-Grandfathered Plan: (10) ÷ [1 - (11)(c)]
	a) Administrative Costs, excluding Profits	b) Profit/Contribution to Surplus Margins	c) Total Administrative Expense Load: (11)(a) + (11)(b)	
Empire Core Guided Access for Child Only w/HSA (cadc)	14.14%	3.00%	17.14%	\$132.52
Empire Core Guided Access for Child Only w/ Child Dental (cdea)	14.14%	3.00%	17.14%	\$142.92
Empire Essential Guided Access for Child Only (cade)	14.14%	3.00%	17.14%	\$154.30
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	14.14%	3.00%	17.14%	\$164.70
Empire Preferred Guided Access for Child Only (cadd)	14.14%	3.00%	17.14%	\$184.02
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	14.14%	3.00%	17.14%	\$194.42
Empire Premier Guided Access for Child Only (caed)	14.14%	3.00%	17.14%	\$218.24
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	14.14%	3.00%	17.14%	\$226.38
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	14.14%	3.00%	17.14%	\$228.64
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	14.14%	3.00%	17.14%	\$236.19

{1} The Initial Plan Pricing AVs are computed prior to the plan-level adjustments in (10) and (11) and are not normalized relative to the reference plan; therefore, the values in this column will not match the benefit plan factors in Exhibit J or the Plan Pricing AVs in URRR.

{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	13) Final Premium Rates (all regions combined)					
	a) Conversion Factor (4)	b) Single Premium Rate: (12) x (13)(a)	c) Individual: (13)(b) x 1.00	d) Husband/ Wife: (13)(b) x 2.00	e) Parent/ Child(ren): (13)(b) x 1.70	f) Family: (13)(b) x 2.85
Empire Core Guided Access (caat)	1.173	\$360.24	\$360.24	\$720.48	\$612.41	\$900.60
Empire Core Guided Access (cabs)	1.173	\$367.81	\$367.81	\$735.62	\$625.28	\$919.53
Empire Core Guided Access w/ Dep Age 29 (cbra)	1.173	\$374.66	\$374.66	\$749.32	\$636.92	\$936.65
Empire Core Guided Access w/ Dep Age 29 (ccra)	1.173	\$382.52	\$382.52	\$765.04	\$650.28	\$956.30
Empire Core Guided Access w/ Child Dental (cdat)	1.173	\$389.85	\$389.85	\$779.70	\$662.75	\$974.63
Empire Core Guided Access w/ Child Dental (cdbs)	1.173	\$397.41	\$397.41	\$794.82	\$675.60	\$993.53
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgb)	1.173	\$405.44	\$405.44	\$810.88	\$689.25	\$1,013.60
Empire Core Guided Access w/ Child Dental and Dep Age 29 (cdgc)	1.173	\$413.31	\$413.31	\$826.62	\$702.63	\$1,033.28
Empire Essential Guided Access (cbjw)	1.173	\$427.77	\$427.77	\$855.54	\$727.21	\$1,069.43
Empire Essential Guided Access w/ HSA (cdib)	1.173	\$418.02	\$418.02	\$836.04	\$710.63	\$1,045.05
Empire Essential Guided Access w/Dep Age 29 (ceae)	1.173	\$444.88	\$444.88	\$889.76	\$756.30	\$1,112.20
Empire Essential Guided Access w/ HSA and Dep Age 29 (cefa)	1.173	\$434.74	\$434.74	\$869.48	\$739.06	\$1,086.85
Empire Essential Guided Access w/ Child Dental (cdce)	1.173	\$457.38	\$457.38	\$914.76	\$777.55	\$1,143.45
Empire Essential Guided Access w/ HSA and Child Dental (cdmb)	1.173	\$447.62	\$447.62	\$895.24	\$760.95	\$1,119.05
Empire Essential Guided Access w/ Child Dental and Dep Age 29 (cdcc)	1.173	\$475.67	\$475.67	\$951.34	\$808.64	\$1,189.18
Empire Essential Guided Access w/ HSA, Child Dental and Dep Age 29 (cdwe)	1.173	\$465.53	\$465.53	\$931.06	\$791.40	\$1,163.83
Empire Preferred Guided Access (cecb)	1.173	\$519.11	\$519.11	\$1,038.22	\$882.49	\$1,297.78
Empire Preferred Guided Access w/ Dep Age 29 (ceea)	1.173	\$539.87	\$539.87	\$1,079.74	\$917.78	\$1,349.68
Empire Preferred Guided Access w/ Child Dental (cdgd)	1.173	\$548.72	\$548.72	\$1,097.44	\$932.82	\$1,371.80
Empire Preferred Guided Access w/ Child Dental and Dep Age 29 (cdha)	1.173	\$570.66	\$570.66	\$1,141.32	\$970.12	\$1,426.65
Empire Premier Guided Access (cazd)	1.173	\$616.26	\$616.26	\$1,232.52	\$1,047.64	\$1,540.65
Empire Premier Guided Access w/ Out-of-Network (ccze)	1.173	\$642.14	\$642.14	\$1,284.28	\$1,091.64	\$1,605.35
Empire Premier Guided Access w/ Dep Age 29 (cayd)	1.173	\$640.90	\$640.90	\$1,281.80	\$1,089.53	\$1,602.25
Empire Premier Guided Access w/ Out-of-Network and Dep Age 29 (cczc)	1.173	\$667.82	\$667.82	\$1,335.64	\$1,135.29	\$1,669.55
Empire Premier Guided Access w/Child Dental (cdwc)	1.173	\$645.87	\$645.87	\$1,291.74	\$1,097.98	\$1,614.68
Empire Premier Guided Access w/ Out-of-Network and Child Dental (cdaa)	1.173	\$671.74	\$671.74	\$1,343.48	\$1,141.96	\$1,679.35
Empire Premier Guided Access w/ Child Dental and Dep Age 29 (cdwd)	1.173	\$671.69	\$671.69	\$1,343.38	\$1,141.87	\$1,679.23
Empire Premier Guided Access w/ Out-of-Network, Child Dental and Dep Age 29 (cdzc)	1.173	\$698.62	\$698.62	\$1,397.24	\$1,187.65	\$1,746.55

Addendum III - Development of Plan-Level Premium Rates by Census Tier (Part 2)

Empire HealthChoice HMO, Inc. Individual

HIOS Plan Name	13) Final Premium Rates (all regions combined)				
	a) Conversion Factor {2}	b) Single Premium Rate: (12) x (13)(a)	c) Child Only (1 Child): (13)(b) x 1.00	d) Child Only (2 Children): (13)(b) x 2.00	e) Child Only (3+ Children): (13)(b) x 3.00
Empire Core Guided Access for Child Only w/HSA (cadc)	1.173	\$155.45	\$155.45	\$310.90	\$466.35
Empire Core Guided Acces for Child Only w/ Child Dental (cdea)	1.173	\$167.65	\$167.65	\$335.30	\$502.95
Empire Essential Guided Access for Child Only (cade)	1.173	\$180.99	\$180.99	\$361.98	\$542.97
Empire Essential Guided Access for Child Only w/ Child Dental (cdbb)	1.173	\$193.19	\$193.19	\$386.38	\$579.57
Empire Preferred Guided Access for Child Only (cadd)	1.173	\$215.86	\$215.86	\$431.72	\$647.58
Empire Preferred Guided Access for Child Only w/ Child Dental (cdha)	1.173	\$228.05	\$228.05	\$456.10	\$684.15
Empire Premier Guided Access for Child Only (caed)	1.173	\$256.00	\$256.00	\$512.00	\$768.00
Empire Premier Guided Access for Child Only w/ Out-of-Network (cajd)	1.173	\$265.54	\$265.54	\$531.08	\$796.62
Empire Premier Guided Access for Child Only w/ Child Dental (cdja)	1.173	\$268.19	\$268.19	\$536.38	\$804.57
Empire Premier Guided Access for Child Only w/ Out-of-Network and Child Dental (cdvc)	1.173	\$277.05	\$277.05	\$554.10	\$831.15

{1} The Initial Plan Pricing AVs are computed prior to the plan-level adjustments in (10) and (11) and are not normalized relative to the reference plan; therefore, the values in this column will not match the benefit plan factors in Exhibit J or the Plan Pricing AVs in URRT.

{2} The Adjusted Plan Pricing AVs include the cost of Pediatric Dental, Pediatric Vision and Gym Membership.

{3} Benefit Adjustments include the dependent to age 29 rider (as applicable), a pricing adjustment for Child Only plans, a Regulation 146 adjustment and the Covered Lives Assessment.

{4} For the development of the conversion factor, refer to Exhibit M.