Filing at a Glance

Company:	Oxford Health Insurance, Inc.
Product Name:	2014 SG OHI Plans
State:	New York
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI:	H15G.003 Small Group Only
Filing Type:	Off Exchange NG Forms & Rates
Date Submitted:	05/15/2013
SERFF Tr Num:	XFRD-129012941
SERFF Status:	Pending State Action
State Tr Num:	2013050132
State Status:	
Co Tr Num:	
Implementation Date Requested:	01/01/2014
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *Oxford Health Insurance, Inc.*
TOI/Sub-TOI: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *2014 SG OHI Plans*
Project Name/Number: *2014 SG OHI Plans/2014 SG OHI Plans*

General Information

Project Name: 2014 SG OHI Plans
Project Number: 2014 SG OHI Plans
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/21/2013
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
2014 SG OHI Plans

Company and Contact

Filing Contact Information

[redacted]

Filing Company Information

[redacted]

CoCode: 78026
Group Code: 1182
Group Name:
FEIN Number: 22-2797560

State of Domicile: New York
Company Type:
State ID Number: 78026

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

State: *New York* **Filing Company:** *Oxford Health Insurance, Inc.*
TOI/Sub-TOI: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *2014 SG OHI Plans*
Project Name/Number: *2014 SG OHI Plans/2014 SG OHI Plans*

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
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.): Once approved these forms will replace all previously approved small group forms for OHI small group products.
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): No

State: New York **Filing Company:** Oxford Health Insurance, Inc.
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2014 SG OHI Plans
Project Name/Number: 2014 SG OHI Plans/2014 SG OHI Plans

State: New York **Filing Company:** Oxford Health Insurance, Inc.
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2014 SG OHI Plans
Project Name/Number: 2014 SG OHI Plans/2014 SG OHI Plans

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: %
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):
Oxford Health Insurance, Inc.	New Product	0.000%	0.000%	$0	0	$0	0.000%	0.000%

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

Rate Review Detail

COMPANY:

Company Name:	Oxford Health Insurance, Inc.
HHS Issuer Id:	85629
Product Names:	New Off Exchange OHI SG Products
Trend Factors:	We are proposing quarterly rate increases of 2.5% for each of the 2nd, 3rd, and 4th quarters of 2014 effective dates.

FORMS:

New Policy Forms:	OHINY_SG_COC_2014
Affected Forms:	N/A
Other Affected Forms:	N/A

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Quarterly
Member Months:	393,437
Benefit Change:	None
Percent Change Requested:	Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

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

REQUESTED RATE:

Projected Earned Premium:	262,041,187.00
Projected Incurred Claims:	213,154,783.00
Annual $:	Min: 408.54 Max: 837.28 Avg: 666.04

Supporting Document Schedules

Satisfied - Item:	A&H Product Checklist
Comments:	
Attachment(s):	2014 OHI SG OffExch Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	NY Readability - OHI.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Black-lined Copy of Model Language
Comments:	
Attachment(s):	Redline - Age29.pdf Redline - COC.pdf Redline - DomPtr.pdf Redline - FamPlan.pdf Redline - Gold SBN.pdf Redline - ONET.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	2014 OHI SG Actuarial Memorandum
Attachment(s):	2014 OHI SG Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications

Comments:	2014 OHI Off Exchange URRT Part III 2014 OHI Off Exchange URRT Part III - REDACTED
Attachment(s):	2014 OHI Off Exchange URRT Part III.pdf 2014 OHI Off Exchange URRT Part III_REDACTED.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	2014 OHI SG AV Calc Screens
Attachment(s):	2014 OHI_SG AV Calc Screens.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 1-General Information
Comments:	OHI Off Exchange Exhibit 1 - PDF & Excel versions OHI Off Exchange Exhibit 1 - REDACTED
Attachment(s):	OHI Off Exchange Exhibit 1.pdf OHI Off Exchange Exhibit 1.xls OHI Off Exchange Exhibit 1 REDACTED.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 7-Historical Data
Comments:	OHI Off Exchange Exhibit 7 - PDF & Excel versions
Attachment(s):	OHI Off Exchange Exhibit 7.pdf OHI Off Exchange Exhibit 7.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 8-Adjustment Factors to Index Rate
Comments:	OHI Off Exchange Exhibit 8 - PDF & Excel versions

Attachment(s):	OHI Off Exchange Exhibit 8.pdf OHI Off Exchange Exhibit 8.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 9-Summary of Administrative Expenses
Comments:	OHI Off Exchange Exhibit 9 - PDF & Excel versions
Attachment(s):	OHI Off Exchange Exhibit 9.pdf OHI Off Exchange Exhibit 9.xls
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting-NG Off Exchange
Comments:	REDACTED Certification REDACTED Cover Letter REDACTED URRT Part III - Actuarial Memorandum & Certification REDACTED Exhibit 1
Attachment(s):	2014 OHI Off Exchange Certification_Redacted.pdf 2014 OHI Off Exchange Cover letter_Redacted.pdf 2014 OHI Off Exchange URRT Part III_REDACTED.pdf OHI Off Exchange Exhibit 1 REDACTED.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	2014 OHI Off Exchange Unified Rate Review Template - PDF & Excel versions
Attachment(s):	2014 OHI Off-Exchange Unified Rate Review Template.pdf 2014 OHI Off-Exchange Unified Rate Review Template.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter

State: New York **Filing Company:** Oxford Health Insurance, Inc.
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2014 SG OHI Plans
Project Name/Number: 2014 SG OHI Plans/2014 SG OHI Plans

Comments:	2014 Oxford United SG Amendment Cover Letter 5/17/13
Attachment(s):	2014 Oxford United SG Amendment 20130517.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	2014 OHI Off Exchange Certification 2014 OHI Off Exchange Certification - REDACTED
Attachment(s):	2014 OHI Off Exchange Certification.pdf 2014 OHI Off Exchange Certification_Redacted.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Manual
Comments:	Induced Demand Amendment Cover Letter 2014 OHI SG Off Exchange Rate Manual - Amended 5/23/13
Attachment(s):	2014 Oxford UHC Induced Demand Amendment.pdf NY_OHI_Off Exchange_rate_manual 2014_v3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Supporting Exhibits
Comments:	Exhibit I Risk Adjustment Modeling
Attachment(s):	Exhibit I Risk Adjustment Modeling.pdf
Item Status:	
Status Date:	

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Review Standards for

Small Business Health Options Program (SHOP) Checklist

As of 3/19/13

Instructions for SERFF Checklist:

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

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

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

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

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

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

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

Small Business Health Options Program (SHOP) Checklist

LINE OF BUSINESS: **Small Business Health Options Program**

TOI	LINE(S) OF INSURANCE	Sub-TOI
H15G	Health – Hospital/Surgical/Medical Expense	H15G.003 - Small Group Only
H16G	Health – Major Medical	H16G.003A - Small Group Only - PPO
		H16G.003D - Small Group Only - POS
		H16G.003G - Small Group Only - Other
HOrg02G	Group Health Organization - HMO	HOrg02G.004C - POS Basic
		HOrg02G.004D - POS Standard
		HOrg02G.004F - HMO

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

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

		by the Department on _____, submission number _____.	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	Each form in the filing must meet the following requirements: • This form contains no strikeouts. §52.31(b) • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. §52.31(d) • This form is submitted in the form intended for actual use. §52.31(e) • All blank spaces are filled in with hypothetical data. §52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. §52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable, if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as "will conform to law" or "as requested by group" to describe the variable material. §52.31(l) • All policy or contract forms must be placed on the Form Schedule in SERFF.	All requirements met.
Flesch Score	§3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	Flesch score certification provided in
SERFF Filing Description or Letter of Submission	11 NYCRR 52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	The filing must include a SERFF filing description or a letter of submission that contains the following: • The identifying form number of each form submitted. §52.33(a) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e)	Information included in SERFF filing description.
Group Status and Recognition	§ 4235(c)(1)(A) §3201(b)(1) 11 NYCRR 59	The SERFF filing description or submission letter should include a statement that policy or contract forms will only be sold to a small group specified in Insurance Law §4235(c)(1)(A).	
Statement of ERISA rights Is the insurer providing document as the plan administrator or for the plan administrator? Yes ☐ No ☒	29 CFR § 2520.104b-2 29 CFR § 2520.102-3(t)	Plan administrators of an employee benefit plan are required to furnish a copy of a Statement of ERISA rights as provided for in 29 CFR § 2520.102-3(t). If the insurer is providing this document as the plan administrator, or for the plan administrator, please indicate in the adjacent box.	
APPLICATION FORMS	Model Language		Form/Page/Para Reference

Model Application Used? Yes ☐ No ☒			
Authorization	11 NYCRR 420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	This submission does not include an application
Fraud Warning Statement	§403(d) 11 NYCRR 86.4	The application contains the prescribed fraud warning statement immediately above the insured's signature.	This submission does not include
Prohibited Questions and Provisions	§3221(q)(1) §3204 11 NYCRR 52.51	The application does NOT contain: Questions as to the applicant's health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of domestic violence), disability or the applicant's race. A provision that changes the terms of the policy to which it is attached. A statement that the applicant has not withheld any information or concealed any facts. An agreement that an untrue or false answer material to the risk will render the policy 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 inserted in the application, except to conform to §3204(d).	This submission does not include an application.
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/Para Reference
COVER PAGE			
Insurer name Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form contains the name and full address of the issuing insurer on the front or back cover.	Cover page
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy or contract form (such as on the cover).	Cover page
Table of Contents Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	A table of contents is required.	page 3-4
DEFINITIONS Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	*Definitions included in the policy or contract form must comply with the Model Language. For a complete listing of the required definitions click on the adjacent Model Language link.*	Form/Page/Para Reference
Services Performed at Comprehensive Care Center for Eating Disorders	§3221(k)(14) §4303(dd)	This policy or contract form may not exclude coverage for services covered under the policy or contract when provided by a comprehensive care center for eating disorders pursuant to Article 27-J of the Public Health Law. Reimbursement for services provided through such comprehensive care centers shall, to the extent possible or practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.	page 6

HOW THIS COVERAGE WORKS			Form/Page/Para Reference
Selecting a Primary Care Provider			
Selecting, Accessing and Changing Participating Providers Model Language Used? Yes ▣ No ☐	§3217-a(a)(9) §3217-a(a)(10) §4324(a)(9); (10) PHL § 4408(1)(i) Model Language	Where applicable, this policy or contract form includes a description of the procedures for insureds to select, access and change primary and specialty care providers, including notice of how to determine whether a participating provider is accepting new patients.	page 11 & 92
Designation of Primary Care Provider (PCP) & Access to Pediatricians Does this product require a PCP to be designated? Yes ▣ No ☐ Model Language Used? Yes ▣ No ☐	§3217-e §4306-d PHL §4403(7) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	If the policy or contract requires the designation of a Primary Care Provider, this policy or contract form permits an insured to designate any participating PCP who is available to accept the insured. If designation of a PCP for a child is required, the insured is permitted to designate a physician who specializes in pediatrics as the child's PCP if the provider is in-network and available to accept the child.	page 11
Direct Access to OB/GYN Services Does this product require a PCP to be designated? Yes ▣ No ☐ Model Language Used? Yes ▣ No ☐	§3217-c §4306-b(a) §4324(16-a) PHL §4406-b PHL §4408(1)(p-1) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	If the policy or contract requires the designation of a Primary Care Provider, it must provide a female insured direct access to primary and preventive obstetric and gynecologic services including annual examinations, care resulting from such annual examinations, and treatment of acute gynecologic conditions from a qualified participating provider of such services of her choice or for any care related to pregnancy provided that: • such qualified provider discusses such services and treatment plan with the individual's primary care practitioner in accordance with the insurer's requirements; and • such qualified provider agrees to adhere to the insurer's policies and procedures, including any procedures regarding referrals and obtaining prior authorization for services other than obstetric and gynecologic services rendered by such qualified provider, and agrees to provide services pursuant to a treatment plan approved by the insurer.	page 11-12
Preauthorization			
Preauthorization Requirements Model Language Used? Yes ▣ No ☐	§3217-a(a)(2) §3238 §4324(a)(1) PHL § 4408(1)(b) Model Language	This policy or contract form includes a description of all preauthorization or other notification requirements for treatments and services. If the policy or contract form requires a gatekeeper, the preauthorization requirements may not be imposed on the insured for In-Network services. A preauthorization or notification penalty of either 50% of the allowable amount for services rendered or $500.00, whichever is less, is permissible.	page 12 & out-of-network rider
Medical Necessity			
Definition of Medical Necessity	§3217-a(a)(1) §4324(a)(1) Model Language	This policy or contract form includes a definition of "medical necessity" used in determining whether benefits will be covered.	page 12-13

Model Language Used? Yes ☒ No ☐			
Contact Information Model Language Used? Yes ☒ No ☐	§3217-a(a)(16) §4324(a)(16) PHL§4408(1)(q) Model Language	This policy or contract form includes all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization.	page 13
ACCESS TO CARE AND TRANSITIONAL CARE			
Referral to Non-Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(11) §4324(a)(11) PHL §4408(1)(k) Model Language	If a policy or contract form is a managed care product as defined in §4801(c) or an HMO, or an EPO it must describe how an insured may obtain a referral to a health care provider outside of the insurer's network when the insurer does not have a health care provider with appropriate training and experience in the network to meet the health care needs of the insured and the procedure by which the insured can obtain such referral.	page 14
Specialty Care Provider as PCP Model Language Used? Yes ☒ No ☐	§3217-a(a)(13) §3217-d(b) §4324(a)(13) §4306-C(b) PHL §4408(1)(m) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, is permitted to request that a specialist be designated as their PCP to provide or coordinate the insured's medical care and describe the procedure for requesting and obtaining a specialist as a PCP.	page 14
Standing Referrals Model Language Used? Yes ☒ No ☐	§3217-a(a)(12) §3217-d(b) §4324(a)(12) §4306-C(b) PHL § 4408(1)(l) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, it must include a notice that an insured with a condition which requires on-going care from a specialist, may request a standing referral to such specialist and describe the procedure for requesting and obtaining such a standing referral.	page 14
Specialty Care Center Model Language Used? Yes ☒ No ☐	§3217-a(a)(14) §3217-d(b) §4324(a)(14) §4306-C(b) PHL §4408(1)(n) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, may request access to a specialty care center and describe the procedure for requesting and obtaining such a referral to a specialty care center.	page 15
Transitional Care When A Provider Leaves the Network Model Language Used? Yes ☒ No ☐	§4804(e) §3217-d(c) §4306-C(c) PHL §4403(6)(e) Model Language	If an insured is in an ongoing course of treatment when a provider leaves the network, then the policy or contract form must describe how an insured may to continue to receive treatment for the ongoing treatment from the former Participating Provider for up to ninety (90) days from the date the provider's contractual obligation to provide services terminated. If the insured is pregnant and in the second or third trimester, the insured may be able to continue care with a former participating provider through delivery and any postpartum care directly related to the delivery. In order for the insured to continue to receive care for up to ninety (90) days or through a pregnancy with a former participating provider, the provider must agree to accept as payment the negotiated fee that was in effect just prior to the termination of the insurer's contractual agreement with the provider	page 15

		and must also agree to provide the insurer with the necessary medical information related to the insured's care and adhere to the insurer's policies and procedures, including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	
Transitional Care For A New Member in a Course of Treatment Model Language Used? Yes ▣ No ☐	§4804(f) §3217-d(c) §4306-C(c) PHL §4403(6)(f) Model Language	If an insured is in an ongoing course of treatment with a non-participating provider when the insured's coverage becomes effective for (1) a life-threatening disease or condition or a degenerative and disabling condition or disease, or (2) for care for pregnancy if the insured is in the second or third trimester, then this policy or contract form must describe how the insured may continue to receive care for the ongoing course of treatment from the non-participating provider for up to sixty (60) days from the effective date of the insured's coverage. The insured may continue care through delivery and any post-partum services directly related to the delivery. In order for the insured to continue to receive care for up to sixty (60) days or through pregnancy, the non-participating provider must agree to accept as payment the insurer's fees for such services. The provider must also agree to provide the insurer with necessary medical information related to the insured's care and to adhere to the insurer's policies and procedures including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	page 15-16
COST-SHARING EXPENSES AND ALLOWED AMOUNT.			
Cost of Service Model Language Used? Yes ▣ No ☐	§3201(c)(3) 11 NYCRR 52.1(c) Model Language	If the cost of the service is less than the copayment for the service, the patient is responsible for the lesser amount.	page 17
Reimbursement of Providers Model Language Used? Yes ▣ No ☐	§3217-a(a)(4) §4324(a)(4) PHL §4408(1)(d) Model Language	This policy or contract form includes a description of the types of methodologies the insurer uses to reimburse providers.	page 18 & out-of-network rider
Non-Participating Providers and Non-Authorized Services Model Language Used? Yes ▣ No ☐	§3217-a(a)(6) §4324(a)(6) PHL §4408(1)(f) Model Language	This policy or contract form includes a description of the insured's financial responsibility for payment when services are provided by a health care provider who is not part of the insurer's network or by any provider without the required authorization or when a procedure, treatment or service is not a covered health care benefit.	page 17-18
ELIGIBILITY Model Language Used? Yes ▣ No ☐	Model Language	For each of the following eligibility provisions model language must be used.	Form/Page/Para Reference
Spouse	§4235(f)(1)(A)	For Spouse and/or Family coverage, this policy or contract form provides coverage for the lawful	page 19

	§4305(c)(1) Circular Letter No. 27 (2008) Model Language	spouse, unless there is a divorce or annulment of the marriage. This includes marriages between same-sex spouses legally performed in this state and in other jurisdictions.	
Dependents	§4235(f)(1)(A)(i) §4305(c)(1) §3221(a)(7) 42 USC §300gg-14 26 CFR §§ 144.101, 146.101, 147.100 and 147.120 Model Language	For Parent and Child/Children and/or Family coverage, this policy or contract form provides coverage of children until age 26. *Note: Pursuant to §2608-a, an insurer may not deny enrollment to a child under the health coverage of the child's parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the insurer's service area.*	page 19
Unmarried Disabled Children	§4235(f)(1)(A)(ii) §4305(c)(1) Model Language	For Parent and Child/Children and/or Family coverage, this policy or contract form provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap, and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate. *Note: Such coverage shall not terminate while the coverage remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.*	page 19
Newborn Infants	§4235(f)(2) §4305(c)(1) Model Language 45 C.F.R. § 155.420 45 C.F.R. § 155.725	For Parent and Child/Children and/or Family coverage, this policy or contract form provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to §115-c of the domestic relations law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care. *Note: In the case of Individual or Individual and Spouse Coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.*	page 19
Adopted Children and Step-Children	11NYCRR52.18(e)(2); (3) §4305(c)(1)	For Parent and Child/Children and/or Family coverage, this policy or contract form provides that adopted children and stepchildren are eligible for coverage on the same basis as natural children. Further, a policy or contract form 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.	page 19
Domestic Partners	§4235(f)(1)(A)	This policy or contract form may cover domestic partners, who are financially interdependent on the	Dom Part Ride

	§4305(c)(1) OGC Opinion 01-11-23 Model Language	employee, but such coverage is not required. If such coverage is provided, the policy or contract form shall require the applicant to provide the following: • Registration as a domestic partner, where such registry exists, or an affidavit of domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six months • Proof of cohabitation • Proof of financial interdependency by evidence of two or more of the following: joint bank account; joint credit or charge card; joint obligation on a loan; status as authorized signatory on the partner's bank account, credit card or charge card; joint ownership or holding of investments; joint ownership of residence; joint ownership of real estate other than residence; listing of both partners as tenants on lease; shared rental payments; shared household expenses; shared household budget for purposes of receiving government benefits; joint ownership of major items of personal property; joint ownership of a motor vehicle; joint responsibility for child care; shared child-care expenses; execution of wills naming each other as executor and/or beneficiary; designation as beneficiary under the other's life insurance policy or retirement benefits account; mutual grant of durable power of attorney; mutual grant of authority to make health care decisions; affidavit by creditor or other individual able to testify to partners' financial interdependence; other items of sufficient proof to establish economic interdependency under the circumstances of the particular case.	
New Employees	§3221(a)(3)	New employees or members of the class must be added to the class for which they are eligible.	page 19
Enrollment Periods	11NYCRR52.70(e)(3) 45 C.F.R. § 155.410 45 C.F.R. § 155.420 45 C.F.R. § 155.305 45 C.F.R. § 155.725 Model Language	This policy or contract form must provide for an initial open enrollment period, an annual open enrollment period, and special enrollment periods, including those special enrollment periods that allow for the addition of a new family member.	page 20-21
MANDATORY COVERED ESSENTIAL HEALTH BENEFITS	Standard Benefit Design Description Chart	*The following benefits must be included in the policy or contract form.* **Standard Products:** Insurers may not (i) substitute benefits; (ii) modify cost-sharing in any category ; (iii) add benefits to an essential health benefit category, including higher number of covered visits or days; and/or (iv) add benefits that are not considered essential health benefits. All standard products must use the cost-sharing specified in the Standard Benefit Design Description Chart. **Non-Standard Products:** Insurers may either (i) substitute benefits within certain categories listed below, (ii) modify cost-sharing in any category; (iii) add benefits to an essential health benefit category, including a higher number of covered visits or days; and/or (iv) add benefits that are not considered essential health	Form/Page/Para Reference

		benefits, provided all changes are in accordance with federal and state regulation and guidance The categories of benefits that may be substituted are: A. Preventive/Wellness/Chronic Disease Management B. Rehabilitative and Habilitative	
PREVENTIVE CARE			
Primary and Preventive Health Services Model Language Used? Yes ☒ No ☐	§3221(l)(8) §3221(k)(18) §4303(j) Circular Letter No. 3 (1994) Circular Letter No. 13 (2006) Required Immunizations 42 USC § 300gg-13 45 CFR §147.130 45 CFR § 156.100	This policy or contract form includes the following coverage for primary and preventive health services for a covered child from the date of birth through age 19: • An initial hospital check-up and well child visits scheduled in accordance with the American Academy of Pediatrics. • At each visit, services in accordance with the American Academy of Pediatrics, including a medical history, complete physical examination, developmental assessment, anticipatory guidance, laboratory tests and necessary immunizations in accordance with the Advisory Committee on Immunization Practices. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	page 22-25
Federal Mandated Preventive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language HRSA Guidelines	This policy or contract form includes coverage for the following preventive care and screenings for children and adults with no cost-sharing: • Evidence-based items or services for children and adults with a rating of A or B by the U.S. Preventive Services Task Force. • Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. • Preventive care and screenings for infants, children and adolescents in guidelines supported by the Health Resources and Services Administration. • Preventive care and screenings for women in guidelines supported by the Health Resources and Services Administration. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	page 22
Cervical Cytology Screening Model Language Used? Yes ☒ No ☐	§3 221(l)(14) § 4303(t) 42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	This policy or contract form includes coverage for annual cervical cytology screening for cervical cancer and its precursor states for women aged eighteen and older. Cervical cytology screening includes an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	page 23
Mammography Screening Model Language Used? Yes ☒ No ☐	§ 3221(l)(11) § 4303(p) 42 USC § 300gg-13 45 CFR §147.130 Model Language	This policy or contract form includes the following coverage for mammography screening for occult breast cancer: • Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer.	page 23

	HRSA Guidelines	• A single, baseline mammogram for covered persons aged 35-39, inclusive. • An annual mammogram for covered persons aged 40 and older. • Diagnostic mammograms (mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever they are Medically Necessary. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	
Family Planning & Reproductive Health Services Model Language Used? Yes ☐ No ☐	45 CFR § 156.100 Model Language 42 USC § 300gg-13 HRSA Guidelines	This policy or contract form includes coverage for family planning services which consist of FDA approved contraceptive methods prescribed by a provider (not covered under the prescription drug benefits), counseling on use of contraceptives, related topics and sterilization procedures for women. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF. This policy or contract form includes coverage for vasectomies. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 24
Bone Mineral Density Measurements or Tests, Drugs and Devices Model Language Used? Yes ☐ No ☐	§ 3221(k)(13) § 4303(bb) 42 USC § 300gg-13 45 CFR §147.130 Model Language	This policy or contract form includes coverage for bone mineral density measurements or tests, prescription drugs, dand devices approved by the FDA or generic equivalents as approved substitutes. Bone mineral density measurements or tests, drugs or devices shall include those covered for individuals meeting the criteria under the federal Medicare program and those in accordance with the criteria of the National Institutes of Health. Individuals qualifying for coverage, at a minimum, include individuals: • Previously diagnosed as having osteoporosis or having a family history of osteoporosis; or • With symptoms or conditions indicative of the presence or significant risk of osteoporosis; or • On a prescribed drug regimen posing a significant risk of osteoporosis; or • With lifestyle factors to a degree as posing a significant risk of osteoporosis; or, • With such age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis. Such coverage, when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF, shall not be subject to deductibles, copayments and/or coinsurance. Other such coverage provided may be subject to deductibles, copayments and/or coinsurance	page 24
Prostate Cancer Screening Model Language Used? Yes ☐ No ☐	§ 3221(l)(11-a) § 4303(z-1) Model Language	This policy or contract form includes coverage for the diagnostic screening for prostate cancer including: • Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and • An annual standard diagnostic examination for men age 50 and over who are asymptomatic and for men age 40 or older with a family history of prostate cancer or other prostate cancer risk	page 24-25

		factors. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
EMERGENCY SERVICES AND URGENT CARE			
Pre-Hospital Emergency Medical and Ambulance Services Model Language Used? Yes ☒ No ☐	§ 3221(l)(15) § 4303(aa) Model Language	**Emergency Medical and Ambulance Services:** This policy or contract form includes coverage for pre-hospital emergency medical services for the treatment of an emergency condition when such services are provided by an ambulance service (either ground, water or air) issued a certificate to operate pursuant to §3005 of the Public Health Law. This policy or contract form will, however, only provide coverage when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (i) Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) Serious impairment to such person's bodily functions; (iii) Serious dysfunction of any bodily organ or part of such person; or (iv) Serious disfigurement of such person. An ambulance service may not charge or seek reimbursement from the insured for Pre-Hospital Emergency Medical Services relating to non-airborne transportation to a Hospital except for the collection of any applicable copayment, coinsurance, or deductible. Pre-Hospital Emergency Medical Services and ambulance services for medical emergencies do not require preauthorization. **Non-Emergency Ambulance Services:** This policy or contract form covers non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as appropriate) between facilities when the transport is any of the following: • From a Non-Participating Hospital to a Participating Hospital. • To a Hospital that provides a higher level of care that was not available at the original Hospital. • To a more cost-effective acute care facility. • From an acute facility to a sub-acute setting.	page 25-26
Emergency Services Model Language Used? Yes ☒ No ☐	§ 3221(k)(4) § 3217-a(a)(8) § 4900(c) § 4303(a)(2) Circular Letter No.1 (2002)	This policy or contract form includes coverage for the treatment of an emergency condition in hospital facilities: • without the need for any prior authorization; • regardless of whether the provider is a participating provider; • without imposing any administrative requirement or limitation on out-of-network coverage that is more restrictive than the requirements or limitations that apply to emergency services	page 26-28

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

Model Language Used? Yes ▣ No ☐	Model Language	scans. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Allergy Testing and Treatment Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for testing and evaluations including: injections, and scratch and prick tests to determine the existence of an allergy. This policy or contract form also provides coverage for allergy treatment, including desensitization treatments, routine allergy injections and serums. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 29
Ambulatory Surgery Center Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for surgical procedures performed at an Ambulatory Surgical Center including services and supplies provided by the center the day the surgery is performed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 29
Chemotherapy Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for chemotherapy in an outpatient facility or in a professional provider office. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 29
Chiropractic Care Model Language Used? Yes ▣ No ☐	§3221(k)(11) §4303(y) Model Language	This policy or contract form includes coverage for chiropractic care in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment, or sublaxation in the vertebral column. Chiropractic care and services may be subject to reasonable deductible, copayment and coinsurance amounts, reasonable fee or benefit limits, and reasonable utilization review, provided that any such amounts, limits and review: shall not function to direct treatment in a manner discriminative against chiropractic care and individually and collectively shall be no more restrictive than those applicable under the coverage to care or services provided by other health care professionals in the diagnosis, treatment and management of the same or similar conditions, injuries, complaints, disorders or ailments even if differing nomenclature is used to describe the condition, injury, complaint, disorder or ailment. *Note: The Department interprets this mandate to mean that policy or contract forms may not subject a visit to a chiropractor or to a provider of chiropractic care to higher cost sharing than that which applies to other specialty office visits under the policy or contract. Additionally, a policy or contract may not impose a greater level of utilization review to chiropractic care and services than that which applies to specialty office care in general under the policy or contract. This means, for example, that a policy or contract may not require pre-certification or preauthorization of chiropractic care and services if it does not require the same for specialty office visits in general.*	page 29
Dialysis Coverage	§3221(k)(16)	This policy or contract form provides coverage for dialysis treatment of an acute of chronic kidney	page 29-30

Model Language Used? Yes ☒ No ☐	§4303(gg) 45 CFR § 156.100 Model Language	ailment. If the policy or contract form does not otherwise cover out-of-network services, dialysis treatment or services provided by a non-participating provider must be covered if the following conditions are met: • The out-of-network provider is duly licensed to practice and authorized to provide such treatment; • The out-of-network provider is located outside the service area of the insurer; • The in-network provider treating the insured for the condition issues a written order stating that the dialysis treatment is necessary; • The insured notifies the insurer in writing 30 days in advance of the proposed date(s) of the out-of-network dialysis treatment and attaches the written order of the in-network provider. If the insured must travel on sudden notice due to family or other emergency, shorter notice may be permitted, provided that the insurer has a reasonable opportunity to review the travel and treatment plans of the insured; • The insurer has the right to pre-approve the dialysis treatment schedule; and • Such coverage may be limited to 10 out-of-network treatments in a calendar year. Benefits for services of a Non-Participating Provider are subject to any applicable cost sharing that applies to dialysis treatments by a Participating Provider. However, the insured will also be responsible for paying any difference between the amount the insurer would have paid had the service been provided by a Participating Provider and the Non-Participating Provider's charge.	
Outpatient Habilitative Services Model Language Used? Yes ☒ No ☐ *Note: Substitution and the addition of benefits to EHB categories are only permissible in Non-Standard Products.* Non-Standard Product? Yes ☐ No ☒ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for habilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Non-standard Exchange plans may: increase the number of covered visits; cover 60 or more visits per condition; cover visits per year rather than per condition; and may remove the lifetime limit.*	page 30

If yes , please explain how this substitution or addition differs from the Standard benefit in the space provided .			
Non-Standard Benefit explanation:			
Home Health Services Model Language Used? Yes ☒ No ☐	§3221(k)(1) §4303(a)(3) Model Language	This policy or contract form includes coverage of home care for not less than 40 visits in a plan year for each person covered under the policy or contract if hospitalization or confinement in a nursing facility would otherwise be required. Home care must be provided by an agency possessing a valid certificate of approval or license issued pursuant to Article 36 of the Public Health Law and shall consist of one or more of the following: • Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse. • Part-time or intermittent home health aide services which consist primarily of caring for the patient. • Physical, occupational or speech therapy if provided by the home health service or agency. • Medical supplies, drugs and medications prescribed by a physician and laboratory services by or on behalf of a certified or licensed home health agency. • Each visit by a member of a home care team shall be considered as one home care visit. • Four hours of home health aide service shall be considered as one home care visit Such coverage may be subject to an annual deductible of not more than $50 per person covered under the policy or contract form and may be subject to a coinsurance provision which provides not less than 75% of reasonable charges for services. Such coverage may be subject to copayments. *Note: Standard Exchange Plans must cover 40 visits. Non-standard Exchange plans may increase the number of covered home health care visits.*	page 30
Interruption of Pregnancy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for therapeutic abortions. Non-therapeutic abortions in cases of rape, incest or fetal malformation are also covered. Elective abortions are covered for one procedure per Member, per Year. *Note: Plans must include the one procedure limit for the Standard Exchange plan and may provide coverage that is more favorable for the Non-standard exchange plans.*	page 31
Treatment of Correctable Medical Conditions that Cause Infertility/Infertility	§3221(k)(6) 4303(s) 11 NYCRR	This policy or contract form shall not exclude coverage for hospital, surgical or medical care for the diagnosis and treatment of correctable medical conditions otherwise covered under the policy or contract solely because the medical condition results in infertility.	page 31

Treatments Model Language Used? Yes ▣ No ☐	52.18(a)(10) Definition of Infertility OGC Opinion 05-11-10 Model Language	• Coverage shall not exclude surgical or medical procedures which would correct malformation, disease or dysfunction resulting in infertility. • Coverage shall not exclude diagnostic tests and procedures including hysterosalpingogram, hysteroscopy, endometrial biopsy, laparoscopy, sono-hysterogram, post coital tests, testis biopsy, semen analysis, blood tests, ultrasound and artificial insemination, or prescription drugs if prescription drug coverage is otherwise provided under the policy or contract. • Coverage shall be provided for persons aged 21-44 years; however, coverage beyond this age range is not precluded for Non-Standard Products. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract. • This mandate does not require coverage of the following treatments in connection with infertility: in vitro fertilization; gamete intrafallopian tube transfers; zygote intrafallopian tube transfers; the reversal of elective sterilizations; cost for an ovum donor or donor sperm; sperm storage costs; cryopreservation and storage of embryos; ovulation predictor kits; reversal of tubal ligations; sex change procedures; cloning; or medical or surgical services or procedures determined to be experimental. These are the only infertility treatments that may be expressly excluded in the policy or contract form.	
Infusion Therapy Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for infusion therapy which is the administration of drugs using specialized delivery systems which otherwise would have required hospitalization. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 31-32
Laboratory Procedures, Diagnostic Testing and Radiology Services Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for x-ray, laboratory procedures and diagnostic testing, services and materials, including diagnostic X-rays, X-ray therapy, fluoroscopy, electrocardiograms, electroencephalograms, laboratory tests, and therapeutic radiology services. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 32
Office Visits Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for office visits for the diagnosis and treatment of injury, disease, and medical conditions. Office visits may include house calls. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 32
Outpatient Hospital Services Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hospital services and supplies described in the inpatient hospital section of the policy or contract form that can be provided while being treated in an outpatient facility. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 32
Preadmission Testing Model Language Used? Yes ▣ No ☐	§3221(k)(2) §4303(a)(1) Model Language	This policy or contract form includes coverage for preadmission testing ordered by a physician performed in the out-patient facilities of a hospital as a planned preliminary to admission of the patient as an in-patient for surgery in the same hospital provided that: tests are necessary for and consistent with the diagnosis and treatment of the condition for which surgery is to be performed; reservations for a hospital bed and for an operating room were made prior to the performance of the tests; the	page 32

		surgery actually takes place within seven days of the tests; and the patient is physically present at the hospital for the tests. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Outpatient Rehabilitative Services Model Language Used? Yes ▣ No ☐ *Note: Substitution and the addition of benefits to EHB categories are only permissible in Non-Standard Products.* Non-Standard Product? Yes ☐ No ▣ Is this benefit being substituted? Yes ☐ No ▣ Are additional benefits being added to this EHB category? Yes ☐ No ▣ If yes , please explain how this substitution or addition differs from the Standard benefit in the space provided .	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for rehabilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.* Speech and physical therapy is covered only when: such therapy are related to the treatment or diagnosis of a physical illness or injury (in the case of a dependent child, this includes a medically diagnosed congenital defect); is ordered by a physician; and the insured has been hospitalized or has undergone surgery for such illness or injury. Speech, physical and occupational therapy services must begin within six months of the later to occur: • The date of the injury or illness that caused the need for the therapy; • The date You are discharged from a Hospital where surgical treatment was rendered; or • The date outpatient surgical care is rendered. In no event will the therapy continue beyond 365 days after such event. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Non-standard Exchange plans may: increase the number of covered visits; cover 60 or more visits per therapy or condition; cover visits per year rather than per condition; remove the lifetime limit; remove the other conditions/ limitations for coverage; and/or omit the requirement for a prior hospitalization or surgery.*	page 32-33
Non-Standard Benefit explanation:			
Second Medical Opinion for Cancer Diagnosis Model Language Used? Yes ▣ No ☐	§3221(k)(9) §4303(w) Model Language	This policy or contract form includes coverage for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. • This benefit includes coverage for a second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of	page 33-34

		cancer when the attending physician provides a written referral to the non-participating specialist, at no additional cost to the insured beyond what such insured would have paid for services from a participating specialist. • This benefit also includes coverage for a second medical opinion by a non-participating specialist where there is no referral from the attending physician and where the insurer has not pre-authorized the service. In such cases, the insurer is responsible for covering the medically necessary services at a usual, customary and reasonable rate. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) §4303(b) Circular Letter No. 29 (1979) Model Language	This policy or contract form includes coverage for a second surgical opinion by a qualified physician on the need for surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 33-34
Mandatory Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) §4303(b) Circular Letter No. 29 (1979) Model Language	The policy or contract form may contain a mandatory second surgical opinion provision only if such provision is consistent with Circular Letter No. 29 (1979). Such coverage may not be subject to deductibles, copayments and/or coinsurance.	page 33-34
Second Opinion in Other Cases Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form shall include coverage for a second opinion in cases when a subscriber disagrees with a provider's recommended course of treatment. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 33-34
Surgical Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR §52.6 Model Language	This policy or contract form includes coverage for physicians' services for surgical procedures, including operating and cutting procedures for the treatment of a sickness or injury, and closed reduction of fractures and dislocations of bones, endoscopies, incisions, or punctures of the skin on an inpatient and outpatient basis, including the services of the surgeon or specialist, assistant (including a physician's assistant or a nurse practitioner), and anesthetist or anesthesiologist, together with preoperative and post-operative care. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 34
Oral Surgery Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.16(c)(9) Model Language	This policy or contract form provides coverage for the following limited dental and oral surgical procedures: • Oral surgical procedures for jaw bones or surrounding tissue and dental services for the repair or replacement of sound natural teeth that are required due to accidental injury. Replacement is covered only when repair is not possible. Dental services must be obtained within 12 months of the injury. • Oral surgical procedures for jaw bones or surrounding tissue and dental services necessary	page 34

		due to congenital disease or anomaly. • Oral surgical procedures required for the correction of a non-dental physiological condition which has resulted in a severe functional impairment. • Removal of tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth. Cysts related to teeth are not covered. • Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Mastectomy Care Model Language Used? Yes ☒ No ☐	§3221(k)(8) §4303(v) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for a period of inpatient hospital care as is determined by the attending physician in consultation with the patient to be medically appropriate for a person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered under the policy or contract, and any physical complications arising from the mastectomy, including lymphedema. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	page 34-35
Post Mastectomy Reconstruction Model Language Used? Yes ☒ No ☐	§3221(k)(10) §4303(x) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for breast reconstruction surgery after a mastectomy or partial mastectomy including all stages of reconstruction of the breast on which the mastectomy or partial mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and physical complications of mastectomy including lymphedemas in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract.	page 34-35
Transplants Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for transplants determined to be nonexperimental and non-investigational. Covered transplants include but are not limited to: kidney, corneal, liver, heart, and heart/lung transplants; and bone marrow transplants for aplastic anemia, leukemia, severe combined immunodeficiency disease and Wiskott-Aldrich Syndrome. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 35
Autism Spectrum Disorder Model Language Used? Yes ☒ No ☐	§3221(l)(17) §4303(ee) Model Language 11 NYCRR 440	This policy or contract form includes coverage for the screening, diagnosis and treatment of autism spectrum disorder, including the following care and assistive communication devices prescribed or ordered for an individual diagnosed with autism spectrum disorder by a licensed physician or a licensed psychologist: • behavioral health treatment; • psychiatric care; • psychological care; • medical care provided by a licensed health care provider; • therapeutic care, including therapeutic care which is deemed habilitative or nonrestorative, in the event that the policy provides coverage for therapeutic care; and • pharmacy care in the event that the policy or contract provides coverage for prescription	page 35-37

		drugs. This policy or contract form shall include a definition of "autism spectrum disorder" which means any pervasive developmental disorder defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder; Asperger's disorder; Rett's disorder; childhood disintegrative disorder; and pervasive developmental disorder not otherwise specified (PDD-NOS). The policy or contract form shall include a definition of "behavioral health treatment" which means counseling and treatment programs, when provided by a licensed provider and applied behavior analysis, when provided or supervised by a behavior analysis provider as defined and described in 11 NYCRR 440, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. The policy or contract form shall include coverage for "applied behavior analysis" which means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Coverage for applied behavioral analysis is limited to 680 hours per covered individual per year. The policy or contract form shall include a definition of "assistive communication devices" which at a minimum shall include dedicated devices which are specifically designed to aid in communication and are not generally useful to a person in the absence of a communication impairment and software applications that enable a non-covered device to function as a communication device. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Diabetes Equipment, Supplies and Self-Management Education Model Language Used? Yes ☒ No ☐	§3221(k)(7) §4303(u) 10NYCRR60-3.1 Model Language	This policy or contract form includes coverage for equipment, supplies and self-management education described in §§ 3221(k)(7) or 4303(u) for the treatment of diabetes. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits. *Note: For **Standard Products**, the medical benefit cost-sharing must apply. For **Non-Standard** Products, either a medical or a prescription benefit, may apply whichever will provide a more generous benefit.* *Note: Since the statute refers to equipment, supplies and self-management education that are prescribed by a physician "or other licensed health care provider legally authorized to prescribe under title eight of the education law…," the policy or contract form may not limit coverage to care prescribed by a physician.*	page 37-39

Durable Medical Equipment and Braces Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for the rental or purchase of durable medical equipment and braces. Coverage is for standard equipment only. Repairs or replacement are covered when made necessary by normal wear and tear. Coverage does not include the cost of repairs or replacement that are the result of misuse or abuse. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 39-40
Hearing Aids Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hearing aids required for the correction of a hearing impairment (a reduction in the ability to perceive sound which may range from slight to complete deafness). Hearing aids are electronic amplifying devices designed to bring sound more effectively into the ear. A hearing aid consists of a microphone, amplifier and receiver. Coverage must be provided for a single purchase (including repair and/or replacement) of hearing aids for one or both ears once every three years. *{Note: The three year limit on hearing aids is required for the standard plan but the limit may be removed or modified so that coverage is more favorable as an option for the non-standard plan.}* Bone anchored hearing aids must be covered only if an insured has either of the following: • Craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or • Hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Coverage must be provided for one hearing aid per ear during the period of time the insured is enrolled. Replacements and/or repairs for a bone anchored hearing aid are Covered only for malfunctions. *{Drafting Note: The limit on hearing aids is required for the standard plan but may be removed or modified so that coverage is more favorable as an option for the non-standard plan.}* Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 40
Hospice Care Model Language Used? Yes ☒ No ☐	§3221(l)(10) §4303(o) 45 CFR § 156.100 Model Language	This policy or contract form provides Hospice Care to Member who has been certified by his or her primary attending physician as having a life expectancy of six months or less which is provided by a hospice organization certified pursuant to Article 40 of the Public Health Law or under a similar certification process required by the state in which the hospice is located. Coverage will include inpatient hospice care in a hospital or hospice and home care and outpatient services provided by the hospice, including drugs and medical supplies. Coverage is provided for 210 days of hospice care. This policy or contract form will also cover five visits for supportive care and guidance for the purpose of helping the Member and the Member's immediate family cope with the emotional and social issues related to the Member's death. Hospice care will be covered only when provided as part of a Hospice Care program certified pursuant to Article 40 of the N.Y. Public Health Law. If care is provided outside New York State, the Hospice must have an operating license issued by the state in which the hospice is located under a certification	page 40

		process that is similar to that used in New York. Coverage is not provided for: funeral arrangements; pastoral, financial, or legal counseling; homemaker, caretaker, or respite care. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with those imposed on other benefits. *Note: The Standard Exchange plan must cover 210 days of hospice care. The Non-standard Exchange plan can cover more than 210 days.*	
Prosthetics Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	External Prosthetic Devices**:** This policy or contract form provides coverage for prosthetic devices (including wigs) that are worn externally and that temporarily or permanently replace all or part of an external body part that has been lost or damaged because of an injury or disease. Coverage is limited to one external prosthetic device per limb per lifetime. Replacements are covered for children for devices that have been outgrown. *Note: The limit on prosthetic devices is required for the standard Exchange plan, but may be removed or modified so that coverage is more favorable as an option for the non-standard Exchange Plans.* Internal Prosthetic Devices**:** This policy or contract form provides coverage for surgically implanted prosthetic devices and special appliances if they improve or restore the function of an internal body part which has been removed or damaged due to disease or injury. This includes implanted breast prostheses following a mastectomy or partial mastectomy in a manner determined by the insured and his/her attending physician to be appropriate. Coverage also includes repair and replacement due to normal growth or normal wear and tear. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 41
Hospital Services Model Language Used? Yes ▣ No ☐	11NYCRR52.5 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Hospital services for acute care, for an illness, injury or disease of a severity that must be treated on an inpatient basis including: • Semiprivate room and board; • General, special, and critical nursing care; • Meals and special diets; • The use of operating, recovery, and cystocopic rooms and equipment; • The use of intensive care, special care, or cardiac care units and equipment; • Diagnostic and therapeutic items, such as drugs and medications, sera, biologicals and vaccines, intravenous preparations and visualizing dyes and administration, but not including those which are not commercially available for purchase and readily obtainable by the hospital; • Dressings and plaster casts; • Supplies and the use of equipment in connection with oxygen, anesthesia, physiotherapy, chemotherapy, electrocardiographs, electroencephalographs, X-ray examinations and radiation therapy, laboratory and pathological examinations;	page 41-42

		• Blood and blood products except when participation in a volunteer blood replacement program is available • Radiation therapy, inhalation therapy, chemotherapy, pulmonary rehabilitation, infusion therapy and cardiac rehabilitation; • Short-term physical, speech and occupational therapy; and • Any additional medical services and supplies which are customarily provided by hospitals. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Maternity Care Model Language Used? Yes ▣ No ☐	§3221(k)(5) §4303(c) Model Language	This policy or contract form includes coverage for maternity care, to the same extent as coverage is provided for illness or disease under the policy or contract. Such coverage, other than for perinatal complications, includes inpatient hospital coverage for mother and newborn for at least 48 hours after childbirth for any delivery other than a caesarean section, and for at least 96 hours following a caesarean section. Such coverage may be subject to deductibles, copayments and/or coinsurance. The mother has the option to be discharged earlier than the time periods listed above, and, in such cases, is entitled to one home care visit in addition to any home care provided under §3221(k)(1), or 4303(a)(3). Such home care is not subject to deductibles, copayments and/or coinsurance. Maternity coverage also includes coverage of the services of a midwife licensed pursuant to Article 140 of the Education Law, practicing consistent with a collaborative relationship with a physician or a hospital licensed pursuant to Article 28 of the Public Health Law, consistent with the requirements Education Law §6951. Maternity coverage also includes parent education, training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. The cost of renting one breast pump per pregnancy in conjunction with childbirth is covered in full. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	page 42-43
Autologous Blood Banking Services Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for autologous blood banking services when they are being provided in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury. In such instances, this policy or contract form will cover storage fees for what are determined to be a reasonable storage period that is appropriate for having the blood available when it is needed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 43
Inpatient Rehabilitative Services Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for Rehabilitation Services including physical therapy, speech therapy, and occupational therapy for up to one consecutive 60-day period, per condition, per lifetime in a Rehabilitation Facility. *Note: The Standard Exchange Plan must cover 60days.. The Non-Standard Exchange Plan may exceed the required 60 days. A Non-standard Exchange plan may also remove the "per condition"*	page 43

Note: Substitution and the addition of benefits to EHB categories are only permissible in Non-Standard Products. Non-Standard Product? Yes ☐ No ☒ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes , please explain how this substitution or addition differs from the Standard benefit in the space provided .		*and/or "per lifetime" limit.* Such coverage may be subject to deductibles, copayments and/or coinsurance. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.*	
Non-Standard Benefit explanation:			
Skilled Nursing Facility Model Language Used? Yes ☒ No ☐	§3221(l)(2) §4303(d) 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for services provided in a Skilled Nursing Facility, including care and treatment in a semi-private room, for up to 200 days, per Calendar Year, for non-custodial care. Custodial, convalescent or domiciliary care is not covered. *Note: The Standard Exchange plan must cover 200 days. The Non-standard plan may cover more than 200 days.* Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 43
End of Life Care Model Language Used? Yes ☒ No ☐	§4805 PHL §4406-e 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for acute care provided in a licensed Article 28 facility or acute care facility that specializes in the care of terminally ill patients if the subscriber is diagnosed with advanced cancer and has fewer 60 days to live.	page 43-44
MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES			

Inpatient Mental Health Care Services Model Language Used? Yes ▣ No ☐	§3221(l)(5) §4303(g) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Mental Health Care services relating to the diagnosis and treatment of mental, nervous and emotional disorders at least equal to the coverage provided for other health conditions under this policy or contract. Coverage for inpatient services for mental health care is limited to facilities as defined by New York Mental Hygiene Law § 1.03(10). Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, small group health policies or contracts that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	page 44
Outpatient Mental Health Care Services Model Language Used? Yes ▣ No ☐	§3221(l)(5) §4303(g) §4303(h) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient mental health care services including, but not limited to, partial hospitalization program and intensive outpatient program services, relating to the diagnosis and treatment of mental, nervous and emotional disorders. Such coverage is limited to facilities that have an operating certificate issued pursuant to Article 31 of the New York Mental Hygiene Law; a facility operated by the Office of Mental Health; services provided by a psychiatrist or psychologist licensed to practice in this state; a licensed clinical social worker who meets the requirements of Ins. Law §§ 3221(l)(4)(D), 4303(h)(1); or a professional corporation or a university faculty practice corporation thereof. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	page 44-45
Inpatient Substance Use Services	§3221(l)(6) §4303(k)	This policy or contract form provides coverage for inpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. This includes	page 45

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

		Note: The insurer may not deny coverage to a family member who identifies himself or herself as a family member of a person suffering from substance abuse or dependency and who seeks treatment as a family member who is otherwise covered by the policy or contract. The coverage provided under this statute includes treatment as a family member pursuant to such family member's own policy or contract provided such family member does not exceed the allowable number of family visits and is otherwise entitled to the coverage pursuant to this mandate. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	
PRESCRIPTION DRUGS			
Prescription Drugs Model Language Used? Yes ▣ No ☐	45 CFR § 156.100 Model Language	This policy or contract form covers prescription drugs that, except as specifically provided otherwise, can be dispensed only pursuant to a prescription and that are required by law to bear the legend "Caution – Federal Law prohibits dispensing without a prescription" so long as they are FDA approved, ordered by a provider authorized to prescribe, prescribed within the approved FDA administration and dosing guidelines, and are dispensed by a Pharmacy. This policy or contract form covers at least the greater of one drug in every United States Pharmacopia Category and Class; or the same number of prescription drugs in each category and class as the benchmark plan. This policy or contract form may have up to a three tier cost-sharing plan design. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 45-55
Enteral Formulas Model Language Used? Yes ▣ No ☐	§3221(k)(11) §4303(y) OGC Opinion 10-12-03 Model Language	This policy or contract form provides coverage for enteral formulas for home use for which a physician or other licensed health care provider legally authorized to prescribe under Title 8 of the Education Law has issued a written order. The order must state that the formula is medically necessary and has been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Specific diseases that enteral formulas are effective for include, but are not limited to: inherited amino-acid or organic acid metabolism; Crohn's Disease; gastroesophageal reflux with failure to thrive; disorders of gastrointestinal motility such as chronic intestinal pseudo-obstruction; and multiple, severe food allergies which if left untreated will cause malnutrition, chronic physical disability, mental retardation or death. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include coverage of modified solid food	page 46

		products. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Off-Label Cancer Drug Usage Model Language Used? Yes ■ No ☐	§3221(l)(12) §4303(q) Model Language	This policy or contract form may not exclude, or deny, prescription drug coverage because the drug is being prescribed to treat a type of cancer for which the FDA has not approved the drug. The drug must be recognized for treatment of the specific type of cancer for which it has been prescribed in one of the following reference compendia: the American Hospital Formulary Service-Drug Information; National Comprehensive Cancer Networks Drugs and Biologics Compendium; Thomson Micromedex DrugDex; Elsevier Gold Standard's Clinical Pharmacology; or other authoritative compendia as identified by the Federal Secretary of Health and Human Services or the Centers for Medicare and Medicaid Services; or recommended by review article or editorial comment in a major peer reviewed professional journal.	page 46-47
Usual and Customary Cost of Prescribed Drugs Model Language Used? Yes ■ No ☐	§4325(h) PHL §4406-c(6) Model Language	Copayments relating to prescription drugs shall not exceed the usual and customary cost of such prescribed drug.	page 47
Prohibition for Tier IV Drugs	§3221(a)(16) §4303(gg) PHL §4406-c(7)	The policy or contract form shall not impose cost-sharing (copayment, coinsurance and deductible) for any prescription drug that exceeds the cost-sharing for non-preferred brand drugs or its equivalent (or brand drugs if there is no non-preferred brand drug category).	This filing does not contain a Tier IV
Eye Drops Model Language Used? Yes ■ No ☐	§3221(k)(17) §4303(hh) Model Language	The policy or contract form shall allow for the limited refilling of eye drop medication requiring a prescription prior to the last day of the approved dosage period. Any refill dispensed prior to the expiration of the approved coverage period shall, to the extent practicable, be limited in quantity so as not to exceed the remaining dosage initially approved for coverage. The limited refilling shall not limit or restrict coverage with respect to any previously or subsequently approved prescription for eye drop medication.	page 47
Orally Administered Anticancer Medications Model Language Used? Yes ■ No ☐	§3221(l)(12-a) §4303(q-1) Model Language	The policy or contract form provides coverage for a prescribed orally administered anticancer medication used to kill or slow the growth of cancerous cells. Such coverage may be subject to deductibles, copayments and/or coinsurance that apply to coverage for intravenous or injected anticancer medications.	page 47
Mail Order Drugs for Policies With a Provider Network Model Language Used? Yes ■ No ☐	§3221(l)(18) §4303(hh) Model Language	If this policy or contract form provides coverage for mail order drugs, then this policy or contract shall permit an insured to fill any prescription that may be obtained at a network participating mail order or other non-retail pharmacy, at the insured's option, at a network participating non-mail order retail pharmacy provided that the network participating non-mail order retail pharmacy agrees in advance, through a contractual network agreement, to the same reimbursement amount and the same terms and conditions that the insurer has established for the network participating mail order or other non-retail pharmacy.	page 49-50
Contraceptive Drugs and Devices Model Language Used?	§3221(l)(16) §4303(cc) 42 USC §300gg-13 Model Language	This policy or contract form provides coverage for contraceptive drugs and devices or generic equivalents approved as substitutes by the Federal Food and Drug Administration. For groups that meet the definition of a religious employer in §§3221(l)(16)(A); 4303(cc)(1)(A), the subscriber will have the option to purchase the stand alone contraceptive coverage rider. Contraceptive coverage	page 47

Yes ▣ No ☐		must be provided with no cost-sharing. *Note: Since the statute refers to contraceptive drugs and devices prescribed by a physician "or other licensed health care provide legally authorized to prescribe under title eight of the education law…," the policy or contract may not limit coverage to contraceptive drug and devices prescribed by a physician.*	
WELLNESS	45 CFR § 156.100 §3239		
Exercise Facility Reimbursement Model Language Used? Yes ▣ No ☐ *Note: Substitution and the addition of benefits to EHB categories are only permissible in Non-Standard Products.* Non-Standard Product? Yes ☐ No ▣ Is this benefit being substituted? Yes ☐ No ▣ *Note: If an insurer is substituting for this benefit, the benefit that is substituted must comply with §3239.* Are additional benefits being added to this EHB category? Yes ☐ No ▣ If yes, please explain how this substitution or addition differs from the Standard benefit in the space provided.	45 CFR § 156.100 §3239 Model Language	This policy or contract form partially reimburses the subscriber and the subscriber's covered spouse for certain exercise facility fees or membership fees. If such fees are paid to facilities which maintain equipment and programs that promote cardiovascular wellness and if 50 visits are completed in a 6 month period. The reimbursement is the lesser of $200.00 for the subscriber and $100.00 for the subscriber's spouse or the actual cost of the membership for a 6 month period. *Note: The Non-standard plan may offer more comprehensive coverage or may substitute this benefit.*	page 55

Non-Standard Benefit explanation:			
Other Wellness Benefits Is this a Standard Exchange Plan? Yes ☒ No ☐ If yes, Additional Wellness Benefits may not be offered.	45 CFR § 156.100 §3239	Additional Wellness Benefits may not be covered under a standard Exchange plan but may be covered under a non-standard Exchange plans. All additional wellness benefits must comply with § 3239 of Insurance Law.	
VISION CARE	45 CFR § 156.100		
Pediatric Vision Care Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for pediatric vision care including: emergency, preventive and routine vision care for children up to age 19; one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; and prescribed lenses & frames; and contact lenses. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 55-56
DENTAL CARE			
Pediatric Dental Care Model Language Used? Yes ☒ No ☐ Is dental coverage being provided by this QHP filing? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for pediatric dental care including the following dental care services for children up to age 19: emergency dental care; preventive dental care; routine dental care; endodontics; prosthodontics; and orthodontics used to help restore oral structures to health and function and to treat serious medical conditions. Such coverage may be subject to deductibles, copayments and/or coinsurance.	page 56-58
Explanation:			
ADDITIONAL BENEFITS		**Additional benefits may be covered in the non-standard Exchange plans only.**	
Family Vision Model Language Used? Yes ☐ No ☒	Model Language	This policy or contract form provides coverage for vision care including: emergency, preventive and routine vision care; including one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; prescribed lenses & frames; and contact lenses.	This is a standard exchange plan.
Orthotics	45 CFR § 156.100 Model Language	This policy or contract form covers orthotic devices that are necessary to: support, restore or protect body function; redirect, eliminate or restrict motion of an impaired body part; or relieve or correct a	This is a standard exchange plan.

Model Language Used? Yes ☐ No ☒		condition caused by an injury or illness.	
Additional Benefits Provided In Policy or Contract, or By Rider Additional Benefits Provided? Yes ☐ No ☒ If additional benefits are provided, please explain in box below.	11 NYCRR 52.1(c)	The policy or contract form may provide new forms of coverage and new ways of reducing health care costs by rider. Innovations should provide health care benefits of real economic value. Innovations should not be designed merely to produce superficial differences or play upon people's fears of particular diseases, be unduly complex and serve to confuse and make intelligent choice more difficult. Benefits which are contrary to the health care needs of the public and only serve to confuse or obfuscate and provide no economic value are prohibited.	This is a standard exchange plan.
Explanation:			
Acupuncture		This policy or contract form provides coverage for acupuncture.	No
PERMISSIBLE EXCLUSIONS AND LIMITATIONS		*No policy or contract form shall limit or exclude coverage by type of illness, accident, treatment or medical condition, with an exception for the following exclusions.* *The following exclusions are permissible. A Plan does not need to include all the exclusions. However, if an exclusion is included, the language below must be used.*	Form/Page/Para Reference
Aviation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(iii) Model Language	This policy or contract form excludes coverage for services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	page 59
Convalescent and Custodial Care Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(11) Model Language	This policy or contract form excludes coverage for services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be Medically Necessary.	page 59
Cosmetic Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(5) 11NYCRR56 Model Language	This policy or contract form excludes coverage for cosmetic services, prescription drugs, or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.	page 59
Coverage Outside of the United States, Canada or Mexico	11NYCRR52.16(c)(12) Model Language	This policy or contract form excludes coverage for care or treatment provided outside of the United States, its possessions, Canada or Mexico except for services are provided to treat an Emergency Condition.	page 59

Model Language Used? Yes ▣ No ☐			
Dental Services Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(9) Model Language	This policy or contract form excludes coverage for dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as required in the Oral Surgery or Pediatric Dental benefits, as applicable.	page 59
Experimental or Investigational Treatment. Model Language Used? Yes ▣ No ☐	§3221(k)(12) § 4303(z) Article 49 Model Language	This policy or contract form excludes coverage for any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, coverage will be provided for experimental or investigational treatments, including, treatment of rare diseases, or patient costs for the insured's participation in a clinical trial, when the denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, no coverage will be provided for the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy or contract form for non-investigational treatments.	page 59
Felony Participation Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for any illness, treatment or medical condition due to participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence.	page 59-60
Foot Care Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(6) .Model Language	This policy or contract form excludes coverage for foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, except as specifically listed in this policy or contract form.	page 60
Government Facility Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.	page 60
Medically Necessary Model Language Used? Yes ▣ No ☐	§3201(c)(3) Article 49 Model Language	This policy or contract form generally excludes coverage for any health care service, procedure, treatment, device or prescription drug that is determined to not be medically necessary; however, coverage will be provided when the denial of services is overturned by an External Appeal Agent certified by the State.	page 60
Medicare or Other Governmental Program Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).	page 60
Military Service Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.	page 60

No-Fault Automobile Insurance Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.	page 60
Services Separately Billed by Hospital Employees Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	page 60
Services Provided by a Family Member Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services performed by a member of the Covered person's immediate family. "Immediate family" shall mean a: child, spouse, mother, father, sister, or brother of the insured or the insured's spouse.	page 60
Services With No Charge Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services for which no charge is normally made.	page 60
Services not Listed Model Language Used? Yes ▣ No ☐	§3201(c)(3) Model Language	This policy or contract form excludes coverage for services that are not listed in the policy form as being covered.	page 60
Vision Services Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(10) Model Language	This policy or contract form excludes coverage for the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the pediatric vision benefit.	page 60
Workers' Compensation Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.	page 60
War Model Language Used? Yes ▣ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to war, declared or undeclared.	page 61
CLAIM DETERMINATION			Form/Page/Para Reference
Notice of Claim	§3221(a)(8)	The policy or contract form provides that the insured has to provide the insurer with written notice of claim as applicable. However, failure to give notice within the specified time frame does not reduce	page 62

		or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.	
Submission of Claim Model Language Used? Yes ▣ No ☐	§3221(a)(9) §4305(m) Model Language	The policy or contract must provide that the insured has a minimum of 120 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.	page 62
GRIEVANCE, UTILIZATION REVIEW & EXTERNAL APPEALS			Form/Page/Para Reference
Grievance Procedures Model Language Used? Yes ▣ No ☐	§3217-a(a)(7) §3217-d(a) §4802 §4324(a)(7) §4306-C(a) PHL §4408(1)(p) PHL § 4408-a 42 USC §00gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	A policy or contract form that is a managed care product as defined in §4801(c), or a comprehensive policy that utilizes a network of providers, or a HMO, shall include a description of the grievance procedure to be used to resolve disputes between the insurer and the insured, including: • the right to file a grievance regarding any dispute between an insured and the insurer; • the right to file a grievance orally when the dispute is about referrals or covered benefits; • the toll-free telephone number which insureds may use to file an oral grievance; • the timeframes and circumstances for expedited and standard grievances; • the right to appeal a grievance determination and the procedures for filing such an appeal; • the timeframes and circumstances for expedited and standard appeals; • the right to designate a representative; • a notice that all disputes involving clinical decisions will be made by qualified clinical personnel; and, • that all notices of determination will include information about the basis of the decision and further appeal rights, if any.	page 64-65
Utilization Review Policies and Procedures Model Language Used? Yes ▣ No ☐	§3217-a(a)(3) §4324(a)(3) Article 49 PHL § 4408(1)(c) 42 USC §300gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	This policy or contract form includes a description of the utilization review policies and procedures, including: • The circumstances under which utilization review will be undertaken; • the toll-free telephone number of the utilization review agent; • the timeframes under which utilization review decisions must be made for prospective, retrospective and concurrent decisions; • the right to reconsideration; • the right to appeal, including the expedited and standard appeals processes and the timeframes for such appeals; • the right to designate a representative; • a notice that all denials of claims will be made by qualified clinical personnel and that all notices of denials will include information about the basis of the decision; • a notice of the right to an external appeal, together with a description, jointly promulgated by the commissioner of health and superintendent of insurance, of the external appeal process and the timeframes for such appeals; and • further appeal rights, if any.	page 66-70
External Appeal Procedures	Article 49	This policy or contract form includes a description of the external appeal procedures, including:	page 70-74

Model Language Used? Yes ▣ No ☐	PHL Article 49 45 CFR §147.136 42 USC §300gg-19 Model Language	• Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued (service denied as not medically necessary; experimental/investigational, including clinical trials and treatment for rare diseases; and for managed care health insurance contracts as defined as §4801(c), and HMOs, out-of-network denials when the service is not available in-network and the insurer recommends an alternate treatment); and • The timeframe for submitting an external appeal.	
COORDINATION OF BENEFITS Model Language Used? Yes ▣ No ☐	11 NYCRR 52.23 Model Language	If the policy or contract form contains a coordination of benefits provision, then it must comply with 11 NYCRR 52.23.	Form/Page/Para Reference page 75-77
TERMINATION OF COVERAGE Model Language Used? Yes ▣ No ☐	Model Language	*The following are the only termination provisions permissible under the Insurance Law.* *The model language must be used for each of the following termination provisions.*	Form/Page/Para Reference
Notice of Termination	11 NYCRR 52.18(c)	Unless otherwise specified under the Insurance Law, notices of nonrenewal or termination shall provide at least 30 days prior written notice.	page 78
Termination for Failure to Pay Premiums	§3221(p)(2)(A) §4305(j)(2)(A)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or subscriber has failed to pay premiums or contributions within 30 days of when premiums are due in accordance with the terms of the policy or contract form if the insurer has not received timely premium payments.	page 78
Termination for Fraud	§3221(p)(2)(B) §4305(j)(2)(B) §3105	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or a subscriber has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in writing on an enrollment application or in order to obtain coverage for a service.	page 78
Termination for Failure to Comply With a Material Plan Provision	§3221(p)(2)(C) §4305(j)(2)(C)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to terminate coverage if the group has failed to comply with a material plan provision relating to employer contribution or group participation rules, as permitted in §4235.	page 78
Discontinuation of a Class of Coverage	§3221(p)(2)(D); §3221(p)(3)(A) §4305(j)(2)(D) §4305(j)(3)(A)	This policy or contract form includes a provision permitting the insurer to discontinue this class of policy or contract upon written notice to each group, participant, and beneficiary not less than 90 days prior to the date of discontinuance. The insurer must offer groups the option to purchase all other hospital, surgical, and medical expense coverage currently being offered by the insurer to a group in such market and in exercising the option to discontinue coverage of this class, the insurer must act uniformly without regard to the claims experience of those groups or any health status-related factor relating to any insureds covered or new insureds who may become eligible for such coverage.	page 78
Discontinuation of all Policies/Contracts in the Small Market	§3221(p)(2)(D); §3221(p)(3)(B) §4305(j)(2)(D) §4305(j)(3)(B)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to discontinue all hospital, surgical and medical expense coverage in the small group market upon written notice to the superintendent and to each group, participant, and beneficiary at least 180 days prior to the date of discontinuance.	page 78

Termination for Failure to Meet Requirements of Group	§3221(p)(2)(E); §4235(c)(1) §4305(j)(2)(E)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group ceases to meet the requirements of a group under §4235. Coverage terminated pursuant to this provision shall be done uniformly without regard to any health status factor relating to any individual.	page 78
Termination if there are No Longer Insureds in the Insurer's Service Area	§3221(p)(2)(F) §4305(j)(2)(F)	This policy or contract form includes a provision permitting the insurer, in regard to a network plan, to terminate coverage if there is no longer any insured who lives, resides, or works in the service area of the insurer, or in the area for which the insurer is authorized to do business.	page 79
Termination for Spouses in cases of divorce		This policy or contract form provides that in cases of divorce, coverage for the Spouse shall terminate as of the date of the divorce.	page 78
Termination upon death of Subscriber		This policy or contract form provides that upon the subscriber's death, the coverage will terminate unless there are dependents covered. If there is coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.	page 78
Termination by Subscriber		This policy or contract form provides that termination will occur at the end of the month during which the subscriber provides written notice requesting termination or on such later date requested for such termination by the notice.	page 78
Rescission Model Language Used? Yes ☒ No ☐	§3105 §3204 42 USC §300gg-12 45 CFR §147.128 Model Language	No misrepresentation shall avoid coverage or defeat any recovery there under unless the insured makes a misrepresentation that is material and intentional. This policy or contract form may include a provision that in the event a subscriber makes an intentional misrepresentation of material fact in writing upon his/her enrollment application, coverage may be rescinded if the facts misrepresented would have lead the insurer to refuse to issue the coverage. Notification must be given to the insured 30 calendar days prior to cancellation.	page 78
Renewal	§3221(p) §3221(a)(5) §4305(j) 11 NYCRR 52.18(c)	This policy or contract provides that except as specified in §3221(p), or §4305(j) the insurer must renew or continue in force such coverage at the option of the group. The policy or contract must specify the conditions under which the insurer may refuse to renew the policy or contract.	page 78
Premiums	§3221(a)(4)	The policy or contract form must provide that premiums are to be paid to the insurer by the employer or such other person designated, by the due date, with a grace period as specified.	page 78
LOSS OF COVERAGE			Form/Page/Para Reference
Extension of Benefits Model Language Used? Yes ☒ No ☐	11 NYCRR 52.18(b)(4); (5); and (6) Model Language	This policy or contract form provides that when coverage under this policy or contract form ends, benefits will be provided during a period of total disability for a hospital stay commencing, or surgery performed, within 31 days from the date coverage ends. The hospital stay or surgery must be for the treatment of the injury, sickness, or pregnancy causing the total disability. If the covered persons' coverage terminates by reason of the termination of active employment, an extended benefit will be proved during a period of total disability for up to 12 months from the date coverage ends for covered services to treat the injury, sickness, or pregnancy that caused the total disability, unless these services are covered under another group health plan.	page 80
Continuation Coverage Model Language Used?	§3221(e)(11) §3221(m) §4305(e)	This policy or contract form contains a provision regarding continuation coverage. §§3221(m) and 4305(e) provide continuation coverage in circumstances when federal COBRA requirements do not apply, including for groups under 20 and upon application of the employee or member to continue	page 81-83

Yes ▣ No ☐	COBRA, Title X of Public Law 99-272 Model Language	hospital, surgical or medical expense insurance for himself or herself and his or her eligible dependents. An employee or member who wishes continuation of coverage must request continuation in writing and remit the first premium payment within the 60-day period following the later of: the date of termination or the date the employee is sent notice by first class mail of the right to continuation by the group. The Insurance Law permits the group to charge an additional 2% administrative fee for continued coverage. The continuation benefits terminate: • 36 months after the date the employee or member's benefits would otherwise have terminated because of termination of employment or membership. • In the case of an eligible dependent, 36 months after the date such person's benefits would otherwise have terminated by reason of the death of the employee or member, divorce or legal separation of the employee or member from his or her spouse, the employee or member becoming eligible for Medicare, or a dependent child ceasing to be a dependent child under the generally applicable requirements of the policy or contract. • On the date which the employee or member becomes entitled to coverage under Medicare. • On the date which the employee or member becomes covered by an insured or uninsured arrangement which provides hospital, surgical or medical coverage. • The end of the period for which premiums were made if the employee or member fails to make timely payment.	
Young Adult Option Model Language Used? Yes ▣ No ☐	§3221(r) §4305(l) Model Language	This policy or contract form provides notice of a young adult's right, through the age of 29 (up to age 30), to independently purchase coverage through a parent group member's policy or contract, regardless of whether the parent's coverage includes coverage for dependents, as described in 3221(r), and/or 4305(l). If a young adult or the young adult's parent elects this coverage, the young adult is issued a separate individual policy or contract. The insurer must comply with the notice requirements to each employee or member as set forth in 3221(r), and/or 4305(l).	page 83
Suspension of Coverage Model Language Used? Yes ▣ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) USERRA, 38 USC §4317 Model Language	This policy or contract form provides that: • Any covered persons who are also members of a reserve component of the armed forces of the United States, including the National Guard, shall be entitled, upon request, to have their coverage suspended during a period of active duty. • The insurer will refund any unearned premiums for the period of the suspension. • Persons covered by this policy or contract shall be entitled to resumption of coverage, upon written application and payment of the required premium within 60 days after the date of termination of the period of active duty. • Coverage shall be retroactive to the date of termination of the period of active duty. • No exclusion or waiting period may be imposed for any condition unless the condition arose	page 82-83

		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.	
Supplementary Coverage for Employees or Members who are also members of the reserve components of the armed services or the National Guard Model Language Used? Yes ▣ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) Model Language	If the group does not choose to voluntarily maintain coverage for any employee or member of when they enter active duty, then such member or employee shall be entitled to continuation or conversion coverage.	page 82-83
Conversion - Right to a New Contract After Termination Model Language Used? Yes ▣ No ☐	§3221(e) §4303(d)	This policy or contract form provides that if the employee under the group contract ceases to be covered because of termination of coverage because of: (1) termination for any reason of his employment, or (2) termination for any reason whatsoever of the group policy or contract itself, unless the group policy or contract holder has replaced the group policy or contract with similar and continuous coverage for the same group, such employee shall be entitled to a new policy or contract as a direct pay member, covering such member and his eligible dependents. Conversion must also be made available, upon the death of the employee, to the surviving spouse and dependents, and the former spouse of the employee upon the divorce or annulment of the marriage to the employee or member. Conversion must also be made available to a child covered under the contract who reaches the age limiting coverage under the group contract or whose young adult coverage terminates. The policy or contract form provides that the employee or his eligible dependents must request conversion within sixty days of the termination of the group coverage at which time they will be offered an individual direct pay contract at each level of coverage (i.e., bronze, silver, gold or platinum) that covers all benefits required by state and federal law. The employee or his eligible dependents must also pay the first premium of the new contract at the time they apply for coverage. Conversion is not available if the issuance of the new policy or contract will result in overinsurance or duplication of benefits according to the standards the issuer has on file with the Superintendent of the New York State Department of Financial Services.	page 84-85
GENERAL PROVISIONS			Form/Page/Para Reference
Incontestability Model Language Used? Yes ▣ No ☐	§3221(a)(1) Model Language	The policy or contract form must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.	page 87
Changes	§3221(a)(2)	The policy or contract form must provide that no agent has the authority to change the policy or	

Model Language Used? Yes ☐ No ☐	Model Language	contract or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy or contract, or by amendment to the policy or contract signed by the group and insurer.	page 86
Action in Law or Equity Model Language Used? Yes ☐ No ☐	§3221(a)(14) Model Language	The policy or contract must provide that no action in law or equity shall be brought to recover on the policy or contract prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy or contract and that no such action shall be brought after the expiration of two years following the time such proof of loss is required by the policy or contract.	page 89
Subrogation Model Language Used? Yes ☐ No ☐	General Obligations Law § 5-335 Civil Practice Law and Rules § 4545(a) Model Language	Although not required, if a subrogation provision is included in this policy or contract form, it must comply with NYS General Obligations Law § 5-335 and Civil Practice Law and Rules § 4545(a).	page 89
Unilateral Modification Model Language Used? Yes ☐ No ☐	11NYCRR52.18(a)(8) Model Language	Unilateral modifications by an insurer to an existing policy or contract must be made with at least 30 days prior written notice to the group. Unilateral modification by the insurer may be made only at the time of renewal. If the policy or contract form requires the group to provide written notice to terminate coverage, the notice of the unilateral modification by the insurer must be provided to such group no less than 14 days prior to the date by which the group is required to provide notice to terminate coverage.	page 86
Non-English Speaking Insureds Model Language Used? Yes ☐ No ☐	§3217-a(a)(15) §4324(a)(15) PHL §4408(1)(p) Model Language	This policy or contract form includes a description of how the insurer addresses the needs of non-English speaking insureds.	page 90
SCHEDULE OF BENEFITS Model Language Used? Yes ☐ No ☐	Standard Benefit Design Description Chart Model Language	This policy or contract must contain a Schedule of Benefits. All services subject to preauthorization must be clearly indicated in the Schedule of Benefits. All standard products must use the cost-sharing specified in the Standard Benefit Design Description Chart.	Form/Page/Para Reference
Prohibition on Lifetime Dollar Limits Model Language Used? Yes ☐ No ☐	§3217-f 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not include a lifetime limit on essential health benefits. Essential health benefits are: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorders, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; pediatric services, including oral and vision care.	There are no lifetime dollar limits included in this product.
Limitations on Annual Dollar Limits Model Language Used? Yes ☐ No ☐	§3217-f §4306-e 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not impose "restricted" annual dollar limits for essential health benefits.	There are no annual dollar limits included in this product.
Insured's Financial	§3217-a(a)(5)	This policy or contract form includes a description of the insured's financial responsibility for	

Responsibility for Payment	§4324(a)(5) PHL §4408(1)(e)	payment of premiums, deductibles, copayments and/or coinsurance, and any other charges, annual limits on an insured's financial responsibility, caps on payments for covered services and financial responsibility for non-covered health care procedures, treatment or services.	
ADDITIONAL RIDERS			
Out-of-Network Coverage Model Language Used? Yes ■ No ☐ If Out-of-Network coverage is offered please answer the following: Out-of-Network coverage in the base policy/contract or by rider? Policy/Contract ☐ Rider ■	Model Language	If Out-of-Network coverage has been selected, this policy or contract form provides benefits for covered services that are received from Out-of-Network providers and have not been approved by the insurer to be covered on an in-network basis. Out-of-Network coverage may be provided in the base policy or contract, or by rider. *Note: The Department will not approve more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.*	See out-of-network rider.
Extended Dependent Coverage Model Language Used? Yes ■ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	For Parent and Child/Children and/or Family coverage , this policy or contract form must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in §§ 4235(f) or 4305(c)(1).	See age 29 rider
Contraceptive Drugs and Devices and Family Planning Services	§3221(l)(16)	This policy or contract form includes a rider for situations when a Group has elected not to purchase coverage for contraceptive drugs or devices pursuant to the religious employer exemption pursuant to §§3221(l)(16)(A); 4303(cc)(1)(A). In accordance with law, if elected by an insured, this Rider amends the policy or contract and provides coverage for contraceptive drugs or devices or generic equivalents approved as substitutes by the federal food and drug administration and provides coverage for family planning services.	See family planning rider.
PROVIDER NETWORKS	§3201(c)	The provider network must be submitted to the Department of Health through the Health Commerce System. Also, upon submission of a QHP filing through SERFF, please provide the network information in both the Service Area and Network Templates.	
ACTUARIAL SECTION FOR <u>NEW PRODUCT</u> RATE FILINGS ONLY		**PLEASE NOTE: A new and detailed set of instructions "Checklist for the Submission of 2014 Premium Rates for SHOP On-Exchange Plans and Off-Exchange Plans" will be posted on the Department website and on SERFF.** *Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (**select one**)* ☐ *The submission contains only application forms, disclosure statements, and/or*	

		advertising, OR ☐ *The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR* ☐ *The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.* *For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.*	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	§3221 11NYCRR52.40(e) 11NYCRR360.10 11NYCRR360.11 §3201(e)(1)(B) §4308(c)(3)(A)	Small Group: a. Provide community rated rating methodology and assumptions used in calculating rates. b. Provide rating methodology and assumptions used in rate calculation for mental health coverage provided pursuant to §3221(l)(5). c. Actuarial justification for the use of claim costs and other assumptions. d. Non-claim expense components as a percentage of gross premium. e. Expected loss ratio 81.3 %. a.	Actuarial Memorandum
Loss Ratios	§3201(e)(1)(B) §4308(c)(3)(A)	Expected loss ratio(s) – with actuarial justification	Actuarial Memorandum
Reserve Basis	11NYCRR94	Description of bases for unpaid claim liabilities and extra reserves (if any).	Actuarial Memorandum
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	Actuarial Certification
Expected Loss Ratio Certification	§3201(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 81.3 %.	
GROUP RATE MANUAL	11NYCRR52.40(e)(2) §3201(e)(1)(B) §4308(c)(3)(A)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations.	

		h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		*Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.* *(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)*	F
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	11NYCRR52.40(e)	a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. b. History of previous New York rate revisions. c. Provide New York and nationwide claims experience respectively, including: (i) Earned premium; (ii) Paid and incurred claims; and (iii) Incurred loss ratios. d. Actuarial justification of proposed rates revision (increase/decrease). e. Non-claim expense components as a percentage of gross premium. f. Impact on rates as a result of each of the changes with actuarial justification. g. Expected loss ratio(s) after the proposed changes.	Actuarial Memorandum
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans". c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	Actuarial Certification
Expected Loss Ratio Certification	§3201(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 81.3 %.	
REVISED RATE MANUAL PAGES	11NYCRR52.40(e)(2)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees.	

		i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	

Name of Company: Oxford Health Insurance, Inc.

This is to certify that the forms listed on the attached page(s) are in compliance with NY INS § 3102(c).

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 _____.

_X_ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are:

OHINY_SG_COC_2014	45.1
OHINY_SG_FAM_RDR_2014	45.7
OHINY_SG_DP_RDR_2014	45.3
OHINY_SG_AGE29_RDR_2014	45.6
OHINY_GOLD_SBN_STATE003_2014	46.3
OHINY_BRNZ_SBN_PPOHSA002RX8_2014	46.3
OHINY_BRNZ_SBN_STATE006_2014	46.3
OHINY_BRNZ_SBN_EPOHSA003RX9_2014	46.1
OHINY_BRNZ_SBN_EPOHSA003RX8_2014	46.1
OHINY_BRNZ_SBN_PPOHSA002RX9_2014	46.1
OHINY_GOLD_SBN_EPOHSA001RX6_2014	46.1
OHINY_GOLD_SBN_PPOHSA001RX6_2014	46.1
OHINY_GOLD_SBN_PPOHSA001RX10_2014	46.1
OHINY_GOLD_SBN_EPOHSA001RX10_2014	46.1
OHINY_PLTNM_SBN_STATE001_2014	46.1
OHINY_PLTNM_SBN_EPO001RX1_2014	46.1
OHINY_PLTNM_SBN_STATE002_2014	46.1
OHINY_PLTNM_SBN_EPO002RX1_2014	46.1
OHINY_PLTNM_SBN_EPO001RX2_2014	46.1
OHINY_PLTNM_SBN_EPO001RX2_2014	46.1
OHINY_SLVR_SBN_STATE004_2014	46.1
OHINY_SLVR_PPO_SBN_STATE005_2014	46.1
OHINY_SLVR_SBN_EPOHSA002RX10_2014	46.1
OHINY_SLVR_SBN_EPOHSA002RX6_2014	46.1
OHINY_PLTNM_SBN_PPO001RX1_2014	46.1
OHINY_PLTNM_SBN_PPO001RX2_2014	46.1
OHINY_PLTNM_SBN_PPO002RX1_2014	46.1
OHINY_PLTNM_SBN_PPO002RX2_2014	46.1
OHINY_GOLD_SBN_EPO003RX4_2014	46.1
OHINY_GOLD_SBN_EPO003RX5_2014	46.1
OHINY_GOLD_SBN_EPO004RX4_2014	46.1
OHINY_GOLD_SBN_EPO004RX5_2014	46.1

UnitedHealthcare
A UnitedHealth Group Company

Oxford Health Insurance, Inc.
New York Small Group Rates
HIOS ID: 85629
Effective January 2014 – December 2014

ACTUARIAL MEMORANDUM

I. Introduction

This rate filing addresses the rate development for the New York Small Group plans written by Oxford Health Insurance, Inc. ("OHI"). Rates are effective from January 1, 2014 through December 31, 2014. This rate filing is being submitted under Section 3231(d) of the New York State Insurance Law.

II. Determination of the Index Rate

A. Experience Period Claims

Please refer to Exhibit 8 for the development of the index rate. We have used claims incurred between October 1, 2011 and September 30, 2012 paid through December 31, 2012 with an adjustment for claims incurred but not reported ("IBNR"). We excluded experience for sole proprietors and groups without pharmacy coverage consistent with the pricing/filing instructions issued by the New York State Department of Financial Services ("DFS"). The experience includes all other groups active in the period. Regulation 146 amounts were removed from the experience period claims. The resulting in-network only experience period claim PMPM excluding Regulation 146 is $390.60.

B. Average AV Pricing Value

We used the UnitedHealthcare proprietary pricing model to determine the pricing actuarial values ("AVs") for each of the in-force small group plans on the OHI license. We also assigned gatekeeper and network factors to each existing in-force plan using our latest estimated adjustments. The estimated gatekeeper adjustment is -4.0%, and the estimated Liberty network adjustment is -3.0% versus the Freedom network. Both of these adjustments apply to medical in-network rates only. We then calculated the average pricing AVs, gatekeeper, and network factors based upon the membership distribution within the experience period for OHI. These are shown below.

In-Network Pricing Actuarial Value (AV) Excluding Gatekeeper & Network	0.821

Average Gatekeeper and Network Benefit Adjustment	0.993

C. Average Induced Demand Adjustment

We calculated the induced demand factors using the UnitedHealthcare proprietary pricing model. We calculated these by running the current and new portfolios through the pricing model with and without model utilization adjustments. The model adjustments are based strictly upon expected utilization differences due to cost sharing and do not reflect any differences due to health status. We then calculated the average utilization adjustments by metal level where the metal levels were determined by the HHS Actuarial Value calculator.

These resulting induced demand adjustments are shown below.

Bronze	0.7930
Silver	0.7930
Gold	0.8287
Platinum	0.9120

The resulting factors normalized to the bronze metal level are as follows and fall within the maximum values permitted by DFS.

Bronze	1.000
Silver	1.000
Gold	1.045
Platinum	1.150

We assigned the induced demand factors above to each in-force plan design based upon its HHS calculator metal level and calculated the average induced demand factor of 0.850 for the experience period.

D. Trend Assumptions

The projected annual trend factor is 10.5%. This breaks down into the following components: 4.6% unit cost, 4.7% utilization, and 0.9% trend leveraging. Please note that this trend factor excludes any risk margin.

We have trended the experience period claim PMPM using the 10.5% annual trend factor and the 28 months between the midpoint of the experience period (April 1, 2012) and the midpoint of the average first quarter 2014 rating period (August 1, 2014). Please note that the midpoint of the rating period assumes an average effective date of February 1, 2014 for groups new or renewing in the first quarter of 2014.

The trended incurred in-network claim PMPM of $493.39 was calculated by multiplying the experience period incurred in-network claim PMPM of $390.60 by the trend factor of 1.263.

E. Projected Average PMPM Claims

We calculated the experience period in-network index rate PMPM adjusted for pricing AV,

induced demand, and gating and network provisions of $561.08. The trended AV-adjusted experience period in-network index rate PMPM is $708.73.

F. Market-Wide Index Rate Adjustments

The development of the market wide adjustments is described below.

1. Federal Risk Adjustment: Please see Exhibit I. We have analyzed Deloitte's statewide Federal Risk Adjustment modeling results. Based upon this review, we believe it is very likely that there are underlying data issues that require an adjustment to the Deloitte risk scores.

   Using the information provided by Deloitte, we were able to determine that the combined Oxford risk score is 1.045 which means that the average risk score for non-Oxford business must be 0.968 for the statewide average to be 1.000. This also means that Oxford's combined risk score is 8.0% higher than all other companies in the state combined. Since this was not the result we expected, we further analyzed the data. We used two other risk score measures in our review: UnitedHealthcare proprietary retrospective risk scores ("ERG") and Wakely risk scores. We believe that the percentage difference in Deloitte risk scores between Oxford Health Plans (NY), Inc. ("OHP") and OHI is reasonable since the ERG and Wakely differences between the two Oxford companies are consistent with the Deloitte results. While Deloitte provided results at the company level, we used the ERG and Wakely risk scores to further split the OHP Deloitte results between the HMO and POS products. The breakout of the OHP scores by product result in an estimated OHP HMO risk score that is 3.5% to 8.2% below the average for the statewide non-Oxford companies. We then estimated the downstate results based upon two assumptions: (1) Oxford small group represents roughly 60% of the downstate small group market and (2) the overall Region 4 insured risk is roughly 2.5% less than the state average per the Deloitte study "Impact of the Affordable Care Act on the New York Small Group and Non-Group Markets". Based upon these two assumptions and the Oxford risk modeling results, we estimate that the risk factor for the Oxford business in total is 20.1% higher than the factor for the other downstate carriers combined, and the OHP HMO risk factor is 2.2% to 7.3% higher than the risk score for the other downstate carriers combined. These results are inconsistent with our belief that OHP HMO is one of the lowest morbidity products in the downstate market. We believe that this is an indication that there is a potential data issue. In looking further at the diagnosis codes per member reported, we observe that Oxford reported 10.1% more diagnosis codes per member than the average for all other statewide carriers combined. Furthermore, Oxford reported 5.6% more members with at least one or more diagnosis codes as compared to the average for all other carriers in the state. The combination of these two Deloitte diagnosis frequency statistics combined with the modeled OHP HMO results relative to the downstate market appear to indicate that some other carriers may have underreported claims in response to the Deloitte risk adjustment modeling request. We believe these data issues are very possible due to the short time period that all carriers had to provide data and the fact that there was no audit to validate the accuracy or completeness of the carriers' data submissions.

   To adjust for this apparent underreporting, we note that the 4.9% difference in

diagnosis per member reported between OHI and OHP results in an 8.1% difference in risk score. As previously noted, the Oxford diagnoses per member are 10.1% higher than those reported by non-Oxford companies. If we assume that 50% of this difference is due to underreporting of claims data by other carriers, then the non-Oxford risk score would be 8.4% higher than the reported value of 0.968. Renormalizing the scores to 1.000 statewide results in risk scores of 0.949 for OHP, 1.026 for OHI, and 1.002 for the non-Oxford members combined. The resulting updated Federal Risk Adjustment results are a payment of 5.4% for OHP and a receivable of 2.6% for OHI.

2. Exchange User Fees: As instructed by DFS, we have not included an adjustment for exchange user fees in the 2014 premium rates. We understand this instruction is due to the assumption that the 2014 calendar year fees will be covered by federal funds. However, we also believe that the source of the calendar year 2015 funding is unknown. We note that the rates we are currently filing for 2014 effective dates extend into calendar year 2015. If there is no federal funding in 2015, we request that DFS permit us to build the phased in user fees into the 2014 rates consistent with the manner in which 2014 PPACA fees were built into approved 2013 rates.

3. Essential Health Benefits: While the OHI EPO plan was chosen as the benchmark plan, there are some required modifications to comply with the Essential Health Benefits ("EHB") provision of PPACA. These changes and the estimated claim impacts are as follows.

Removal of $1,500 DME Maximum	1.0%
Clinical Trials	0.03%
Habilitative Benefits	0.8%
Federal Mental Health Parity	1.3%
Total	**3.2%**

The claim cost estimates for DME, clinical trials, and habilitative benefits were developed using national UnitedHealthcare data and the proprietary UnitedHealthcare pricing model.

The estimate for federal mental health parity was developed based upon the previously filed and approved federal mental health parity rates. These were filed with DFS on September 9, 2010. The SERFF tracking numbers for these filings are UHLC-126809471 and UHLC-126809499. The approved rates from these filings included a selection load to account for the fact that the coverage was optional for groups defined as small under both the state and federal definitions. When we remove the selection load since the coverage is no longer optional, the average cost impact is 1.7% of medical premium. We calculated the final 1.3% estimate after making an adjustment to reflect that this impacts medical costs only and also to reflect that the impact will be less for members who currently have the Timothy's Law buy-up rider or full federal mental health parity. The calculation is shown below.

Average Federal MH Parity *:	1.7%
Estimated Medical Claims %	80%
Overall Impact %	1.4%

Current Rider	**Member %**	**% Claim Difference**
No MH Rider	93.6%	1.4%
Timothy's Law Rider	4.4%	0.9%
Federal MH Parity	2.1%	0.0%
Total increase of claims		**1.3%**

* Medical only from filing excluding selection load

4. Provider Network & Fee Schedule Changes: We do not anticipate any material changes to the Freedom or Liberty networks outside of the normal contracting process which is reflected in the unit cost trend projection.

5. Utilization Management Changes: We do not expect any significant changes to our utilization management procedures.

6. Expected Covered Membership Risk: We are not projecting a significant change in the risk profile of the overall small group market enrollment. Specifically we believe that the number of small groups dropping coverage in 2014 will be minimal.

7. Distribution of Membership by Rating Region: We are not projecting a significant change in the distribution of members by rating region.

8. Credibility Adjustment: There was an average of 350,548 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

9. Benefit Changes: The claim projection includes a -0.1% adjustment to reflect the expected average decrease in benefits for the changes (Sweeps) to the OHI small group plans that were separately filed by OHI and approved by DFS effective January 1, 2011. In addition, the experience period used to develop rates does not include claims incurred for mandated autism services. Therefore, we have increased the projected claims by the 1.3% increase previously approved by DFS for mandated autism coverage. Finally, ten months of the experience period used to develop rates does not reflect 100% coverage of women's preventive services. The increase previously approved by DFS was 0.32% for mandated 100% women's preventive coverage. Therefore, we have increased the projected claims by 0.27% to account for the ten months in the experience period where the 100% coverage did not apply.

10. Migration Adjustment: The OHI claim projection includes a 0.6% adjustment to the experience period claims to account for the fact that migration between products increases expected claim costs by more than is considered by the trend projection factor. This development is consistent with approach that we have previously presented to DFS and included in prior rate filings. The 0.6% migration impact is

less than we have applied in previous rate filings because we only expect the historically observed migration pattern to continue until December 31, 2013. While we believe there will be significant member movement in 2014, we have not included any adjustment in the claim projection since the exact pattern is unclear at this time. The 0.6% was calculated by assuming the claim cost relationships that we measured in the detailed member level migration analysis that we presented to DFS and that the 2013 migration pattern would be consistent with the actual pattern we observed in 2012.

11. SHOP Selection Adjustment: Employees of small groups will be able to select from different carriers and plans when electing coverage in the SHOP exchange. This will result in increased adverse selection and will increase costs. We observe higher costs in the Healthpass business written by Oxford where the employee choice business model is similar. The Healthpass loss ratio is about 16.8% higher than the New York Oxford small group average. In order to estimate the impact of this selection in 2014, we have reviewed New York small group loss ratios by the # of plans each group offered. Specifically, we reviewed the loss ratios for groups with 5 to 50 employees since the smaller groups are more likely to only offer 1 plan. The resulting loss ratio for groups with 2+ plans is 11.9% higher than the loss ratio for groups offering only 1 plan. We estimate that 10% of 2014 New York small group membership will purchase coverage in the SHOP. The total selection adjustment is therefore 1.2% (=10% * 11.9%). We then further adjusted the 1.2% to reflect the percentage of the experience period membership that already offers 2+ plans since the experience for those groups was used to calculate the 2014 small group rates. Approximately 44% of the membership is in groups that offer 2+ plans. So the final SHOP selection adjustment to be applied in the OHI small group claim projection is calculated by multiplying the 1.2% by 56% which results in an overall adjustment of 0.7%.

III. Determination of the Premium Rates

A. Plan Level Adjustments

1. Pricing Actuarial Values: Consistent with the calculation of the average pricing AV values for the experience period, we also used the UnitedHealthcare proprietary pricing model to determine the AVs for each of the new small group plans on the OHI license.

2. Induced Demand Adjustments: The development of the induced demand factors is described in Section II(C). We used the same values to calculate the new plan rates as were used to calculate the average induced demand adjustment for the experience period. These values are as follows:

Bronze	0.7930
Silver	0.7930
Gold	0.8287
Platinum	0.9120

3. Provider Network Characteristics: Consistent with the values used to calculate the average experience period network value, we have assumed 1.0 for Freedom and 0.97 for Liberty. These factors apply to the in-network medical portion of the rates only.

4. Delivery System Characteristics: Consistent with the values used to calculate the average experience period gatekeeper value, we have assumed 1.0 for non-gatekeeper and 0.96 for gatekeeper. These factors apply to the in-network medical portion of the rates only.

5. Utilization Management Practices: We do not expect any significant changes to our utilization management practices.

6. Benefits in Addition to EHB: We are not adding any benefits in addition to EHB that would require a rate adjustment.

7. Administrative Costs (Excluding Exchange User Fees and Profits): The projected 2014 expense percentage for OHI small group is 13.2% excluding exchange user fees and profits. This includes fixed administration (4.1%), commissions (3.0%), state premium taxes and assessments (2.9%), the PPACA insurer fee (2.2%), and the PPACA reinsurance fee (0.9%).

8. Profit: The requested rates reflect an 84.0% target BCR before the application of the PPACA fees and assessments and 81.3% after the application of the PPACA fees and assessments. This reflects projected profit of 5.5% for OHI small group based upon premium including the PPACA fees and assessments. The projected loss ratio using federally prescribed MLR methodology is 86.9%.

9. Addition of Out-of-Network Benefit Option: We developed the out-of-network adjustment factors by separately projecting the out-of-network portions of the experience period claims using the same assumptions used to project the in-network claims when setting the index rate with one additional adjustment. Since we will not be offering dual license POS plans in the 2014 portfolio, we included the POS out-of-network claims in this projection. We then used the proprietary UnitedHealthcare pricing model to determine the average out-of-network pricing AV. We determined the new pricing factors by running the new out-of-network benefit plan designs through the pricing model and adjusting the projected out-of-network PMPM by the ratio of the new plan pricing AV to the experience period average AV.

B. Census Factors

The requested premium rates reflect the state-mandated tier factors as shown in the table below. We calculated the PMPM-to-single conversion factor of 1.229 using the combined OHP and OHI distribution of members and subscribers for the experience period of October 1, 2011 through September 20, 2012 as shown in the table below.

Oxford Small Group Total				
Tier	Members	Subs	Relativity	Conversion Factor

Single	2,262,053	2,262,053	1.000	**1.229**
Parent/Child(ren)	784,077	280,027	1.700	
Couple	748,842	374,427	2.000	
Family	2,928,898	696,275	2.850	

C. Area Factors

We propose area factors of 1.0 for all regions.

D. Quarterly Trend Increases

We are requesting 2.5% quarterly increases for the 2nd, 3rd, and 4th quarters of 2014. We calculated this by taking our projected annual trend to the ¼ power.

IV. Supporting Details

A. HHS Actuarial Value Calculator Adjustments

In determining the metal levels of the existing and new plan designs, we made the following modifications to the HHS AV calculator:

1. We used 99.999% coinsurance rather than 100% in all cases due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to an equivalent coinsurance based on average unit costs. E.g., if the member has a $30 copay after the deductible on a service with an average unit cost of $150, we would input 80.00% coinsurance after the deductible into the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. The weights on tier 1 are as follows:
    a. 73% if there is an outpatient facility copay but no inpatient facility copay;
    b. 80% if there is a copay on both; and,
    c. 100% if there is a copay on neither.
4. Our Rx copays do not have separate copays for Specialty drugs. We calculated the approximate average copay for specialty drugs based on a weighted average of copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. In 2014 we will be offering 2 Rx options with each medical plan (other than the DFS standard plans) off-exchange only. One option will be a normal copay (or copay after deductible) plan, and the other will have coinsurance on

tiers 2 and 3 (up to a per-script limit). The AVs and prices for each of the two options will be the same. For each pair, we used our internal pricing model to determine that the pricing values were nearly identical. Since the HHS calculator cannot accommodate the per-script limit on the coinsurance on tiers 2 and 3, we computed the HHS AV using the normal copay plan, and then we concluded that the HHS AV of the plan with the coinsurance option would be the same based our internal pricing model's results.

6. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, based on our utilization and cost data.

B. Trend

We develop forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

The projected annual trend factor is 10.5%. This breaks down into the following components: 4.6% unit cost, 4.7% utilization, and 0.9% trend leveraging. Please note that this trend factor excludes any risk margin.

C. Administrative Costs

The projected 2014 expense percentage for OHI small group is 13.2% excluding exchange user fees and profits but including PPACA fees and assessments. The projected 2013 expense percentages in the 2013 OHI small group rate filings were 12.0% for EPO, 11.7% for Direct, and 10.7% for Metro. The increase in projected expenses is mainly due to the incremental increase to the full PPACA fees and assessment values.

D. Profit Assumptions

The requested rates reflect an 84% target loss ratio before PPACA fees and assessments which is in excess of the 82% minimum loss ratio allowed under New York state law. The resulting projected profit percentage is 5.5% relative to premium including PPACA fees.

With respect to the DFS request for information on the company's return on equity ("ROE"), we do not feel that this is an appropriate way to determine future rates due to limitations with the measure as well as the existence of a minimum loss ratio in the law.

As shown in the table below, the ROE financial measure is subject to fluctuations from year to year mainly due to the frequency and size of dividend repatriation. ROE is also dependent upon the results of all lines of business and not just small group. In addition, ROE is a fiscal year calculation versus the policy year information provided through this rate filing and, as such, is dependent upon multiple fiscal years and therefore many financial assumptions that may vary from ultimate actual results. We feel a better measure of our profitability trend is based upon net income for which the values have been generally decreasing as shown in the table below.

Year	ROE	Net Income
FY07	21.8%	7.2%
FY08	19.4%	6.5%
FY09	12.2%	3.4%
FY10	41.2%	5.4%
FY11	37.4%	5.8%
FY12	31.3%	5.8%

Please note: ROE calculated as net income divided by prior year capital and surplus.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For Oxford Health Insurance, Inc.

State of New York Rate Review

General Information

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Uniform Rate Review Template (URRT).

Company Identifying Information:

- **Company Legal Name:** Oxford Health Insurance, Inc.
- **State:** New York
- **HIOS Issuer ID:** 85629
- **Market:** Small Group
- **Effective Date:** 1/1/2014 – 12/31/2014

Company Contact Information:

- **Primary Contact Name:** [redacted]
- **Primary Contact Telephone Number:** [redacted]
- **Primary Contact Email Address:** [redacted]

Proposed Rate Increase

Oxford Health Insurance, Inc. ("OHI") is filing rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). While we have developed the new rates using historical claims experience for OHI small group, there is no rate increase to report since these are all new plan designs. In addition to new rates effective 1/1/14, we are also filing 2.5% quarterly trend increases for each of the last three quarters in 2014.

Reasons for Rate Increase

The products are new effective 1/1/2014 so there is no initial rate increase. The 2nd, 3rd, and 4th quarter 2014 quarterly increases of 2.5% are based upon projected annual increases in utilization trend (4.7%), unit cost trend (4.6%), and benefit leveraging (0.9%).

Experience Period Premiums and Claims

- **Experience Period:** The experience period is 10/1/2011 to 9/30/2012 paid through 12/31/2012.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are shown in Part I. The earned premiums are the sum of the actual premium amounts in the experience period for all small group OHI policies with the exception of groups without pharmacy coverage and sole proprietors which were removed per instructions received from the New York State Department of Financial Services ("DFS"). OHI does not anticipate paying any MLR rebates for this company for the months included in the experience period.
- **Allowed and Incurred Claims Incurred During the Experience Period:** The incurred and allowed claims were extracted from internal data warehouses and

financial reports and include fee-for-service medical claims, fee-for-service pharmacy claims, graduate medical expense, HCRA hospital surcharge, pharmacy rebates, and capitations. We added estimates of incurred but not reported ("IBNR") claims to the incurred and allowed claims. In order to calculate the IBNR amounts, we used a completion factor method based on actual adjudicated claims as well as taking the current inventory into account. We also use seasonality estimates to help guide our picks where completion factors may not have been credible.

Benefit Categories

Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** We have estimated that the cost increase of adding benefits to comply with the Essential Health Benefits ("EHB") provision is 3.2%. This estimate was developed using a combination of previously submitted rate filings approved by DFS and the UnitedHealthcare proprietary pricing model.
- **Changes in Demographics:** No changes in demographics are assumed.
- **Other Adjustments:** The claim projection includes a -0.1% adjustment for separately filed benefit changes effective 1/1/2011 that are not fully reflected in the experience period. These estimates reflect the values that were filed and approved by DFS. In addition, the claim projection includes a +0.6% adjustment to account for the fact that member migration between products increases expected claim costs by more than is considered by the trend projection factor. The development of this migration factor is consistent with the approach that we have previously presented to DFS and included in prior rate filings. We also applied an adjustment factor of +0.7% to reflect the anticipated adverse selection and increased cost that we estimate will occur due to the employee choice model being implemented in the New York SHOP. In addition, the experience period used to develop rates does not include claims incurred for mandated autism services. Therefore, we have increased the projected claims by the 1.3% increase previously approved by DFS for mandated autism coverage. Finally, ten months of the experience period used to develop rates does not reflect 100% coverage of women's preventive services. The increase previously approved by DFS was 0.32% for mandated 100% women's preventive coverage. Therefore, we have increased the projected claims by 0.27% to account for the ten months in the experience period where the 100% coverage did not apply.

- **Trend Factors:** UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

  Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

  The projected annual trend factor is 10.5%. This breaks down into the following components: 4.6% unit cost, 4.7% utilization, and 0.9% trend leveraging. Please note that this trend factor excludes any risk margin.

Credibility

There was an average of 350,548 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

Paid to Allowed Ratio

We have developed the average paid to allowed factor for the projection period based upon a combination of an assumed mapping of current Oxford small group members to the new 2014 plans and the pricing actuarial values for those new plans.

Risk Adjustment and Reinsurance

- **Projected Risk Adjustments:** DFS and Deloitte performed risk adjustment modeling based upon data received from New York health plans. We analyzed the results of this analysis and made adjustments based upon this review. As a result, we project OHI will be a net receiver and have included a 2.6% reduction to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of $5.25 PMPM for the reinsurance fee. We have assumed no reinsurance recoveries since it is not applicable to small group.

Non-Benefit Expenses and Risk Margin

The 7.1% administrative expense load includes general administration (4.1%) and broker commissions (3.0%). We have estimated the expenses included in the development of the proposed rates based upon actual historical expenses and financial projections.

Projected Profit & Risk Margin

The projected profit and risk margin is 5.5%.

Taxes and Fees

The 5.2% includes state premium tax (2.0%), New York Section 332 assessments (0.90%), and PPACA Insurer fees (2.2%). This excludes the $5.25 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 86.9%.

Index Rate

The index rate of the experience period is $482.45 and reflects the total allowed claims PMPM from the experience period for in-network EHB benefits only. The allowed claim PMPM of $495.41 in Section II is higher because it also includes out-of-network claims.

Since we are filing quarterly rate changes, the projected index rate is the weighted average of the four quarterly index rates. The weights are the member months by quarter as of September 2012. The calculation is shown in the table below.

Quarter	**1Q-14**	2Q-14	3Q-14	4Q-14
Projected Index Rate	**$646.50**	$662.66	$679.23	$696.21
Member Months	**200,647**	159,832	132,729	112,495
Projected Index Rate	**$667.17**			

AV Metal Values

AV metal values were based on the HHS AV Calculator with some modifications. In determining the metal levels of the existing plan designs (DFS determined the metal levels for the new state-mandated plans), we made the following modifications to the HHS AV calculator:

1. We used 99.999% coinsurance rather than 100% in all cases due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to an equivalent coinsurance based on average unit costs. E.g., if the member has a $30 copay after the deductible on a service with an average unit cost of $150, we would input 80.00% coinsurance after the deductible into the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of

the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. The weights on tier 1 are as follows:

a. 73% if there is an outpatient facility copay but no inpatient facility copay;
b. 80% if there is a copay on both; and,
c. 100% if there is a copay on neither.

4. Our Rx copays do not have separate copays for Specialty drugs. We calculated the approximate average copay for specialty drugs based on a weighted average of copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. In 2014 we will be offering 2 Rx options with each medical plan (other than the DFS standard plans) off-exchange only. One option will be a normal copay (or copay after deductible) plan, and the other will have coinsurance on tiers 2 and 3 (up to a per-script limit). The AVs and prices for each of the two options will be the same. For each pair, we used our internal pricing model to determine that the pricing values were nearly identical. Since the HHS calculator cannot accommodate the per-script limit on the coinsurance on tiers 2 and 3, we computed the HHS AV using the normal copay plan, and then we concluded that the HHS AV of the plan with the coinsurance option would be the same based our internal pricing model's results.
6. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, based on our utilization and cost data.

I certify that the values were developed in accordance with generally accepted actuarial principles and methodologies.

AV Pricing Values

The Platinum EPO $10/$20 plan is the fixed reference plan. The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom and 0.97 for Liberty. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper and network factors apply to in-network medical claims only.

Membership Projections

We are not projecting any significant changes in membership.

Terminated Products

All current products will be terminated as they will not meet the requirements of the new PPACA laws.

Plan Type

Not applicable.

Warning Alerts

Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance

Not applicable.

Actuarial Certification

I, [redacted], am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),

b. Developed in compliance with the applicable Actuarial Standards of Practice,

c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and

d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

[redacted]

Oxford Health Insurance, Inc.
Small Group
Key to Plan Names in HHS AV Calc Screenshots

We created the HHS AV Calculator screenshots before final plan names had been selected.
This key connects the placeholder name in the screenshot to the final name.

Placeholder Name	Final Name
pf B - Direct HSA, L	Bronze PPO HSA $3750
pf B - EPO HSA CAD, L	Bronze EPO HSA $3500
pf B - EPO HSA D&C, F	Bronze EPO HSA $5000 F
pf B - EPO HSA D&C, L	Bronze EPO HSA $5000 L
pf G - Direct HSA, F	Gold PPO HSA
pf G - Direct, F	Gold PPO 25/40
pf G - Ease EPO, F	Gold Ease EPO
pf G - EPO HSA, F	Gold EPO HSA
pf G - EPO PA, L	Gold Primary Advantage EPO
pf G - High EPO, F	Gold EPO 15/25 F
pf G - High EPO, L	Gold EPO 15/25 L
pf G - Low EPO, F	Gold EPO 20/40 F
pf G - Low EPO, L	Gold EPO 20/40 L
pf P - High EPO, F	Platinum EPO 10/20
pf P - High Metro, F	Platinum PPO 10/20
pf P - Low EPO, F	Platinum EPO 20/30
pf P - Low Metro, F	Platinum PPO 20/30
pf S - Direct HSA, F	Silver PPO HSA 30/60
pf S - Direct, F	Silver PPO 40/70 F
pf S - Direct, L	Silver PPO 40/70 L
pf S - EPO HSA CAD, F	Silver EPO HSA 25/50 F
pf S - EPO HSA CAD, L	Silver EPO HSA 25/50 L
pf S - EPO HSA D&C, F	Silver EPO HSA F
pf S - EPO HSA D&C, L	Silver EPO HSA L
pf S - EPO PA, L	Silver Primary Advantage EPO
pf S - EPO, F	Silver EPO 40/70 F
pf S - EPO, L	Silver EPO 40/70 L

User Inputs for Plan Parameters pf B - Direct HSA, L

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$3,750.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	43%		☑	☑		
Preferred Brand Drugs	☑	☑	74%		☑	☑		
Non-Preferred Brand Drugs	☑	☑	69%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	99%		☑	☑		

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):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.5%
Metal Tier:	Bronze

User Inputs for Plan Parameters pf B - EPO HSA CAD, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73%
2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			50.000%			50.000%
OOP Maximum ($)			$6,350.00			$6,350.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	87.966%		☑	☑	87.966%	
All Inpatient Hospital Services (inc. MHSA)	☑	☑	50.000%		☑	☑	50.000%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	70.523%		☑	☑	70.523%	
Specialist Visit	☑	☑	54.925%		☑	☑	54.925%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	38.710%		☑	☑	38.710%	
Imaging (CT/PET Scans, MRIs)	☑	☑	50.000%		☑	☑	50.000%	
Rehabilitative Speech Therapy	☑	☑	31.306%		☑	☑	31.306%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	31.306%		☑	☑	31.306%	
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	50.000%		☑	☑	50.000%	
X-rays and Diagnostic Imaging	☑	☑	50.000%		☑	☑	50.000%	
Skilled Nursing Facility	☑	☑	50.000%		☑	☑	50.000%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	50.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	50.000%		☑	☑	50.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	42.693%		☑	☑	42.693%	
Preferred Brand Drugs	☑	☑	74.209%		☑	☑	74.209%	
Non-Preferred Brand Drugs	☑	☑	69.077%		☑	☑	69.077%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.580%		☑	☑	98.580%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.8%
Metal Tier:	Bronze

User Inputs for Plan Parameters pf B - EPO HSA D&C, F

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$5,000.00			
Coinsurance (%, Insurer's Cost Share)			80.000%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	42.693%		☑	☑		
Preferred Brand Drugs	☑	☑	74.209%		☑	☑		
Non-Preferred Brand Drugs	☑	☑	69.077%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	98.580%		☑	☑		

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):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	58.921%
Metal Tier:	Bronze

User Inputs for Plan Parameters pf B - EPO HSA D&C, L

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$5,000.00			
Coinsurance (%, Insurer's Cost Share)			80.000%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	42.693%		☑	☑		
Preferred Brand Drugs	☑	☑	74.209%		☑	☑		
Non-Preferred Brand Drugs	☑	☑	69.077%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	98.580%		☑	☑		

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):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	58.921%
Metal Tier:	Bronze

User Inputs for Plan Parameters pf G - Direct HSA, F

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			90.000%			
OOP Maximum ($)			$2,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑		
Preferred Brand Drugs	☑	☑	77.432%		☑	☑		
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑		

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.1%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - Direct, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73%
2nd Tier Utilization:	27%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$100.00		$1,000.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	80.000%	99.999%		80.000%	99.999%	
OOP Maximum ($)	$4,000.00			$4,000.00		
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		$200.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		$25.00
Specialist Visit	☐	☐		$40.00	☐	☐		$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☐	☐		$40.00
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☐	☐		$40.00	☐	☐		$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$40.00	☐	☐		$40.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐			☐	☐		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.0%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - Ease EPO, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80.00%
2nd Tier Utilization:	20.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$750.00	$100.00		$750.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	99.999%	99.999%		99.999%	99.999%	
OOP Maximum ($)	$4,000.00			$4,000.00		
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$250.00	☐	☐		$250.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑	98.700%		☑	☑	99.999%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$50.00	☐	☐		$50.00
Specialist Visit	☐	☐		$50.00	☐	☐		$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$50.00	☐	☐		$50.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$50.00	☐	☐		$50.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$50.00	☐	☐		$50.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$0.00	☐	☐		$0.00
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☑	☑	98.700%		☑	☑	98.700%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	99.999%	
Outpatient Surgery Physician/Surgical Services	☑	☑	99.999%		☑	☑	99.999%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.795%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - EPO HSA, F

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			90.000%			
OOP Maximum ($)			$2,000.00			
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑		
Preferred Brand Drugs	☑	☑	77.432%		☑	☑		
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑		

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):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.060%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - EPO PA, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80%
2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$500.00			$500.00
Coinsurance (%, Insurer's Cost Share)			99.999%			99.999%
OOP Maximum ($)			$4,000.00			$4,000.00
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	87.966%		☑	☑	87.966%	
All Inpatient Hospital Services (inc. MHSA)	☑	☑	98.700%		☑	☑	99.999%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐	99.999%	$25.00	☐	☐		$25.00
Specialist Visit	☑	☑	69.950%		☑	☑	69.950%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	59.140%		☑	☑	59.140%	
Imaging (CT/PET Scans, MRIs)	☑	☑	85.807%		☑	☑	85.807%	
Rehabilitative Speech Therapy	☑	☑	54.204%		☑	☑	54.204%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	54.204%		☑	☑	54.204%	
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	0.000%		☑	☑	0.000%	
X-rays and Diagnostic Imaging	☑	☑	50.000%		☑	☑	50.000%	
Skilled Nursing Facility	☑	☑	98.700%		☑	☑	98.700%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	99.999%	
Outpatient Surgery Physician/Surgical Services	☑	☑	99.999%		☑	☑	99.999%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.7%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - High EPO, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$800.00	$100.00		$800.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	90.000%	99.999%		90.000%	99.999%	
OOP Maximum ($)	$4,000.00			$4,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		$200.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	90.000%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		$15.00
Specialist Visit	☐	☐		$25.00	☐	☐		$25.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☐	☐		$25.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$25.00	☐	☐		$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$25.00	☐	☐		$25.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐			☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.528%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - High EPO, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$800.00	$100.00		$800.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	90.000%	99.999%		90.000%	99.999%	
OOP Maximum ($)	$4,000.00			$4,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		$200.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑	90.000%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		$15.00
Specialist Visit	☐	☐		$25.00	☐	☐		$25.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☐	☐		$25.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$25.00	☐	☐		$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$25.00	☐	☐		$25.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐			☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.528%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - Low EPO, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$100.00		$1,250.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	90.000%	99.999%		90.000%	99.999%	
OOP Maximum ($)	$4,000.00			$4,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		$200.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00
Specialist Visit	☐	☐		$40.00	☐	☐		$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☐	☐		$40.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$40.00	☐	☐		$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$40.00	☐	☐		$40.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$0.00	☐	☐		$0.00
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.256%
Metal Tier:	Gold

User Inputs for Plan Parameters pf G - Low EPO, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$100.00		$1,250.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	90.000%	99.999%		90.000%	99.999%	
OOP Maximum ($)	$4,000.00			$4,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		$200.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00
Specialist Visit	☐	☐		$40.00	☐	☐		$40.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☐	☐		$40.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$40.00	☐	☐		$40.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$40.00	☐	☐		$40.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$0.00	☐	☐		$0.00
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.256%
Metal Tier:	Gold

User Inputs for Plan Parameters pf P - High EPO, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80.00%
2nd Tier Utilization:	20.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$100.00		$0.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	99.999%	99.999%		99.999%	99.999%	
OOP Maximum ($)	$3,000.00			$3,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		$100.00
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$150.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☐	☐		$10.00
Specialist Visit	☐	☐		$20.00	☐	☐		$20.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☐	☐		$20.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$20.00	☐	☐		$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$20.00	☐	☐		$20.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$0.00	☐	☐		$0.00
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☐	☐		$150.00	☐	☐		$150.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97.536%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		$10.00
Preferred Brand Drugs	☑	☑	80.656%		☑	☑	80.656%	
Non-Preferred Brand Drugs	☑	☑	76.808%		☑	☑	76.808%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.962%		☑	☑	98.962%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.228%
Metal Tier:	Platinum

User Inputs for Plan Parameters pf P - High Metro, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80.00%
2nd Tier Utilization:	20.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$100.00		$0.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	99.999%	99.999%		99.999%	99.999%	
OOP Maximum ($)	$3,000.00			$3,000.00		
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		$100.00
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$150.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☐	☐		$10.00
Specialist Visit	☐	☐		$20.00	☐	☐		$20.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☐	☐		$20.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$20.00	☐	☐		$20.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$20.00	☐	☐		$20.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$0.00	☐	☐		$0.00
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☐	☐		$150.00	☐	☐		$150.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97.536%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		$10.00
Preferred Brand Drugs	☑	☑	80.656%		☑	☑	80.656%	
Non-Preferred Brand Drugs	☑	☑	76.808%		☑	☑	76.808%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.962%		☑	☑	98.962%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.228%
Metal Tier:	Platinum

User Inputs for Plan Parameters pf P - Low EPO, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80.00%
2nd Tier Utilization:	20.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$100.00		$0.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	99.999%	99.999%		99.999%	99.999%	
OOP Maximum ($)	$3,000.00			$3,000.00		
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$150.00	☐	☐		$150.00
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00
Specialist Visit	☐	☐		$30.00	☐	☐		$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$30.00	☐	☐		$30.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$30.00	☐	☐		$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☐	☐		$30.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$0.00	☐	☐		$0.00
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	93.430%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		$10.00
Preferred Brand Drugs	☑	☑	80.656%		☑	☑	80.656%	
Non-Preferred Brand Drugs	☑	☑	76.808%		☑	☑	76.808%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.962%		☑	☑	98.962%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.090%
Metal Tier:	Platinum

User Inputs for Plan Parameters pf P - Low Metro, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80.00%
2nd Tier Utilization:	20.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$100.00		$0.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	99.999%	99.999%		99.999%	99.999%	
OOP Maximum ($)	$3,000.00			$3,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$150.00	☐	☐		$150.00
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		$20.00
Specialist Visit	☐	☐		$30.00	☐	☐		$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$30.00	☐	☐		$30.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$100.00	☐	☐		$100.00
Rehabilitative Speech Therapy	☐	☐		$30.00	☐	☐		$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☐	☐		$30.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$0.00	☐	☐		$0.00
X-rays and Diagnostic Imaging	☐	☐		$90.00	☐	☐		$90.00
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	93.430%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		$10.00
Preferred Brand Drugs	☑	☑	80.656%		☑	☑	80.656%	
Non-Preferred Brand Drugs	☑	☑	76.808%		☑	☑	76.808%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.962%		☑	☑	98.962%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.090%
Metal Tier:	Platinum

User Inputs for Plan Parameters pf S - Direct HSA, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			$2,000.00
Coinsurance (%, Insurer's Cost Share)			90.000%			90.000%
OOP Maximum ($)			$5,500.00			$5,500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	90.000%		☑	☑	90.000%	
All Inpatient Hospital Services (inc. MHSA)	☑	☑	90.000%		☑	☑	90.000%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	77.892%		☑	☑	77.892%	
Specialist Visit	☑	☑	63.940%		☑	☑	63.940%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	50.968%		☑	☑	50.968%	
Imaging (CT/PET Scans, MRIs)	☑	☑	90.000%		☑	☑	90.000%	
Rehabilitative Speech Therapy	☑	☑	45.045%		☑	☑	45.045%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	45.045%		☑	☑	45.045%	
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	90.000%		☑	☑	90.000%	
X-rays and Diagnostic Imaging	☑	☑	90.000%		☑	☑	90.000%	
Skilled Nursing Facility	☑	☑	90.000%		☑	☑	90.000%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	90.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	90.000%		☑	☑	90.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑	57.020%	
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.165%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - Direct, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$100.00		$2,000.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	70.000%	99.999%		70.000%	99.999%	
OOP Maximum ($)	$6,350.00			$6,350.00		
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐	70.000%	$40.00	☐	☐	70.000%	$40.00
Specialist Visit	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Imaging (CT/PET Scans, MRIs)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Rehabilitative Speech Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐	70.000%	$0.00	☐	☐	70.000%	$0.00
X-rays and Diagnostic Imaging	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Skilled Nursing Facility	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	70.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	70.000%		☑	☑	70.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.922%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - Direct, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$100.00		$2,000.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	70.000%	99.999%		70.000%	99.999%	
OOP Maximum ($)	$6,350.00			$6,350.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐	70.000%	$40.00	☐	☐	70.000%	$40.00
Specialist Visit	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Imaging (CT/PET Scans, MRIs)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Rehabilitative Speech Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐	70.000%	$0.00	☐	☐	70.000%	$0.00
X-rays and Diagnostic Imaging	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Skilled Nursing Facility	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	70.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	70.000%		☑	☑	70.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.922%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - EPO HSA CAD, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			$2,000.00
Coinsurance (%, Insurer's Cost Share)			80.000%			80.000%
OOP Maximum ($)			$5,500.00			$5,500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	87.966%		☑	☑	87.966%	
All Inpatient Hospital Services (inc. MHSA)	☑	☑	80.000%		☑	☑	80.000%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	81.577%		☑	☑	81.577%	
Specialist Visit	☑	☑	69.950%		☑	☑	69.950%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	59.140%		☑	☑	59.140%	
Imaging (CT/PET Scans, MRIs)	☑	☑	85.807%		☑	☑	85.807%	
Rehabilitative Speech Therapy	☑	☑	54.204%		☑	☑	54.204%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	54.204%		☑	☑	54.204%	
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	80.000%		☑	☑	80.000%	
X-rays and Diagnostic Imaging	☑	☑	50.000%		☑	☑	50.000%	
Skilled Nursing Facility	☑	☑	80.000%		☑	☑	80.000%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	80.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	80.000%		☑	☑	80.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑	57.020%	
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.194%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - EPO HSA CAD, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			$2,000.00
Coinsurance (%, Insurer's Cost Share)			80.000%			80.000%
OOP Maximum ($)			$5,500.00			$5,500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	87.966%		☑	☑	87.966%	
All Inpatient Hospital Services (inc. MHSA)	☑	☑	80.000%		☑	☑	80.000%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	81.577%		☑	☑	81.577%	
Specialist Visit	☑	☑	69.950%		☑	☑	69.950%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	59.140%		☑	☑	59.140%	
Imaging (CT/PET Scans, MRIs)	☑	☑	85.807%		☑	☑	85.807%	
Rehabilitative Speech Therapy	☑	☑	54.204%		☑	☑	54.204%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	54.204%		☑	☑	54.204%	
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	80.000%		☑	☑	80.000%	
X-rays and Diagnostic Imaging	☑	☑	50.000%		☑	☑	50.000%	
Skilled Nursing Facility	☑	☑	80.000%		☑	☑	80.000%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	80.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	80.000%		☑	☑	80.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑	57.020%	
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.194%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - EPO HSA D&C, F

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$2,000.00			$2,000.00
Coinsurance (%, Insurer's Cost Share)			80.000%			80.000%
OOP Maximum ($)			$6,000.00			$6,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑		
Preferred Brand Drugs	☑	☑	77.432%		☑	☑		
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑		

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):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.091%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - EPO HSA D&C, L

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?	☐	Blended Network/POS Plan?	☐
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 ($)			$2,000.00			$2,000.00
Coinsurance (%, Insurer's Cost Share)			80.000%			80.000%
OOP Maximum ($)			$6,000.00			$6,000.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑		
Preferred Brand Drugs	☑	☑	77.432%		☑	☑		
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑		

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):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.091%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - EPO PA, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	80.00%
2nd Tier Utilization:	20.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			$1,500.00
Coinsurance (%, Insurer's Cost Share)			99.999%			99.999%
OOP Maximum ($)			$5,500.00			$5,500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	87.966%		☑	☑	87.966%	
All Inpatient Hospital Services (inc. MHSA)	☑	☑	98.700%		☑	☑	99.999%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		$25.00
Specialist Visit	☑	☑	69.950%		☑	☑	69.950%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	59.140%		☑	☑	59.140%	
Imaging (CT/PET Scans, MRIs)	☑	☑	85.807%		☑	☑	85.807%	
Rehabilitative Speech Therapy	☑	☑	54.204%		☑	☑	54.204%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	54.204%		☑	☑	54.204%	
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	0.000%		☑	☑	0.000%	
X-rays and Diagnostic Imaging	☑	☑	50.000%		☑	☑	50.000%	
Skilled Nursing Facility	☑	☑	98.700%		☑	☑	98.700%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	99.999%	
Outpatient Surgery Physician/Surgical Services	☑	☑	99.999%		☑	☑	99.999%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑	57.020%		☑	☑	57.020%	
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.224%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - EPO, F

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$100.00		$2,000.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	70.000%	99.999%		70.000%	99.999%	
OOP Maximum ($)	$6,350.00			$6,350.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐	70.000%	$40.00	☐	☐	70.000%	$40.00
Specialist Visit	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Imaging (CT/PET Scans, MRIs)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Rehabilitative Speech Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐	70.000%	$0.00	☐	☐	70.000%	$0.00
X-rays and Diagnostic Imaging	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Skilled Nursing Facility	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	70.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	70.000%		☑	☑	70.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.922%
Metal Tier:	Silver

User Inputs for Plan Parameters pf S - EPO, L

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization:	73.00%
2nd Tier Utilization:	27.00%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$100.00		$2,000.00	$100.00	
Coinsurance (%, Insurer's Cost Share)	70.000%	99.999%		70.000%	99.999%	
OOP Maximum ($)	$6,350.00			$6,350.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
All Inpatient Hospital Services (inc. MHSA)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐	70.000%	$40.00	☐	☐	70.000%	$40.00
Specialist Visit	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Imaging (CT/PET Scans, MRIs)	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Rehabilitative Speech Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐	70.000%	$70.00	☐	☐	70.000%	$70.00
Preventive Care/Screening/Immunization	☐	☐	100.000%	$0.00	☐	☐	100.000%	$0.00
Laboratory Outpatient and Professional Services	☐	☐	70.000%	$0.00	☐	☐	70.000%	$0.00
X-rays and Diagnostic Imaging	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Skilled Nursing Facility	☑	☑	70.000%	$0.00	☑	☑	70.000%	$0.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	93.430%		☑	☑	70.000%	
Outpatient Surgery Physician/Surgical Services	☑	☑	70.000%		☑	☑	70.000%	
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		$15.00
Preferred Brand Drugs	☑	☑	77.432%		☑	☑	77.432%	
Non-Preferred Brand Drugs	☑	☑	71.010%		☑	☑	71.010%	
Specialty Drugs (i.e. high-cost)	☑	☑	98.750%		☑	☑	98.750%	

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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.922%
Metal Tier:	Silver

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

Oxford Health Insurance, Inc.	A&H - 42	For Profit	78026
Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code

48 Monroe Turnpike, Trumbull, CT 06611

Company mailing address

B. Contact Person:

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

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address

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

February 15, 2014 through November 14, 2015	1/1/2014	XFRD-129012986
New rate applicability period	New rate effective date	SERFF Tracking Number

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

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	Yes.
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).	NA
4. Have all the required exh bits been submitted with this rate application? If any exh bit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes, all the required exhibits have been submitted with this rate application
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	NA

Notes:

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

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

Use the following SERFF filing types for rate adjustment filings:

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

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

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

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-129012986
Market Segment: Small Group

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

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

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

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

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

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

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

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

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
OHINY EPO	EPO	EPO	SG	01/01/2014	SG	EPO	Yes	Closed	41,919	272,017	XX	10/01/11	09/30/12	2,643,676	1,213,431,237	1,407,394,528	899,261,803	984,718,201	0	5,445,973	136,581,427	XX
OHINY SB	Direct	Direct	SG	01/01/2014	SG	PPO	Yes	Closed	12,867	75,705	XX	10/01/11	09/30/12	905,815	452,495,250	522,435,120	346,914,250	357,784,872	0	1,865,979	49,092,757	XX
OHINY SB	Metro	Metro	SG	01/01/2014	SG	PPO	Yes	Closed	11,240	54,467	XX	10/01/11	09/30/12	657,083	426,933,118	510,968,998	332,193,506	344,734,223	0	1,353,591	43,500,048	XX
	Total	**Total**							**66,026**	**402,189**	XX			**4,206,574**	**2,092,859,604**	**2,440,798,646**	**1,578,369,560**	**1,687,237,296**	**0**	**8,665,542**	**229,174,233**	XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

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

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											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	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) ($)		16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	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) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
OHINY EPO	EPO	EPO	10/01/10	09/30/11	2,107,655	952,805,117	1,211,060,952	693,544,351	748,470,963	0	3,245,789	123,024,924	XX	10/01/09	09/30/10	1,973,844	803,911,951	1,210,364,077	609,890,945	659,059,704	0	3,217,366	93,914,870	XX
OHINY SB	Direct	Direct	10/01/10	09/30/11	975,872	458,977,494	579,471,830	351,018,924	371,665,972	0	1,502,843	58,352,116	XX	10/01/09	09/30/10	879,437	367,929,678	534,913,765	290,830,779	317,984,962	0	1,433,482	42,628,656	XX
OHINY SB	Metro	Metro	10/01/10	09/30/11	777,836	469,606,428	611,726,136	370,020,049	387,601,746	0	1,197,867	55,750,260	XX	10/01/09	09/30/10	962,293	501,495,384	767,763,509	410,424,023	421,795,110	0	1,568,538	55,051,870	XX
	Total	**Total**			**3,861,363**	**1,881,389,038**	**2,402,258,917**	**1,414,583,324**	**1,507,738,681**	**0**	**5,946,499**	**237,127,300**	XX			**3,815,574**	**1,673,337,014**	**2,513,041,351**	**1,311,145,747**	**1,398,839,776**	**0**	**6,219,386**	**191,595,396**	XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX
													XX											XX

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

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

Line #	General	pf B - DFS NY Std	pf B - Direct HSA	pf B - EPO HSA	pf B - EPO HSA	pf B - EPO HSA	pf G - DFS NY S	pf G - Direct HSA
1	Product*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
2	Product ID*	85629NY001	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold
4	AV Metal Value (HHS Calculator)*	62.0%	61 5%	61 8%	58.9%	58.9%	79 0%	79.1%
5	AV Pricing Value (total, risk pool experience based)*	55.6%	55 8%	55 5%	54.1%	52.8%	76 2%	78.7%
6	Plan Type*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
7	Plan Name*	Bronze NY Standard EPO HSA	Bronze PPO HSA $3750	Bronze EPO HSA $3500	Bronze EPO HSA $5000 F	Bronze EPO HSA $5000 L	Gold NY Standard EPO	Gold PPO HSA
8	Plan ID*	85629NY0010028	85629NY0050172	85629NY0010164	85629NY0010316	85629NY0010156	85629NY0010018	85629NY0050068
9	Exchange Plan?*	No	No	No	No	No	No	No

* 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	$ 1,643,088,050						
10B	Member-Mon hs for Latest Experience Period	4,206,574						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	390 60						
11	Average Pricing Actuarial Value reflected in experience period	0.696						
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

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

Line #	General	pf B - DFS NY Std	pf B - Direct HSA	pf B - EPO HSA	pf B - EPO HSA	pf B - EPO HSA	pf G - DFS NY S	pf G - Direct HSA
1	Product*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
2	Product ID*	85629NY001	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold
4	AV Metal Value (HHS Calculator)*	62.0%	61 5%	61 8%	58.9%	58.9%	79 0%	79.1%
5	AV Pricing Value (total, risk pool experience based)*	55.6%	55 8%	55 5%	54.1%	52.8%	76 2%	78.7%
6	Plan Type*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
7	Plan Name*	Bronze NY Standard EPO HSA	Bronze PPO HSA $3750	Bronze EPO HSA $3500	Bronze EPO HSA $5000 F	Bronze EPO HSA $5000 L	Gold NY Standard EPO	Gold PPO HSA
8	Plan ID*	85629NY0010028	85629NY0050172	85629NY0010164	85629NY0010316	85629NY0010156	85629NY0010018	85629NY0050068

Market Wide Adjustments to the AV
Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	1.032						
14	Market wide adjustment for changes in provider network **	1.000						
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 **	1.000						
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**						
19	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	0.974						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000						
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)	1.263						
24	2011 Sweeps Benefit Change	1.015						
25	2013 Migration Adjustment	1.006						
26	SHOP Selection	1.007						
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**

** Not Included in Claim Trend Adjustment

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

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

Line #	General	pf B - DFS NY Std	pf B - Direct HSA	pf B - EPO HSA	pf B - EPO HSA	pf B - EPO HSA	pf G - DFS NY S	pf G - Direct HSA
1	Product*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
2	Product ID*	85629NY001	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold
4	AV Metal Value (HHS Calculator)*	62.0%	61 5%	61 8%	58.9%	58.9%	79 0%	79.1%
5	AV Pricing Value (total, risk pool experience based)*	55.6%	55 8%	55 5%	54.1%	52.8%	76 2%	78.7%
6	Plan Type*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
7	Plan Name*	Bronze NY Standard EPO HSA	Bronze PPO HSA $3750	Bronze EPO HSA $3500	Bronze EPO HSA $5000 F	Bronze EPO HSA $5000 L	Gold NY Standard EPO	Gold PPO HSA
8	Plan ID*	85629NY0010028	85629NY0050172	85629NY0010164	85629NY0010316	85629NY0010156	85629NY0010018	85629NY0050068
	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.626	0.607	0.604	0 575	0.575	0 820	0.801
29	Pricing actuarial value (only the induced demand factor) #	0.793	0.793	0.793	0.793	0.793	0 829	0.829
30	Impact of provider network characteristics ##	0.976	0.976	0.976	1 000	0.976	0 976	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1 000	1.000	1 000	1.000
32	Impact of u ilization management practices ##	0.968	1.000	1.000	1 000	1.000	0 968	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
34	Administrative costs (excluding Exchange user fees and profits)	1.123	1.123	1.123	1.123	1.123	1.123	1.123
35	Profit/Contribution to surplus margins	1.060	1.060	1.060	1 060	1.060	1 060	1.060
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1 000	1.000	1 000	1.000
37	Addition of Out of Network Benefit Option (e g., POS or PPO, if applicable)	1.000	1.094	1.000	1 000	1.000	1 000	1.078
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
39	PPACA Fees	1.033	1.033	1.033	1 033	1.033	1 033	1.033
40	O her 2 (specify)	1.000	1.000	1.000	1 000	1.000	1 000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.576**	**0.632**	**0.575**	**0.561**	**0.547**	**0.789**	**0.880**

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

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	Separate column for each plan design (on or off Exchange)						
		pf B - DFS NY Std	pf B - Direct HSA	pf B - EPO HSA	pf B - EPO HSA	pf B - EPO HSA	pf G - DFS NY S	pf G - Direct HSA
1	Product*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
2	Product ID*	85629NY001	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold
4	AV Metal Value (HHS Calculator)*	62.0%	61 5%	61 8%	58.9%	58.9%	79 0%	79.1%
5	AV Pricing Value (total, risk pool experience based)*	55.6%	55 8%	55 5%	54.1%	52.8%	76 2%	78.7%
6	Plan Type*	EPO	PPO	EPO	EPO	EPO	EPO	PPO
7	Plan Name*	Bronze NY Standard EPO HSA	Bronze PPO HSA $3750	Bronze EPO HSA $3500	Bronze EPO HSA $5000 F	Bronze EPO HSA $5000 L	Gold NY Standard EPO	Gold PPO HSA
8	Plan ID*	85629NY0010028	85629NY0050172	85629NY0010164	85629NY0010316	85629NY0010156	85629NY0010018	85629NY0050068
42	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)**	**422.30**	**462.89**	**421.10**	**411.02**	**401.03**	**578.22**	**644.44**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Direct, F	pf G - Ease EPC	pf G - EPO HSA	pf G - EPO PA, l	pf G - High EPO	pf G - High EPO	pf G - Low EPO,
1	Product*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	80.0%	79 8%	79.1%	78.7%	81.5%	81 5%	78.3%
5	AV Pricing Value (total, risk pool experience based)*	80.4%	81.4%	78.7%	81 0%	82.9%	80 9%	80.8%
6	Plan Type*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Gold PPO 25/40	Gold Ease EPO	Gold EPO HSA	Gold Primary Advantage EPO	Gold EPO 15/25 F	Gold EPO 15/25 L	Gold EPO 20/40 F
8	Plan ID*	85629NY0050044	85629NY0010084	85629NY0010076	85629NY0010092	85629NY0010244	85629NY0010052	85629NY0010248
9	Exchange Plan?*	No	No	No	No	No	No	No

* 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-Mon hs 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)**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Direct, F	pf G - Ease EPC	pf G - EPO HSA	pf G - EPO PA, l	pf G - High EPO	pf G - High EPO	pf G - Low EPO,
1	Product*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	80.0%	79 8%	79.1%	78.7%	81.5%	81 5%	78.3%
5	AV Pricing Value (total, risk pool experience based)*	80.4%	81.4%	78.7%	81 0%	82.9%	80 9%	80.8%
6	Plan Type*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Gold PPO 25/40	Gold Ease EPO	Gold EPO HSA	Gold Primary Advantage EPO	Gold EPO 15/25 F	Gold EPO 15/25 L	Gold EPO 20/40 F
8	Plan ID*	85629NY0050044	85629NY0010084	85629NY0010076	85629NY0010092	85629NY0010244	85629NY0010052	85629NY0010248

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	2011 Sweeps Benefit Change							
25	2013 Migration Adjustment							
26	SHOP Selection							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**

** Not Included in Claim Trend Adjustment

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Direct, F	pf G - Ease EPC	pf G - EPO HSA	pf G - EPO PA, t	pf G - High EPO	pf G - High EPO	pf G - Low EPO,
1	Product*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	80.0%	79 8%	79.1%	78.7%	81.5%	81 5%	78.3%
5	AV Pricing Value (total, risk pool experience based)*	80.4%	81.4%	78.7%	81 0%	82.9%	80 9%	80.8%
6	Plan Type*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Gold PPO 25/40	Gold Ease EPO	Gold EPO HSA	Gold Primary Advantage EPO	Gold EPO 15/25 F	Gold EPO 15/25 L	Gold EPO 20/40 F
8	Plan ID*	85629NY0050044	85629NY0010084	85629NY0010076	85629NY0010092	85629NY0010244	85629NY0010052	85629NY0010248
	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.817	0 828	0.801	0 844	0.843	0.843	0 822
29	Pricing actuarial value (only the induced demand factor) #	0.829	0 829	0.829	0 829	0.829	0.829	0 829
30	Impact of provider network characteristics ##	1.000	1 000	1.000	0 976	1.000	0.976	1 000
31	Impact of delivery system characteristics ##	1.000	1 000	1.000	1 000	1.000	1.000	1 000
32	Impact of u ilization management practices ##	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
34	Administrative costs (excluding Exchange user fees and profits)	1.123	1.123	1.123	1.123	1.123	1.123	1.123
35	Profit/Contribution to surplus margins	1.060	1 060	1.060	1 060	1.060	1.060	1 060
36	Impact of eligibility categories (catastrophic plans only)	1.000	1 000	1.000	1 000	1.000	1.000	1 000
37	Addition of Out of Network Benefit Option (e g., POS or PPO, if applicable)	1.090	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
39	PPACA Fees	1.033	1 033	1.033	1 033	1.033	1.033	1 033
40	O her 2 (specify)	1.000	1 000	1.000	1 000	1.000	1.000	1 000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.908**	**0.844**	**0.816**	**0.839**	**0.859**	**0.838**	**0.838**

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

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Direct, F	pf G - Ease EPC	pf G - EPO HSA	pf G - EPO PA, l	pf G - High EPO	pf G - High EPO	pf G - Low EPO,
1	Product*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY005	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	80.0%	79 8%	79.1%	78.7%	81.5%	81 5%	78.3%
5	AV Pricing Value (total, risk pool experience based)*	80.4%	81.4%	78.7%	81 0%	82.9%	80 9%	80.8%
6	Plan Type*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Gold PPO 25/40	Gold Ease EPO	Gold EPO HSA	Gold Primary Advantage EPO	Gold EPO 15/25 F	Gold EPO 15/25 L	Gold EPO 20/40 F
8	Plan ID*	85629NY0050044	85629NY0010084	85629NY0010076	85629NY0010092	85629NY0010244	85629NY0010052	85629NY0010248
42	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)**	**665.25**	**618.00**	**597.63**	**614.83**	**629.31**	**614.02**	**613.60**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Low EPO,	pf P - DFS NY S	pf P - DFS NY S	pf P - High EPO	pf P - High Metro	pf P - Low EPO,	pf P - Low Metro
1	Product*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
2	Product ID*	85629NY001	85629NY001	85629NY005	85629NY001	85629NY005	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	78.3%	88.1%	88.1%	90 2%	90.2%	88.1%	88.1%
5	AV Pricing Value (total, risk pool experience based)*	78.9%	93 0%	93.0%	100.0%	100 0%	98.1%	98.1%
6	Plan Type*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
7	Plan Name*	Gold EPO 20/40 L	Platinum NY Standard EPO	Platinum NY Standard PPO	Platinum EPO 10/20	Platinum PPO 10/20	Platinum EPO 20/30	Platinum PPO 20/30
8	Plan ID*	85629NY0010060	85629NY0010013	85629NY0020007	85629NY0010336	85629NY0050012	85629NY0010036	85629NY0050028
9	Exchange Plan?*	No	No	No	No	No	No	No

* 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-Mon hs 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)**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Low EPO,	pf P - DFS NY S	pf P - DFS NY S	pf P - High EPO	pf P - High Metro	pf P - Low EPO,	pf P - Low Metro
1	Product*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
2	Product ID*	85629NY001	85629NY001	85629NY005	85629NY001	85629NY005	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	78.3%	88.1%	88.1%	90 2%	90.2%	88.1%	88.1%
5	AV Pricing Value (total, risk pool experience based)*	78.9%	93 0%	93.0%	100.0%	100 0%	98.1%	98.1%
6	Plan Type*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
7	Plan Name*	Gold EPO 20/40 L	Platinum NY Standard EPO	Platinum NY Standard PPO	Platinum EPO 10/20	Platinum PPO 10/20	Platinum EPO 20/30	Platinum PPO 20/30
8	Plan ID*	85629NY0010060	85629NY0010013	85629NY0020007	85629NY0010336	85629NY0050012	85629NY0010036	85629NY0050028

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	2011 Sweeps Benefit Change							
25	2013 Migration Adjustment							
26	SHOP Selection							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**

** Not Included in Claim Trend Adjustment

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Low EPO,	pf P - DFS NY S	pf P - DFS NY S	pf P - High EPO	pf P - High Metro	pf P - Low EPO,	pf P - Low Metro
1	Product*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
2	Product ID*	85629NY001	85629NY001	85629NY005	85629NY001	85629NY005	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	78.3%	88.1%	88.1%	90 2%	90.2%	88.1%	88.1%
5	AV Pricing Value (total, risk pool experience based)*	78.9%	93 0%	93.0%	100.0%	100 0%	98.1%	98.1%
6	Plan Type*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
7	Plan Name*	Gold EPO 20/40 L	Platinum NY Standard EPO	Platinum NY Standard PPO	Platinum EPO 10/20	Platinum PPO 10/20	Platinum EPO 20/30	Platinum PPO 20/30
8	Plan ID*	85629NY0010060	85629NY0010013	85629NY0020007	85629NY0010336	85629NY0050012	85629NY0010036	85629NY0050028
	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.822	0 910	0.910	0 924	0.924	0.907	0 907
29	Pricing actuarial value (only the induced demand factor) #	0.829	0 912	0.912	0 912	0.912	0.912	0 912
30	Impact of provider network characteristics ##	0.976	0 976	0.976	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
32	Impact of u ilization management practices ##	1.000	0 968	0.968	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
34	Administrative costs (excluding Exchange user fees and profits)	1.123	1.123	1.123	1.123	1.123	1.123	1.123
35	Profit/Contribution to surplus margins	1.060	1 060	1.060	1 060	1.060	1.060	1 060
36	Impact of eligibility categories (catastrophic plans only)	1.000	1 000	1.000	1 000	1.000	1.000	1 000
37	Addition of Out of Network Benefit Option (e g., POS or PPO, if applicable)	1.000	1 000	1.081	1 000	1.082	1.000	1 076
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
39	PPACA Fees	1.033	1 033	1.033	1 033	1.033	1.033	1 033
40	O her 2 (specify)	1.000	1 000	1.000	1 000	1.000	1.000	1 000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.817**	**0.964**	**1.042**	**1.036**	**1.121**	**1.016**	**1.093**

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

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf G - Low EPO,	pf P - DFS NY S	pf P - DFS NY S	pf P - High EPO	pf P - High Metro	pf P - Low EPO,	pf P - Low Metro
1	Product*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
2	Product ID*	85629NY001	85629NY001	85629NY005	85629NY001	85629NY005	85629NY001	85629NY005
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	78.3%	88.1%	88.1%	90 2%	90.2%	88.1%	88.1%
5	AV Pricing Value (total, risk pool experience based)*	78.9%	93 0%	93.0%	100.0%	100 0%	98.1%	98.1%
6	Plan Type*	EPO	EPO	PPO	EPO	PPO	EPO	PPO
7	Plan Name*	Gold EPO 20/40 L	Platinum NY Standard EPO	Platinum NY Standard PPO	Platinum EPO 10/20	Platinum PPO 10/20	Platinum EPO 20/30	Platinum PPO 20/30
8	Plan ID*	85629NY0010060	85629NY0010013	85629NY0020007	85629NY0010336	85629NY0050012	85629NY0010036	85629NY0050028
42	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)**	**598.70**	**706.06**	**763.01**	**759.27**	**821.52**	**744.65**	**801.01**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - DFS NY S	pf S - DFS NY S	pf S - Direct HSA	pf S - Direct, F	pf S - Direct, L	pf S - EPO HSA	pf S - EPO HSA
1	Product*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
2	Product ID*	85629NY001	85629NY005	85629NY005	85629NY005	85629NY005	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	70.7%	70.7%	69.2%	71 9%	71.9%	68 2%	68.2%
5	AV Pricing Value (total, risk pool experience based)*	64.6%	64 6%	66.1%	70 2%	68.5%	65 6%	64.0%
6	Plan Type*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
7	Plan Name*	Silver NY Standard EPO	Silver NY Standard PPO	Silver PPO HSA 30/60	Silver PPO 40/70 F	Silver PPO 40/70 L	Silver EPO HSA 25/50 F	Silver EPO HSA 25/50 L
8	Plan ID*	85629NY0010023	85629NY0020012	85629NY0050108	85629NY0050132	85629NY0050212	85629NY0010288	85629NY0010140
9	Exchange Plan?*	No	No	No	No	No	No	No

* 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-Mon hs 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)**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - DFS NY S	pf S - DFS NY S	pf S - Direct HSA	pf S - Direct, F	pf S - Direct, L	pf S - EPO HSA	pf S - EPO HSA
1	Product*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
2	Product ID*	85629NY001	85629NY005	85629NY005	85629NY005	85629NY005	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	70.7%	70.7%	69.2%	71 9%	71.9%	68 2%	68.2%
5	AV Pricing Value (total, risk pool experience based)*	64.6%	64 6%	66.1%	70 2%	68.5%	65 6%	64.0%
6	Plan Type*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
7	Plan Name*	Silver NY Standard EPO	Silver NY Standard PPO	Silver PPO HSA 30/60	Silver PPO 40/70 F	Silver PPO 40/70 L	Silver EPO HSA 25/50 F	Silver EPO HSA 25/50 L
8	Plan ID*	85629NY0010023	85629NY0020012	85629NY0050108	85629NY0050132	85629NY0050212	85629NY0010288	85629NY0010140

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	2011 Sweeps Benefit Change							
25	2013 Migration Adjustment							
26	SHOP Selection							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**

** Not Included in Claim Trend Adjustment

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - DFS NY S	pf S - DFS NY S	pf S - Direct HSA	pf S - Direct, F	pf S - Direct, L	pf S - EPO HSA	pf S - EPO HSA
1	Product*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
2	Product ID*	85629NY001	85629NY005	85629NY005	85629NY005	85629NY005	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	70.7%	70.7%	69.2%	71 9%	71.9%	68 2%	68.2%
5	AV Pricing Value (total, risk pool experience based)*	64.6%	64 6%	66.1%	70 2%	68.5%	65 6%	64.0%
6	Plan Type*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
7	Plan Name*	Silver NY Standard EPO	Silver NY Standard PPO	Silver PPO HSA 30/60	Silver PPO 40/70 F	Silver PPO 40/70 L	Silver EPO HSA 25/50 F	Silver EPO HSA 25/50 L
8	Plan ID*	85629NY0010023	85629NY0020012	85629NY0050108	85629NY0050132	85629NY0050212	85629NY0010288	85629NY0010140
	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.727	0.727	0.703	0.747	0.747	0.697	0 697
29	Pricing actuarial value (only the induced demand factor) #	0.793	0.793	0.793	0.793	0.793	0.793	0.793
30	Impact of provider network characteristics ##	0.976	0 976	1.000	1 000	0.976	1.000	0 976
31	Impact of delivery system characteristics ##	1.000	1 000	1.000	1 000	1.000	1.000	1 000
32	Impact of u ilization management practices ##	0.968	0 968	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
34	Administrative costs (excluding Exchange user fees and profits)	1.123	1.123	1.123	1.123	1.123	1.123	1.123
35	Profit/Contribution to surplus margins	1.060	1 060	1.060	1 060	1.060	1.060	1 060
36	Impact of eligibility categories (catastrophic plans only)	1.000	1 000	1.000	1 000	1.000	1.000	1 000
37	Addition of Out of Network Benefit Option (e g., POS or PPO, if applicable)	1.000	1.106	1.082	1 086	1.088	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
39	PPACA Fees	1.033	1 033	1.033	1 033	1.033	1.033	1 033
40	O her 2 (specify)	1.000	1 000	1.000	1 000	1.000	1.000	1 000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.669**	**0.740**	**0.741**	**0.790**	**0.773**	**0.680**	**0.663**

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

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - DFS NY S	pf S - DFS NY S	pf S - Direct HSA	pf S - Direct, F	pf S - Direct, L	pf S - EPO HSA	pf S - EPO HSA
1	Product*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
2	Product ID*	85629NY001	85629NY005	85629NY005	85629NY005	85629NY005	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	70.7%	70.7%	69.2%	71 9%	71.9%	68 2%	68.2%
5	AV Pricing Value (total, risk pool experience based)*	64.6%	64 6%	66.1%	70 2%	68.5%	65 6%	64.0%
6	Plan Type*	EPO	PPO	PPO	PPO	PPO	EPO	EPO
7	Plan Name*	Silver NY Standard EPO	Silver NY Standard PPO	Silver PPO HSA 30/60	Silver PPO 40/70 F	Silver PPO 40/70 L	Silver EPO HSA 25/50 F	Silver EPO HSA 25/50 L
8	Plan ID*	85629NY0010023	85629NY0020012	85629NY0050108	85629NY0050132	85629NY0050212	85629NY0010288	85629NY0010140
42	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)**	**490.19**	**541.94**	**543.21**	**578.93**	**566.08**	**498.11**	**486.01**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - EPO HSA	pf S - EPO HSA	pf S - EPO PA, L	pf S - EPO, F	pf S - EPO, L
1	Product*	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	68.1%	68.1%	71.2%	71 9%	71.9%
5	AV Pricing Value (total, risk pool experience based)*	64.5%	62 9%	71.7%	70 2%	68.5%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Silver EPO HSA F	Silver EPO HSA L	Silver Primary Advantage EPO	Silver EPO 40/70 F	Silver EPO 40/70 L
8	Plan ID*	85629NY0010272	85629NY0010124	85629NY0010116	85629NY0010300	85629NY0010148
9	Exchange Plan?*	No	No	No	No	No

* 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-Mon hs 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)**	**561.08**	**561.08**	**561.08**	**561.08**	**561.08**

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - EPO HSA	pf S - EPO HSA	pf S - EPO PA, L	pf S - EPO, F	pf S - EPO, L
1	Product*	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	68.1%	68.1%	71.2%	71 9%	71.9%
5	AV Pricing Value (total, risk pool experience based)*	64.5%	62 9%	71.7%	70 2%	68.5%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Silver EPO HSA F	Silver EPO HSA L	Silver Primary Advantage EPO	Silver EPO 40/70 F	Silver EPO 40/70 L
8	Plan ID*	85629NY0010272	85629NY0010124	85629NY0010116	85629NY0010300	85629NY0010148

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	2011 Sweeps Benefit Change					
25	2013 Migration Adjustment					
26	SHOP Selection					
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.306**	**1.306**	**1.306**	**1.306**	**1.306**

** Not Included in Claim Trend Adjustment

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - EPO HSA	pf S - EPO HSA	pf S - EPO PA, L	pf S - EPO, F	pf S - EPO, L
1	Product*	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	68.1%	68.1%	71.2%	71 9%	71.9%
5	AV Pricing Value (total, risk pool experience based)*	64.5%	62 9%	71.7%	70 2%	68.5%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Silver EPO HSA F	Silver EPO HSA L	Silver Primary Advantage EPO	Silver EPO 40/70 F	Silver EPO 40/70 L
8	Plan ID*	85629NY0010272	85629NY0010124	85629NY0010116	85629NY0010300	85629NY0010148
	Plan Level Adjustments					
28	Pricing actuarial value (without induced demand factor) #	0.685	0 685	0.782	0.747	0.747
29	Pricing actuarial value (only the induced demand factor) #	0.793	0.793	0.793	0.793	0.793
30	Impact of provider network characteristics ##	1.000	0 976	0.976	1 000	0.976
31	Impact of delivery system characteristics ##	1.000	1 000	1.000	1 000	1.000
32	Impact of u ilization management practices ##	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
34	Administrative costs (excluding Exchange user fees and profits)	1.123	1.123	1.123	1.123	1.123
35	Profit/Contribution to surplus margins	1.060	1 060	1.060	1 060	1.060
36	Impact of eligibility categories (catastrophic plans only)	1.000	1 000	1.000	1 000	1.000
37	Addition of Out of Network Benefit Option (e g., POS or PPO, if applicable)	1.000	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
39	PPACA Fees	1.033	1 033	1.033	1 033	1.033
40	O her 2 (specify)	1.000	1 000	1.000	1 000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.668**	**0.652**	**0.743**	**0.728**	**0.710**

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

Exhibit 8 - Index Rate/Plan Design Level Adjustme

Company Name: Oxford Health Insurance, Inc.
NAIC Code: 78026
SERFF Number: XFRD-128983652
Market Segment: Small Group

Line #	General	pf S - EPO HSA	pf S - EPO HSA	pf S - EPO PA, L	pf S - EPO, F	pf S - EPO, L
1	Product*	EPO	EPO	EPO	EPO	EPO
2	Product ID*	85629NY001	85629NY001	85629NY001	85629NY001	85629NY001
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	68.1%	68.1%	71.2%	71 9%	71.9%
5	AV Pricing Value (total, risk pool experience based)*	64.5%	62 9%	71.7%	70 2%	68.5%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Silver EPO HSA F	Silver EPO HSA L	Silver Primary Advantage EPO	Silver EPO 40/70 F	Silver EPO 40/70 L
8	Plan ID*	85629NY0010272	85629NY0010124	85629NY0010116	85629NY0010300	85629NY0010148
42	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L27 x L41)**	**489.41**	**477.52**	**544.61**	**533.25**	**520.29**

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

Company Name: Oxford Health Insurnace, Inc.
NAIC Code: 78026
SERFF Number: XFRD-129012986
Market Segment: Small Group

A. Complete a separate ROW for Metal Level/Exchange product in the current new On/Off Exchange product f ling.
- 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 Hea th 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 (prof t/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	pf P - DFS NY Std EPO L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Platinum	Off Exchange	pf P - DFS NY Std PPO, L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Platinum	Off Exchange	pf P - High Metro F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Platinum	Off Exchange	pf P - High EPO F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Platinum	Off Exchange	pf P - Low Metro, F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Platinum	Off Exchange	pf P - Low EPO F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - DFS NY Std L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - Direct F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - High EPO, F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - High EPO L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - Low EPO F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - Low EPO, L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - Direct HSA, F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - EPO HSA F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - Ease EPO F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Gold	Off Exchange	pf G - EPO PA, L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - DFS NY Std EPO L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - DFS NY Std PPO L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - Direct HSA, F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - EPO PA, L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - EPO HSA D&C F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - EPO HSA D&C L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - Direct, F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - Direct L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - EPO HSA CAD F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - EPO HSA CAD L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - EPO, F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Silver	Off Exchange	pf S - EPO L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Bronze	Off Exchange	pf B - DFS NY Std L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Bronze	Off Exchange	pf B - EPO HSA D&C, L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Bronze	Off Exchange	pf B - EPO HSA D&C F	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Bronze	Off Exchange	pf B - EPO HSA CAD L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%
Bronze	Off Exchange	pf B - Direct HSA L	01/01/14	12/31/14	10.53%	0.90%	0.30%	3.00%	2.03%	3.16%	3.80%	13.19%	3.53%	0.02%	0.34%	1.91%	35.00%	0.00%	18.66%

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 $pmpm	12.2 Administrative expenses for activities that improve health care qua ity as defined in the NAIC Annual Statement Supplement Health Care Exhib t - as $pmpm	12.3 Commissions and broker fees - as $pmpm	12.4 Premium Taxes - as $pmpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	12.6 Other administrative expenses - as $pmpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/ contribution to surplus) - as $pmpm	14. State income tax component - as $pmpm	15. Federal income tax component - as $pmpm	16. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
Platinum	Off Exchange	pf P - DFS NY Std EPO L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Platinum	Off Exchange	pf P - DFS NY Std PPO, L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Platinum	Off Exchange	pf P - High Metro F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Platinum	Off Exchange	pf P - High EPO F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Platinum	Off Exchange	pf P - Low Metro, F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Platinum	Off Exchange	pf P - Low EPO F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - DFS NY Std L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - Direct F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - High EPO, F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - High EPO L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - Low EPO F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - Low EPO, L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - Direct HSA, F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - EPO HSA F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - Ease EPO F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Gold	Off Exchange	pf G - EPO PA, L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - DFS NY Std EPO L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - DFS NY Std PPO L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - Direct HSA, F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - EPO PA, L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - EPO HSA D&C F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - EPO HSA D&C L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - Direct, F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - Direct L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - EPO HSA CAD F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - EPO HSA CAD L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - EPO, F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Silver	Off Exchange	pf S - EPO L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Bronze	Off Exchange	pf B - DFS NY Std L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Bronze	Off Exchange	pf B - EPO HSA D&C, L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Bronze	Off Exchange	pf B - EPO HSA D&C F	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Bronze	Off Exchange	pf B - EPO HSA CAD L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70
Bronze	Off Exchange	pf B - Direct HSA L	5.82	1.94	19.41	13.12	20.45	24.60	85.35	22.86	0.12	12.37	0.00	120.70

Oxford Health Insurance, Inc.

New York Small Group
Rates Effective January 1, 2014 – December 31, 2014

ACTUARIAL CERTIFICATION

I, [redacted], am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

(a) The submission is in compliance with all applicable laws and regulations of the State of New York;
(b) 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 Clarification
- 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

(c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
(d) The benefits are reasonable in relation to the premiums charged; and
(e) The rates are not unfairly discriminatory.

[redacted]

May 15, 2013

UnitedHealthcare
A UnitedHealth Group Company

May 15, 2013

Mr. [redacted]
Deputy Chief Actuary
New York State Department of Financial Services
Health Bureau
25 Beaver Street
New York, NY 10004

RE: Oxford Health Insurance, Inc.
New York Small Business
Effective January 2014 – December 2014

Dear [redacted]

This rate filing addresses the development of the New York Small Group Small Business rates for plans written by Oxford Health Insurance, Inc. The rates are effective from January 1, 2014 to December 31, 2014.

Included in this filing are

- Actuarial Certification
- Actuarial Memorandum
- Section I – Supporting Exhibits 1,7, 8, & 9
- Section II - Rate Manual
- Section III – HIOS Forms

Should you have any questions or need any additional information, please contact me at [redacted]

Sincerely,

[redacted]

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For Oxford Health Insurance, Inc.

State of New York Rate Review

General Information

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Uniform Rate Review Template (URRT).

Company Identifying Information:

- **Company Legal Name:** Oxford Health Insurance, Inc.
- **State:** New York
- **HIOS Issuer ID:** 85629
- **Market:** Small Group
- **Effective Date:** 1/1/2014 – 12/31/2014

Company Contact Information:

- **Primary Contact Name:** [redacted]
- **Primary Contact Telephone Number:** [redacted]
- **Primary Contact Email Address:** [redacted]

Proposed Rate Increase

Oxford Health Insurance, Inc. ("OHI") is filing rates for new benefit plans written under new policy forms and new certificates of coverage that comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). While we have developed the new rates using historical claims experience for OHI small group, there is no rate increase to report since these are all new plan designs. In addition to new rates effective 1/1/14, we are also filing 2.5% quarterly trend increases for each of the last three quarters in 2014.

Reasons for Rate Increase

The products are new effective 1/1/2014 so there is no initial rate increase. The 2nd, 3rd, and 4th quarter 2014 quarterly increases of 2.5% are based upon projected annual increases in utilization trend (4.7%), unit cost trend (4.6%), and benefit leveraging (0.9%).

Experience Period Premiums and Claims

- **Experience Period:** The experience period is 10/1/2011 to 9/30/2012 paid through 12/31/2012.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are shown in Part I. The earned premiums are the sum of the actual premium amounts in the experience period for all small group OHI policies with the exception of groups without pharmacy coverage and sole proprietors which were removed per instructions received from the New York State Department of Financial Services ("DFS"). OHI does not anticipate paying any MLR rebates for this company for the months included in the experience period.
- **Allowed and Incurred Claims Incurred During the Experience Period:** The incurred and allowed claims were extracted from internal data warehouses and

financial reports and include fee-for-service medical claims, fee-for-service pharmacy claims, graduate medical expense, HCRA hospital surcharge, pharmacy rebates, and capitations. We added estimates of incurred but not reported ("IBNR") claims to the incurred and allowed claims. In order to calculate the IBNR amounts, we used a completion factor method based on actual adjudicated claims as well as taking the current inventory into account. We also use seasonality estimates to help guide our picks where completion factors may not have been credible.

Benefit Categories

Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors

- **Changes in the Morbidity of the Population Insured:** No changes in the average morbidity are assumed.
- **Changes in Benefits:** We have estimated that the cost increase of adding benefits to comply with the Essential Health Benefits ("EHB") provision is 3.2%. This estimate was developed using a combination of previously submitted rate filings approved by DFS and the UnitedHealthcare proprietary pricing model.
- **Changes in Demographics:** No changes in demographics are assumed.
- **Other Adjustments:** The claim projection includes a -0.1% adjustment for separately filed benefit changes effective 1/1/2011 that are not fully reflected in the experience period. These estimates reflect the values that were filed and approved by DFS. In addition, the claim projection includes a +0.6% adjustment to account for the fact that member migration between products increases expected claim costs by more than is considered by the trend projection factor. The development of this migration factor is consistent with the approach that we have previously presented to DFS and included in prior rate filings. We also applied an adjustment factor of +0.7% to reflect the anticipated adverse selection and increased cost that we estimate will occur due to the employee choice model being implemented in the New York SHOP. In addition, the experience period used to develop rates does not include claims incurred for mandated autism services. Therefore, we have increased the projected claims by the 1.3% increase previously approved by DFS for mandated autism coverage. Finally, ten months of the experience period used to develop rates does not reflect 100% coverage of women's preventive services. The increase previously approved by DFS was 0.32% for mandated 100% women's preventive coverage. Therefore, we have increased the projected claims by 0.27% to account for the ten months in the experience period where the 100% coverage did not apply.

- **Trend Factors:** UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. As a general matter, we review our own recent/emerging claims experience at the state level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

  Forward looking utilization levels are developed based on emerging state level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

  The projected annual trend factor is 10.5%. This breaks down into the following components: 4.6% unit cost, 4.7% utilization, and 0.9% trend leveraging. Please note that this trend factor excludes any risk margin.

Credibility

There was an average of 350,548 members in OHI small group plans during the experience period. We consider this to be fully credible and therefore have made no adjustments.

Paid to Allowed Ratio

We have developed the average paid to allowed factor for the projection period based upon a combination of an assumed mapping of current Oxford small group members to the new 2014 plans and the pricing actuarial values for those new plans.

Risk Adjustment and Reinsurance

- **Projected Risk Adjustments:** DFS and Deloitte performed risk adjustment modeling based upon data received from New York health plans. We analyzed the results of this analysis and made adjustments based upon this review. As a result, we project OHI will be a net receiver and have included a 2.6% reduction to the index rate to account for this.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** We have assumed a payment of $5.25 PMPM for the reinsurance fee. We have assumed no reinsurance recoveries since it is not applicable to small group.

Non-Benefit Expenses and Risk Margin

The 7.1% administrative expense load includes general administration (4.1%) and broker commissions (3.0%). We have estimated the expenses included in the development of the proposed rates based upon actual historical expenses and financial projections.

Projected Profit & Risk Margin

The projected profit and risk margin is 5.5%.

Taxes and Fees

The 5.2% includes state premium tax (2.0%), New York Section 332 assessments (0.90%), and PPACA Insurer fees (2.2%). This excludes the $5.25 PMPM reinsurance fee.

Projected Loss Ratio

The projected loss ratio using federally prescribed MLR methodology is 86.9%.

Index Rate

The index rate of the experience period is $482.45 and reflects the total allowed claims PMPM from the experience period for in-network EHB benefits only. The allowed claim PMPM of $495.41 in Section II is higher because it also includes out-of-network claims.

Since we are filing quarterly rate changes, the projected index rate is the weighted average of the four quarterly index rates. The weights are the member months by quarter as of September 2012. The calculation is shown in the table below.

Quarter	**1Q-14**	2Q-14	3Q-14	4Q-14
Projected Index Rate	**$646.50**	$662.66	$679.23	$696.21
Member Months	**200,647**	159,832	132,729	112,495
Projected Index Rate	**$667.17**			

AV Metal Values

AV metal values were based on the HHS AV Calculator with some modifications. In determining the metal levels of the existing plan designs (DFS determined the metal levels for the new state-mandated plans), we made the following modifications to the HHS AV calculator:

1. We used 99.999% coinsurance rather than 100% in all cases due to unreasonable calculator outputs we observed in testing.
2. We converted copays after deductible (including Rx) to an equivalent coinsurance based on average unit costs. E.g., if the member has a $30 copay after the deductible on a service with an average unit cost of $150, we would input 80.00% coinsurance after the deductible into the calculator.
3. We specially handled the inpatient and outpatient facility copays. Our inpatient copays cover only the facility portion of the service cost, but the HHS AV calculator inpatient copay line corresponds to both facility and professional charges. Our outpatient facility copay does not cover all services included under outpatient facility in the HHS calculator. Therefore we used the 2-tier function of

the HHS calculator to more accurately value these copays. On tier 1, the inpatient and / or outpatient copays are applied (converted to coinsurance if appropriate, as discussed above). On tier 2, inpatient and outpatient facility are covered at the plan's general coinsurance level. The weights on tier 1 are as follows:

a. 73% if there is an outpatient facility copay but no inpatient facility copay;
b. 80% if there is a copay on both; and,
c. 100% if there is a copay on neither.

4. Our Rx copays do not have separate copays for Specialty drugs. We calculated the approximate average copay for specialty drugs based on a weighted average of copays in the other 3 tiers, based on the distribution of specialty drugs among those tiers in our data.
5. In 2014 we will be offering 2 Rx options with each medical plan (other than the DFS standard plans) off-exchange only. One option will be a normal copay (or copay after deductible) plan, and the other will have coinsurance on tiers 2 and 3 (up to a per-script limit). The AVs and prices for each of the two options will be the same. For each pair, we used our internal pricing model to determine that the pricing values were nearly identical. Since the HHS calculator cannot accommodate the per-script limit on the coinsurance on tiers 2 and 3, we computed the HHS AV using the normal copay plan, and then we concluded that the HHS AV of the plan with the coinsurance option would be the same based our internal pricing model's results.
6. The AV calculator does not support an Outpatient Facility copay. For such plans, we converted the copay to coinsurance based on the average unit cost. For plans with a 2-tier OP surgery copay (Free-standing and Hospital), in the calculator we used the average of the two with 50% weight on each, based on our utilization and cost data.

I certify that the values were developed in accordance with generally accepted actuarial principles and methodologies.

AV Pricing Values

The Platinum EPO $10/$20 plan is the fixed reference plan. The AV pricing values in Worksheet 2 reflect the product of plan relativities from the proprietary UnitedHealthcare pricing model, utilization adjustments, gatekeeper adjustments, and network adjustments. The relativities from the UnitedHealthcare model reflect the cost sharing differences between plans and do not include any adjustments for health status or utilization. The utilization adjustments were also determined by the proprietary UnitedHealthcare pricing model and only reflect utilization differences due to the levels of cost sharing. For the gatekeeper adjustment, we have assumed factors of 1.0 for non-gatekeeper and 0.96 for gatekeeper. For the network differences, we have assumed factors of 1.0 for Freedom and 0.97 for Liberty. These adjustments do not reflect any differences in anticipated risk status. Please note that the gatekeeper and network factors apply to in-network medical claims only.

Membership Projections

We are not projecting any significant changes in membership.

Terminated Products

All current products will be terminated as they will not meet the requirements of the new PPACA laws.

Plan Type

Not applicable.

Warning Alerts

Warning alerts occur because all of the current plans will be terminated during the projection period.

Reliance

Not applicable.

Actuarial Certification

I, [redacted], am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),

b. Developed in compliance with the applicable Actuarial Standards of Practice,

c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and

d. Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

[redacted]

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

Oxford Health Insurance, Inc.	A&H - 42	For Profit	78026
Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code

48 Monroe Turnpike, Trumbull, CT 06611

Company mailing address

B. Contact Person:

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

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address

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

February 15, 2014 through November 14, 2015	1/1/2014	XFRD-129012986
New rate applicability period	New rate effective date	SERFF Tracking Number

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

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	Yes.
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).	NA
4. Have all the required exh bits been submitted with this rate application? If any exh bit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes, all the required exhibits have been submitted with this rate application
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	NA

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.

Data Collection Template

Company Legal Name: **Oxford Health Insurance, Inc.** State: **NY**
HIOS Issuer ID: **85629** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 10/1/2011 to 9/30/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$2,092,859,604	$497.52	100.00%
Incurred Claims in Experience Period	$1,695,902,839	403.16	81.03%
Allowed Claims:	$2,083,975,102	495.41	99.58%
Index Rate of Experience Period		$482.45	
Experience Period Member Months	4,206,574		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection 27 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	310.97	$3,960.34	$102.63	1.000	1.083	1.046	1.047	345.09	$4,747.05	$136.51	0.00	$0.00	$0.00
Outpatient Hospital	Services	6,244.19	$147.18	76.58	1.000	1.083	1.046	1.047	6,929.19	176.41	101.87	0.00	$0.00	0.00
Professional	Services	20,554.07	$93.34	159.88	1.000	1.083	1.046	1.047	22,808.90	111.89	212.66	0.00	$0.00	0.00
Other Medical	Services	3,804.82	$173.88	55.13	1.000	1.083	1.046	1.047	4,222.22	208.43	73.33	0.00	$0.00	0.00
Capitation	Services	709.03	$213.20	12.60	1.000	1.083	1.046	1.047	786.82	255.55	16.76	0.00	$0.00	0.00
Prescription Drug	Prescriptions	10,637.44	$99.93	88.58	1.000	1.083	1.046	1.047	11,804.38	119.78	117.83	0.00	$0.00	0.00
Total				$495.41							$658.96			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$658.96	$2,771,978,159
Paid to Allowed Average Factor in Projection Period			0.824	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$542.71	$2,282,930,481
Projected Risk Adjustments PMPM			13.92	58,555,510
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$528.79	$2,224,374,971
Projected ACA reinsurance recoveries, net of rein prem, PMPM			-5.25	(22,084,514)
Projected Incurred Claims			$534.04	$2,246,459,485
Administrative Expense Load		6.80%	43.99	185,056,267
Profit & Risk Load		5.46%	35.33	148,621,988
Taxes & Fees		5.16%	33.34	140,253,538
Single Risk Pool Gross Premium Avg. Rate, PMPM			$646.70	$2,720,391,278
Index Rate for Projection Period			$667.17	
% increase over Experience Period			29.98%	
% Increase, annualized			12.36%	
Projected Member Months				4,206,574

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

Product-Plan Data Collection

Company Legal Name:	**Oxford Health Insurance, Inc.**	State:	**NY**
HIOS Issuer ID:	**85629**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Plans	Terminated Plans	Terminated Plans								
Product ID:		85629NY001	85629NY002	85629NY005								
Metal:		Catastrophic	Catastrophic	Catastrophic	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
AV Metal Value		0.000	0.000	0.000	0.881	0.902	0.881	0.790	0.815	0.815	0.783	0.783
AV Pricing Value		0.000	0.000	0.000	0.930	1.000	0.981	0.762	0.829	0.809	0.808	0.789
Plan Type:		EPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name		Terminated Products	Terminated Products	Terminated Products	Platinum NY Standard EPO	Platinum EPO 10/20	Platinum EPO 20/30	Gold NY Standard EPO	Gold EPO 15/25 F	Gold EPO 15/25 L	Gold EPO 20/40 F	Gold EPO 20/40 L
Plan ID (Standard Component ID):		85629NY0010000	85629NY0020000	85629NY0050000	85629NY0010013	85629NY0010336	85629NY0010036	85629NY0010018	85629NY0010244	85629NY0010052	85629NY0010248	85629NY0010060
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		14.55%	11.96%	10.53%								
Historical Rate Increase - Calendar Year - 1		4.76%	5.57%	9.58%								
Historical Rate Increase - Calendar Year 0		10.04%	12.77%	6.50%								
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	-100.00%	-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#VALUE!	#VALUE!	#VALUE!								

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

Plan ID (Standard Component ID):	Total	85629NY0010000	85629NY0020000	85629NY0050000	85629NY0010013	85629NY0010336	85629NY0010036	85629NY0010018	85629NY0010244	85629NY0010052	85629NY0010248	85629NY0010060
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	#DIV/0!											
Projected Member Months	0											

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	85629NY0010000	85629NY0020000	85629NY0050000	85629NY0010013	85629NY0010336	85629NY0010036	85629NY0010018	85629NY0010244	85629NY0010052	85629NY0010248	85629NY0010060
Average Rate PMPM	$497.52	$458.99	$649.74	$499.54								
Member Months	4,206,574	2,643,676	657,083	905,815								
Total Premium (TP)	$2,092,859,604	$1,213,431,237	$426,933,118	$452,495,250	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	0.00%											
state mandated benefits portion of TP that are other than EHB	0.00%											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$2,083,975,102	$1,195,706,016	$412,328,171	$475,940,915								
EHB basis or full portion of TAC, [see instructions]	0.00%											

Product-Plan Data Collection

Company Legal Name:	**Oxford Health Insurance, Inc.**	State:	**NY**
HIOS Issuer ID:	**85629**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Plans	Terminated Plans	Terminated Plans								
Product ID:		85629NY001	85629NY002	85629NY005								
Metal:		Catastrophic	Catastrophic	Catastrophic	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
AV Metal Value		0.000	0.000	0.000	0.881	0.902	0.881	0.790	0.815	0.815	0.783	0.783
AV Pricing Value		0.000	0.000	0.000	0.930	1.000	0.981	0.762	0.829	0.809	0.808	0.789
Plan Type:		EPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name		Terminated Products	Terminated Products	Terminated Products	Platinum NY Standard EPO	Platinum EPO 10/20	Platinum EPO 20/30	Gold NY Standard EPO	Gold EPO 15/25 F	Gold EPO 15/25 L	Gold EPO 20/40 F	Gold EPO 20/40 L
state mandated benefits portion of TAC that are other than EHB	0.00%											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	$388 072 263	$205 541 842	$66 240 357	$116 290 064								
Portion of above payable by HHS s funds on behalf of insured person, in dollars	$0											
Portion of above payable by HHS on behalf of insured person, as %	0.00%				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$1,695,902,839	$990,164,174	$346,087,814	$359,650,851	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0.00											
Net Amt of Risk Adj	$0.00											
Incurred Claims PMPM	$403.16	$374.54	$526.70	$397.05	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$495.41	$452.29	$627.51	$525.43	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	85629NY0010000	85629NY0020000	85629NY0050000	85629NY0010013	85629NY0010336	85629NY0010036	85629NY0010018	85629NY0010244	85629NY0010052	85629NY0010248	85629NY0010060
Average Rate PMPM	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	-	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	#DIV/0!											
state mandated benefits portion of TP that are other than EHB	#DIV/0!											
Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$0											
EHB basis or full portion of TAC, [see instructions]	#DIV/0!											
state mandated benefits portion of TAC that are other than EHB	#DIV/0!											
Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	$0											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0											
insured person, as %	#DIV/0!				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0											
Net Amt of Risk Adj	$0											
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:	**Oxford Health Insurance, Inc.**	State:	**NY**
HIOS Issuer ID:	**85629**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2014**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Plans	Terminated Plans	Terminated Plans								
Product ID:		85629NY001	85629NY002	85629NY005								
Metal:		Catastrophic	Catastrophic	Catastrophic	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
AV Metal Value		0.000	0.000	0.000	0.881	0.902	0.881	0.790	0.815	0.815	0.783	0.783
AV Pricing Value		0.000	0.000	0.000	0.930	1.000	0.981	0.762	0.829	0.809	0.808	0.789
Plan Type:		EPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name		Terminated Products	Terminated Products	Terminated Products	Platinum NY Standard EPO	Platinum EPO 10/20	Platinum EPO 20/30	Gold NY Standard EPO	Gold EPO 15/25 F	Gold EPO 15/25 L	Gold EPO 20/40 F	Gold EPO 20/40 L
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	EPO											
Product ID:	85629NY001											
Metal:	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze
AV Metal Value	0.791	0.798	0.787	0.707	0.712	0.681	0.681	0.682	0.682	0.719	0.719	0.620
AV Pricing Value	0.787	0.814	0.810	0.646	0.717	0.645	0.629	0.656	0.640	0.702	0.685	0.556
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Gold EPO HSA	Gold Ease EPO	Gold Primary Advantage EPO	Silver NY Standard EPO	Silver Primary Advantage EPO	Silver EPO HSA F	Silver EPO HSA L	Silver EPO HSA 25/50 F	Silver EPO HSA 25/50 L	Silver EPO 40/70 F	Silver EPO 40/70 L	Bronze NY Standard EPO HSA
Plan ID (Standard Component ID):	85629NY0010076	85629NY0010084	85629NY0010092	85629NY0010023	85629NY0010116	85629NY0010272	85629NY0010124	85629NY0010288	85629NY0010140	85629NY0010300	85629NY0010148	85629NY0010028
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%											
Historical Rate Increase - Calendar Year - 1	0.00%											
Historical Rate Increase - Calendar Year 0	0.00%											
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%											

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	85629NY0010076	85629NY0010084	85629NY0010092	85629NY0010023	85629NY0010116	85629NY0010272	85629NY0010124	85629NY0010288	85629NY0010140	85629NY0010300	85629NY0010148	85629NY0010028
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM												
Projected Member Months												

:tion III: Experience Period Information

Plan ID (Standard Component ID):	85629NY0010076	85629NY0010084	85629NY0010092	85629NY0010023	85629NY0010116	85629NY0010272	85629NY0010124	85629NY0010288	85629NY0010140	85629NY0010300	85629NY0010148	85629NY0010028
Average Rate PMPM												
Member Months												
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]												
state mandated benefits portion of TP that are other than EHB												
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)												
EHB basis or full portion of TAC, [see instructions]												

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	EPO											
Product ID:	85629NY001											
Metal:	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze
AV Metal Value	0.791	0.798	0.787	0.707	0.712	0.681	0.681	0.682	0.682	0.719	0.719	0.620
AV Pricing Value	0.787	0.814	0.810	0.646	0.717	0.645	0.629	0.656	0.640	0.702	0.685	0.556
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Gold EPO HSA	Gold Ease EPO	Gold Primary Advantage EPO	Silver NY Standard EPO	Silver Primary Advantage EPO	Silver EPO HSA F	Silver EPO HSA L	Silver EPO HSA 25/50 F	Silver EPO HSA 25/50 L	Silver EPO 40/70 F	Silver EPO 40/70 L	Bronze NY Standard EPO HSA
state mandated benefits portion of TAC that are other than EHB												
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:												
Portion of above payable by HHS s funds on behalf of insured person, in dollars												
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein												
Net Amt of Risk Adj												

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	85629NY0010076	85629NY0010084	85629NY0010092	85629NY0010023	85629NY0010116	85629NY0010272	85629NY0010124	85629NY0010288	85629NY0010140	85629NY0010300	85629NY0010148	85629NY0010028
Average Rate PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	-	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]												
state mandated benefits portion of TP that are other than EHB												
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)												
EHB basis or full portion of TAC, [see instructions]												
state mandated benefits portion of TAC that are other than EHB												
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation												
Portion of above payable by HHS's funds on behalf of insured person, in dollars												
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein												
Net Amt of Risk Adj												

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	EPO											
Product ID:	85629NY001											
Metal:	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze
AV Metal Value	0.791	0.798	0.787	0.707	0.712	0.681	0.681	0.682	0.682	0.719	0.719	0.620
AV Pricing Value	0.787	0.814	0.810	0.646	0.717	0.645	0.629	0.656	0.640	0.702	0.685	0.556
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Gold EPO HSA	Gold Ease EPO	Gold Primary Advantage EPO	Silver NY Standard EPO	Silver Primary Advantage EPO	Silver EPO HSA F	Silver EPO HSA L	Silver EPO HSA 25/50 F	Silver EPO HSA 25/50 L	Silver EPO 40/70 F	Silver EPO 40/70 L	Bronze NY Standard EPO HSA
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product				PPO								
Product ID:				85629NY005								
Metal:	Bronze	Bronze	Bronze	Platinum	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
AV Metal Value	0.589	0.589	0.618	0.881	0.707	0.902	0.881	0.800	0.791	0.692	0.719	0.719
AV Pricing Value	0.528	0.541	0.555	0.930	0.646	1.000	0.981	0.804	0.787	0.661	0.702	0.685
Plan Type:	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	Bronze EPO HSA $5000 L	Bronze EPO HSA $5000 F	Bronze EPO HSA $3500	Platinum NY Standard PPO	Silver NY Standard PPO	Platinum PPO 10/20	Platinum PPO 20/30	Gold PPO 25/40	Gold PPO HSA	Silver PPO HSA 30/60	Silver PPO 40/70 F	Silver PPO 40/70 L
Plan ID (Standard Component ID):	85629NY0010156	85629NY0010316	85629NY0010164	85629NY0020007	85629NY0020012	85629NY0050012	85629NY0050028	85629NY0050044	85629NY0050068	85629NY0050108	85629NY0050132	85629NY0050212
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2				0.00%								
Historical Rate Increase - Calendar Year - 1				0.00%								
Historical Rate Increase - Calendar Year 0				0.00%								
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %				0.00%								

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	85629NY0010156	85629NY0010316	85629NY0010164	85629NY0020007	85629NY0020012	85629NY0050012	85629NY0050028	85629NY0050044	85629NY0050068	85629NY0050108	85629NY0050132	85629NY0050212
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM												
Projected Member Months												

:tion III: Experience Period Information

Plan ID (Standard Component ID):	85629NY0010156	85629NY0010316	85629NY0010164	85629NY0020007	85629NY0020012	85629NY0050012	85629NY0050028	85629NY0050044	85629NY0050068	85629NY0050108	85629NY0050132	85629NY0050212
Average Rate PMPM												
Member Months												
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]												
state mandated benefits portion of TP that are other than EHB												
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)												
EHB basis or full portion of TAC, [see instructions]												

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product				PPO								
Product ID:				85629NY005								
Metal:	Bronze	Bronze	Bronze	Platinum	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
AV Metal Value	0.589	0.589	0.618	0.881	0.707	0.902	0.881	0.800	0.791	0.692	0.719	0.719
AV Pricing Value	0.528	0.541	0.555	0.930	0.646	1.000	0.981	0.804	0.787	0.661	0.702	0.685
Plan Type:	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	Bronze EPO HSA $5000 L	Bronze EPO HSA $5000 F	Bronze EPO HSA $3500	Platinum NY Standard PPO	Silver NY Standard PPO	Platinum PPO 10/20	Platinum PPO 20/30	Gold PPO 25/40	Gold PPO HSA	Silver PPO HSA 30/60	Silver PPO 40/70 F	Silver PPO 40/70 L
state mandated benefits portion of TAC that are other than EHB												
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:												
Portion of above payable by HHS s funds on behalf of insured person, in dollars												
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein												
Net Amt of Risk Adj												

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	85629NY0010156	85629NY0010316	85629NY0010164	85629NY0020007	85629NY0020012	85629NY0050012	85629NY0050028	85629NY0050044	85629NY0050068	85629NY0050108	85629NY0050132	85629NY0050212
Average Rate PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	-	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]												
state mandated benefits portion of TP that are other than EHB												
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)												
EHB basis or full portion of TAC, [see instructions]												
state mandated benefits portion of TAC that are other than EHB												
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation												
Portion of above payable by HHS's funds on behalf of insured person, in dollars												
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein												
Net Amt of Risk Adj												

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product				PPO								
Product ID:				85629NY005								
Metal:	Bronze	Bronze	Bronze	Platinum	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
AV Metal Value	0.589	0.589	0.618	0.881	0.707	0.902	0.881	0.800	0.791	0.692	0.719	0.719
AV Pricing Value	0.528	0.541	0.555	0.930	0.646	1.000	0.981	0.804	0.787	0.661	0.702	0.685
Plan Type:	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	Bronze EPO HSA $5000 L	Bronze EPO HSA $5000 F	Bronze EPO HSA $3500	Platinum NY Standard PPO	Silver NY Standard PPO	Platinum PPO 10/20	Platinum PPO 20/30	Gold PPO 25/40	Gold PPO HSA	Silver PPO HSA 30/60	Silver PPO 40/70 F	Silver PPO 40/70 L
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	
Product ID:	
Metal:	Bronze
AV Metal Value	0.615
AV Pricing Value	0.558
Plan Type:	PPO
Plan Name	Bronze PPO HSA $3750
Plan ID (Standard Component ID):	85629NY0050172
Exchange Plan?	No
Historical Rate Increase - Calendar Year - 2	
Historical Rate Increase - Calendar Year - 1	
Historical Rate Increase - Calendar Year 0	
Effective Date of Proposed Rates	1/1/2014
Rate Change % (over prior filing)	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!
Product Threshold Rate Increase %	

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	85629NY0050172
Inpatient	$0.00
Outpatient	$0.00
Professional	$0.00
Prescription Drug	$0.00
Other	$0.00
Capitation	$0.00
Administration	$0.00
Taxes & Fees	$0.00
Risk & Profit Charge	$0.00
Total Rate Increase	$0.00
Member Cost Share Increase	$0.00

Average Current Rate PMPM	
Projected Member Months	

:tion III: Experience Period Information

Plan ID (Standard Component ID):	85629NY0050172
Average Rate PMPM	
Member Months	
Total Premium (TP)	$0
EHB basis or full portion of TP, [see instructions]	
state mandated benefits portion of TP that are other than EHB	
Other benefits portion of TP	100.00%
Total Allowed Claims (TAC)	
EHB basis or full portion of TAC, [see instructions]	

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	
Product ID:	
Metal:	Bronze
AV Metal Value	0.615
AV Pricing Value	0.558
Plan Type:	PPO
Plan Name	Bronze PPO HSA $3750
state mandated benefits portion of TAC that are other than EHB	
Other benefits portion of TAC	100.00%
Allowed Claims which are not the issuer's obligation:	
Portion of above payable by HHS s funds on behalf of insured person, in dollars	
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!
Total Incurred claims, payable with issuer funds	$0
Net Amt of Rein	
Net Amt of Risk Adj	

Incurred Claims PMPM	#DIV/0!
Allowed Claims PMPM	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	85629NY0050172
Average Rate PMPM	$0.00
Member Months	-
Total Premium (TP)	$0
EHB basis or full portion of TP, [see instructions]	
state mandated benefits portion of TP that are other than EHB	
Other benefits portion of TP	100.00%
Total Allowed Claims (TAC)	
EHB basis or full portion of TAC, [see instructions]	
state mandated benefits portion of TAC that are other than EHB	
Other benefits portion of TAC	100.00%
Allowed Claims which are not the issuer's obligation	
Portion of above payable by HHS's funds on behalf of insured person, in dollars	
insured person, as %	#DIV/0!
Total Incurred claims, payable with issuer funds	$0
Net Amt of Rein	
Net Amt of Risk Adj	

Incurred Claims PMPM	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	
Product ID:	
Metal:	Bronze
AV Metal Value	0.615
AV Pricing Value	0.558
Plan Type:	PPO
Plan Name	Bronze PPO HSA $3750
Allowed Claims PMPM	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!

Proprietary & Confidential – FOIL Protection Requested

May 17, 2013

Mr. [redacted]
Deputy Chief Actuary
New York State Department of Financial Services
Health Bureau
25 Beaver Street
New York, NY 10004

RE: Oxford Health Plans (NY), Inc.
Oxford Health Insurance, Inc.
UnitedHealthcare Insurance Company of New York, Inc.
New York Small Group On & Off-Exchange Rates
Effective January 2014 – December 2014
Pediatric Dental/Vision Amendment

Dear [redacted]

We have discovered that the small group exchange and off-exchange rates that we submitted for Oxford Health Plans (NY), Inc. (OHP), Oxford Health Insurance, Inc. (OHI), and UnitedHealthcare Insurance Company of New York, Inc. (UHIC) mistakenly excluded the rates for pediatric dental and vision. We have updated the rate manuals to include the rates listed below. Please note that the UHIC rates were developed using the OHI rates adjusted by the filed UHIC area factors consistent with the UHIC rate development.

	Pediatric Dental		Pediatric Vision	
	OHP SG	**OHI SG**	**OHP SG**	**OHI SG**
Single	$3.91	$3.61	$0.67	$0.62
Parent/Child(ren)	$6.64	$6.14	$1.14	$1.05
Couple	$7.82	$7.22	$1.34	$1.24
Family	$11.14	$10.29	$1.91	$1.76

We apologize for this omission. Should you have any questions or need any additional information, please contact me at [redacted] or a [redacted]

Sincerely,

[redacted]

[redacted] (e-mail)

Oxford Health Insurance, Inc.

New York Small Group
Rates Effective January 1, 2014 – December 31, 2014

ACTUARIAL CERTIFICATION

I, [redacted], am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries.

To the best of my knowledge and based upon the information and data available to me, I certify that:

(a) The submission is in compliance with all applicable laws and regulations of the State of New York;
(b) 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 Clarification
- 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

(c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
(d) The benefits are reasonable in relation to the premiums charged; and
(e) The rates are not unfairly discriminatory.

[redacted]

May 15, 2013

Oxford Health Insurance

OHI RATE MANUAL

For Groups with 2-50 Employees

Rates Effective January 1, 2014

OXFORD HEALTH INSURANCE

OHI RATE MANUAL

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Bronze NY Standard EPO HSA
In Network - $3,000/$6,000 Deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$523.10	$523.10	$523.10	$523.10	$523.10	$523.10	$523.10	$523.10
Parent / Child(ren) rate	$889 27	$889.27	$889 27	$889.27	$889.27	$889.27	$889.27	$889.27
Couple rate	$1,046 20	$1,046.20	$1,046 20	$1,046.20	$1,046.20	$1,046.20	$1,046.20	$1,046.20
Family rate	$1,490 84	$1,490.84	$1,490 84	$1,490.84	$1,490.84	$1,490.84	$1,490.84	$1,490.84
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$572 99	$572.99	$572 99	$572.99	$572.99	$572.99	$572.99	$572.99
Parent / Child(ren) rate	$974 08	$974.08	$974 08	$974.08	$974.08	$974.08	$974.08	$974.08
Couple rate	$1,145 98	$1,145.98	$1,145 98	$1,145.98	$1,145.98	$1,145.98	$1,145.98	$1,145.98
Family rate	$1,633 02	$1,633.02	$1,633 02	$1,633.02	$1,633.02	$1,633.02	$1,633.02	$1,633.02
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$572 99	$572.99	$572 99	$572.99	$572.99	$572.99	$572.99	$572.99
Parent / Child(ren) rate	$974 08	$974.08	$974 08	$974.08	$974.08	$974.08	$974.08	$974.08
Couple rate	$1,145 98	$1,145.98	$1,145 98	$1,145.98	$1,145.98	$1,145.98	$1,145.98	$1,145.98
Family rate	$1,633 02	$1,633.02	$1,633 02	$1,633.02	$1,633.02	$1,633.02	$1,633.02	$1,633.02
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$521 63	$521.63	$521 63	$521.63	$521.63	$521.63	$521.63	$521.63
Parent / Child(ren) rate	$886.77	$886.77	$886.77	$886.77	$886.77	$886.77	$886.77	$886.77
Couple rate	$1,043 26	$1,043.26	$1,043 26	$1,043.26	$1,043.26	$1,043.26	$1,043.26	$1,043.26
Family rate	$1,486 65	$1,486.65	$1,486 65	$1,486.65	$1,486.65	$1,486.65	$1,486.65	$1,486.65
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$521 63	$521.63	$521 63	$521.63	$521.63	$521.63	$521.63	$521.63
Parent / Child(ren) rate	$886.77	$886.77	$886.77	$886.77	$886.77	$886.77	$886.77	$886.77
Couple rate	$1,043 26	$1,043.26	$1,043 26	$1,043.26	$1,043.26	$1,043.26	$1,043.26	$1,043.26
Family rate	$1,486 65	$1,486.65	$1,486 65	$1,486.65	$1,486.65	$1,486.65	$1,486.65	$1,486.65
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$509 24	$509.24	$509 24	$509.24	$509.24	$509.24	$509.24	$509.24
Parent / Child(ren) rate	$865.71	$865.71	$865.71	$865.71	$865.71	$865.71	$865.71	$865.71
Couple rate	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48
Family rate	$1,451 33	$1,451.33	$1,451 33	$1,451.33	$1,451.33	$1,451.33	$1,451.33	$1,451.33
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$509 24	$509.24	$509 24	$509.24	$509.24	$509.24	$509.24	$509.24
Parent / Child(ren) rate	$865.71	$865.71	$865.71	$865.71	$865.71	$865.71	$865.71	$865.71
Couple rate	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48	$1,018.48
Family rate	$1,451 33	$1,451.33	$1,451 33	$1,451.33	$1,451.33	$1,451.33	$1,451.33	$1,451.33
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$496 97	$496.97	$496 97	$496.97	$496.97	$496.97	$496.97	$496.97
Parent / Child(ren) rate	$844 85	$844.85	$844 85	$844.85	$844.85	$844.85	$844.85	$844.85
Couple rate	$993 94	$993.94	$993 94	$993.94	$993.94	$993.94	$993.94	$993.94
Family rate	$1,416 36	$1,416.36	$1,416 36	$1,416.36	$1,416.36	$1,416.36	$1,416.36	$1,416.36
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$496 97	$496.97	$496 97	$496.97	$496.97	$496.97	$496.97	$496.97
Parent / Child(ren) rate	$844 85	$844.85	$844 85	$844.85	$844.85	$844.85	$844.85	$844.85
Couple rate	$993 94	$993.94	$993 94	$993.94	$993.94	$993.94	$993.94	$993.94
Family rate	$1,416 36	$1,416.36	$1,416 36	$1,416.36	$1,416.36	$1,416.36	$1,416.36	$1,416.36
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard EPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$613.14	$613.14	$613.14	$613.14	$613.14	$613.14	$613.14	$613.14
Parent / Child(ren) rate	$1,042 34	$1,042.34	$1,042 34	$1,042.34	$1,042.34	$1,042.34	$1,042.34	$1,042.34
Couple rate	$1,226 28	$1,226.28	$1,226 28	$1,226.28	$1,226.28	$1,226.28	$1,226.28	$1,226.28
Family rate	$1,747.45	$1,747.45	$1,747.45	$1,747.45	$1,747.45	$1,747.45	$1,747.45	$1,747.45
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard PPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 70%/30% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$676.74	$676.74	$676.74	$676.74	$676.74	$676.74	$676.74	$676.74
Parent / Child(ren) rate	$1,150.46	$1,150.46	$1,150.46	$1,150.46	$1,150.46	$1,150.46	$1,150.46	$1,150.46
Couple rate	$1,353.48	$1,353.48	$1,353.48	$1,353.48	$1,353.48	$1,353.48	$1,353.48	$1,353.48
Family rate	$1,928.71	$1,928.71	$1,928.71	$1,928.71	$1,928.71	$1,928.71	$1,928.71	$1,928.71
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$678.45	$678.45	$678.45	$678.45	$678.45	$678.45	$678.45	$678.45
Parent / Child(ren) rate	$1,153 37	$1,153.37	$1,153 37	$1,153.37	$1,153.37	$1,153.37	$1,153.37	$1,153.37
Couple rate	$1,356 90	$1,356.90	$1,356 90	$1,356.90	$1,356.90	$1,356.90	$1,356.90	$1,356.90
Family rate	$1,933 58	$1,933.58	$1,933 58	$1,933.58	$1,933.58	$1,933.58	$1,933.58	$1,933.58
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$678.45	$678.45	$678.45	$678.45	$678.45	$678.45	$678.45	$678.45
Parent / Child(ren) rate	$1,153 37	$1,153.37	$1,153 37	$1,153.37	$1,153.37	$1,153.37	$1,153.37	$1,153.37
Couple rate	$1,356 90	$1,356.90	$1,356 90	$1,356.90	$1,356.90	$1,356.90	$1,356.90	$1,356.90
Family rate	$1,933 58	$1,933.58	$1,933 58	$1,933.58	$1,933.58	$1,933.58	$1,933.58	$1,933.58
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$722.77	$722.77	$722.77	$722.77	$722.77	$722.77	$722.77	$722.77
Parent / Child(ren) rate	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71
Couple rate	$1,445 54	$1,445.54	$1,445 54	$1,445.54	$1,445.54	$1,445.54	$1,445.54	$1,445.54
Family rate	$2,059 89	$2,059.89	$2,059 89	$2,059.89	$2,059.89	$2,059.89	$2,059.89	$2,059.89
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$722.77	$722.77	$722.77	$722.77	$722.77	$722.77	$722.77	$722.77
Parent / Child(ren) rate	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71	$1,228.71
Couple rate	$1,445 54	$1,445.54	$1,445 54	$1,445.54	$1,445.54	$1,445.54	$1,445.54	$1,445.54
Family rate	$2,059 89	$2,059.89	$2,059 89	$2,059.89	$2,059.89	$2,059.89	$2,059.89	$2,059.89
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$706 80	$706.80	$706 80	$706.80	$706.80	$706.80	$706.80	$706.80
Parent / Child(ren) rate	$1,201 56	$1,201.56	$1,201 56	$1,201.56	$1,201.56	$1,201.56	$1,201.56	$1,201.56
Couple rate	$1,413 60	$1,413.60	$1,413 60	$1,413.60	$1,413.60	$1,413.60	$1,413.60	$1,413.60
Family rate	$2,014 38	$2,014.38	$2,014 38	$2,014.38	$2,014.38	$2,014.38	$2,014.38	$2,014.38
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$706 80	$706.80	$706 80	$706.80	$706.80	$706.80	$706.80	$706.80
Parent / Child(ren) rate	$1,201 56	$1,201.56	$1,201 56	$1,201.56	$1,201.56	$1,201.56	$1,201.56	$1,201.56
Couple rate	$1,413 60	$1,413.60	$1,413 60	$1,413.60	$1,413.60	$1,413.60	$1,413.60	$1,413.60
Family rate	$2,014 38	$2,014.38	$2,014 38	$2,014.38	$2,014.38	$2,014.38	$2,014.38	$2,014.38
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$622 99	$622.99	$622 99	$622.99	$622.99	$622.99	$622.99	$622.99
Parent / Child(ren) rate	$1,059 08	$1,059.08	$1,059 08	$1,059.08	$1,059.08	$1,059.08	$1,059.08	$1,059.08
Couple rate	$1,245 98	$1,245.98	$1,245 98	$1,245.98	$1,245.98	$1,245.98	$1,245.98	$1,245.98
Family rate	$1,775 52	$1,775.52	$1,775 52	$1,775.52	$1,775.52	$1,775.52	$1,775.52	$1,775.52
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$622 99	$622.99	$622 99	$622.99	$622.99	$622.99	$622.99	$622.99
Parent / Child(ren) rate	$1,059 08	$1,059.08	$1,059 08	$1,059.08	$1,059.08	$1,059.08	$1,059.08	$1,059.08
Couple rate	$1,245 98	$1,245.98	$1,245 98	$1,245.98	$1,245.98	$1,245.98	$1,245.98	$1,245.98
Family rate	$1,775 52	$1,775.52	$1,775 52	$1,775.52	$1,775.52	$1,775.52	$1,775.52	$1,775.52
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$607 95	$607.95	$607 95	$607.95	$607.95	$607.95	$607.95	$607.95
Parent / Child(ren) rate	$1,033 52	$1,033.52	$1,033 52	$1,033.52	$1,033.52	$1,033.52	$1,033.52	$1,033.52
Couple rate	$1,215 90	$1,215.90	$1,215 90	$1,215.90	$1,215.90	$1,215.90	$1,215.90	$1,215.90
Family rate	$1,732 66	$1,732.66	$1,732 66	$1,732.66	$1,732.66	$1,732.66	$1,732.66	$1,732.66
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$607 95	$607.95	$607 95	$607.95	$607.95	$607.95	$607.95	$607.95
Parent / Child(ren) rate	$1,033 52	$1,033.52	$1,033 52	$1,033.52	$1,033.52	$1,033.52	$1,033.52	$1,033.52
Couple rate	$1,215 90	$1,215.90	$1,215 90	$1,215.90	$1,215.90	$1,215.90	$1,215.90	$1,215.90
Family rate	$1,732 66	$1,732.66	$1,732 66	$1,732.66	$1,732.66	$1,732.66	$1,732.66	$1,732.66
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$612.18	$612.18	$612.18	$612.18	$612.18	$612.18	$612.18	$612.18
Parent / Child(ren) rate	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71
Couple rate	$1,224 36	$1,224.36	$1,224 36	$1,224.36	$1,224.36	$1,224.36	$1,224.36	$1,224.36
Family rate	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$612.18	$612.18	$612.18	$612.18	$612.18	$612.18	$612.18	$612.18
Parent / Child(ren) rate	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71	$1,040.71
Couple rate	$1,224 36	$1,224.36	$1,224 36	$1,224.36	$1,224.36	$1,224.36	$1,224.36	$1,224.36
Family rate	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71	$1,744.71
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$597.41	$597.41	$597.41	$597.41	$597.41	$597.41	$597.41	$597.41
Parent / Child(ren) rate	$1,015 60	$1,015.60	$1,015 60	$1,015.60	$1,015.60	$1,015.60	$1,015.60	$1,015.60
Couple rate	$1,194 82	$1,194.82	$1,194 82	$1,194.82	$1,194.82	$1,194.82	$1,194.82	$1,194.82
Family rate	$1,702 62	$1,702.62	$1,702 62	$1,702.62	$1,702.62	$1,702.62	$1,702.62	$1,702.62
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$597.41	$597.41	$597.41	$597.41	$597.41	$597.41	$597.41	$597.41
Parent / Child(ren) rate	$1,015 60	$1,015.60	$1,015 60	$1,015.60	$1,015.60	$1,015.60	$1,015.60	$1,015.60
Couple rate	$1,194 82	$1,194.82	$1,194 82	$1,194.82	$1,194.82	$1,194.82	$1,194.82	$1,194.82
Family rate	$1,702 62	$1,702.62	$1,702 62	$1,702.62	$1,702.62	$1,702.62	$1,702.62	$1,702.62
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
RX Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$680.74	$680.74	$680.74	$680.74	$680.74	$680.74	$680.74	$680.74
Parent / Child(ren) rate	$1,157 26	$1,157.26	$1,157 26	$1,157.26	$1,157.26	$1,157.26	$1,157.26	$1,157.26
Couple rate	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48
Family rate	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$680.74	$680.74	$680.74	$680.74	$680.74	$680.74	$680.74	$680.74
Parent / Child(ren) rate	$1,157 26	$1,157.26	$1,157 26	$1,157.26	$1,157.26	$1,157.26	$1,157.26	$1,157.26
Couple rate	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48	$1,361.48
Family rate	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11	$1,940.11
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$666 63	$666.63	$666 63	$666.63	$666.63	$666.63	$666.63	$666.63
Parent / Child(ren) rate	$1,133 27	$1,133.27	$1,133 27	$1,133.27	$1,133.27	$1,133.27	$1,133.27	$1,133.27
Couple rate	$1,333 26	$1,333.26	$1,333 26	$1,333.26	$1,333.26	$1,333.26	$1,333.26	$1,333.26
Family rate	$1,899 90	$1,899.90	$1,899 90	$1,899.90	$1,899.90	$1,899.90	$1,899.90	$1,899.90
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$666 63	$666.63	$666 63	$666.63	$666.63	$666.63	$666.63	$666.63
Parent / Child(ren) rate	$1,133 27	$1,133.27	$1,133 27	$1,133.27	$1,133.27	$1,133.27	$1,133.27	$1,133.27
Couple rate	$1,333 26	$1,333.26	$1,333 26	$1,333.26	$1,333.26	$1,333.26	$1,333.26	$1,333.26
Family rate	$1,899 90	$1,899.90	$1,899 90	$1,899.90	$1,899.90	$1,899.90	$1,899.90	$1,899.90
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$650 53	$650.53	$650 53	$650.53	$650.53	$650.53	$650.53	$650.53
Parent / Child(ren) rate	$1,105 90	$1,105.90	$1,105 90	$1,105.90	$1,105.90	$1,105.90	$1,105.90	$1,105.90
Couple rate	$1,301 06	$1,301.06	$1,301 06	$1,301.06	$1,301.06	$1,301.06	$1,301.06	$1,301.06
Family rate	$1,854 01	$1,854.01	$1,854 01	$1,854.01	$1,854.01	$1,854.01	$1,854.01	$1,854.01
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$650 53	$650.53	$650 53	$650.53	$650.53	$650.53	$650.53	$650.53
Parent / Child(ren) rate	$1,105 90	$1,105.90	$1,105 90	$1,105.90	$1,105.90	$1,105.90	$1,105.90	$1,105.90
Couple rate	$1,301 06	$1,301.06	$1,301 06	$1,301.06	$1,301.06	$1,301.06	$1,301.06	$1,301.06
Family rate	$1,854 01	$1,854.01	$1,854 01	$1,854.01	$1,854.01	$1,854.01	$1,854.01	$1,854.01
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold NY Standard EPO
In Network - $600/$1,200 Deductible, $25/$40 Copayment after deductible, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$724 87	$724.87	$724 87	$724.87	$724.87	$724.87	$724.87	$724.87
Parent / Child(ren) rate	$1,232 28	$1,232.28	$1,232 28	$1,232.28	$1,232.28	$1,232.28	$1,232.28	$1,232.28
Couple rate	$1,449.74	$1,449.74	$1,449.74	$1,449.74	$1,449.74	$1,449.74	$1,449.74	$1,449.74
Family rate	$2,065 88	$2,065.88	$2,065 88	$2,065.88	$2,065.88	$2,065.88	$2,065.88	$2,065.88
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$806 59	$806.59	$806 59	$806.59	$806.59	$806.59	$806.59	$806.59
Parent / Child(ren) rate	$1,371 20	$1,371.20	$1,371 20	$1,371.20	$1,371.20	$1,371.20	$1,371.20	$1,371.20
Couple rate	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18
Family rate	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$806 59	$806.59	$806 59	$806.59	$806.59	$806.59	$806.59	$806.59
Parent / Child(ren) rate	$1,371 20	$1,371.20	$1,371 20	$1,371.20	$1,371.20	$1,371.20	$1,371.20	$1,371.20
Couple rate	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18	$1,613.18
Family rate	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78	$2,298.78
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$832 38	$832.38	$832 38	$832.38	$832.38	$832.38	$832.38	$832.38
Parent / Child(ren) rate	$1,415 05	$1,415.05	$1,415 05	$1,415.05	$1,415.05	$1,415.05	$1,415.05	$1,415.05
Couple rate	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76
Family rate	$2,372 28	$2,372.28	$2,372 28	$2,372.28	$2,372.28	$2,372.28	$2,372.28	$2,372.28
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$832 38	$832.38	$832 38	$832.38	$832.38	$832.38	$832.38	$832.38
Parent / Child(ren) rate	$1,415 05	$1,415.05	$1,415 05	$1,415.05	$1,415.05	$1,415.05	$1,415.05	$1,415.05
Couple rate	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76	$1,664.76
Family rate	$2,372 28	$2,372.28	$2,372 28	$2,372.28	$2,372.28	$2,372.28	$2,372.28	$2,372.28
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$774.46	$774.46	$774.46	$774.46	$774.46	$774.46	$774.46	$774.46
Parent / Child(ren) rate	$1,316 58	$1,316.58	$1,316 58	$1,316.58	$1,316.58	$1,316.58	$1,316.58	$1,316.58
Couple rate	$1,548 92	$1,548.92	$1,548 92	$1,548.92	$1,548.92	$1,548.92	$1,548.92	$1,548.92
Family rate	$2,207 21	$2,207.21	$2,207 21	$2,207.21	$2,207.21	$2,207.21	$2,207.21	$2,207.21
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$774.46	$774.46	$774.46	$774.46	$774.46	$774.46	$774.46	$774.46
Parent / Child(ren) rate	$1,316 58	$1,316.58	$1,316 58	$1,316.58	$1,316.58	$1,316.58	$1,316.58	$1,316.58
Couple rate	$1,548 92	$1,548.92	$1,548 92	$1,548.92	$1,548.92	$1,548.92	$1,548.92	$1,548.92
Family rate	$2,207 21	$2,207.21	$2,207 21	$2,207.21	$2,207.21	$2,207.21	$2,207.21	$2,207.21
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$749 07	$749.07	$749 07	$749.07	$749.07	$749.07	$749.07	$749.07
Parent / Child(ren) rate	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42
Couple rate	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14
Family rate	$2,134 85	$2,134.85	$2,134 85	$2,134.85	$2,134.85	$2,134.85	$2,134.85	$2,134.85
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$749 07	$749.07	$749 07	$749.07	$749.07	$749.07	$749.07	$749.07
Parent / Child(ren) rate	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42	$1,273.42
Couple rate	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14	$1,498.14
Family rate	$2,134 85	$2,134.85	$2,134 85	$2,134.85	$2,134.85	$2,134.85	$2,134.85	$2,134.85
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$770 50	$770.50	$770 50	$770.50	$770.50	$770.50	$770.50	$770.50
Parent / Child(ren) rate	$1,309 85	$1,309.85	$1,309 85	$1,309.85	$1,309.85	$1,309.85	$1,309.85	$1,309.85
Couple rate	$1,541 00	$1,541.00	$1,541 00	$1,541.00	$1,541.00	$1,541.00	$1,541.00	$1,541.00
Family rate	$2,195 93	$2,195.93	$2,195 93	$2,195.93	$2,195.93	$2,195.93	$2,195.93	$2,195.93
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$770 50	$770.50	$770 50	$770.50	$770.50	$770.50	$770.50	$770.50
Parent / Child(ren) rate	$1,309 85	$1,309.85	$1,309 85	$1,309.85	$1,309.85	$1,309.85	$1,309.85	$1,309.85
Couple rate	$1,541 00	$1,541.00	$1,541 00	$1,541.00	$1,541.00	$1,541.00	$1,541.00	$1,541.00
Family rate	$2,195 93	$2,195.93	$2,195 93	$2,195.93	$2,195.93	$2,195.93	$2,195.93	$2,195.93
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$788 55	$788.55	$788 55	$788.55	$788.55	$788.55	$788.55	$788.55
Parent / Child(ren) rate	$1,340 54	$1,340.54	$1,340 54	$1,340.54	$1,340.54	$1,340.54	$1,340.54	$1,340.54
Couple rate	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10
Family rate	$2,247 37	$2,247.37	$2,247 37	$2,247.37	$2,247.37	$2,247.37	$2,247.37	$2,247.37
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$788 55	$788.55	$788 55	$788.55	$788.55	$788.55	$788.55	$788.55
Parent / Child(ren) rate	$1,340 54	$1,340.54	$1,340 54	$1,340.54	$1,340.54	$1,340.54	$1,340.54	$1,340.54
Couple rate	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10	$1,577.10
Family rate	$2,247 37	$2,247.37	$2,247 37	$2,247.37	$2,247.37	$2,247.37	$2,247.37	$2,247.37
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$769.49	$769.49	$769.49	$769.49	$769.49	$769.49	$769.49	$769.49
Parent / Child(ren) rate	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13
Couple rate	$1,538 98	$1,538.98	$1,538 98	$1,538.98	$1,538.98	$1,538.98	$1,538.98	$1,538.98
Family rate	$2,193 05	$2,193.05	$2,193 05	$2,193.05	$2,193.05	$2,193.05	$2,193.05	$2,193.05
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$769.49	$769.49	$769.49	$769.49	$769.49	$769.49	$769.49	$769.49
Parent / Child(ren) rate	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13	$1,308.13
Couple rate	$1,538 98	$1,538.98	$1,538 98	$1,538.98	$1,538.98	$1,538.98	$1,538.98	$1,538.98
Family rate	$2,193 05	$2,193.05	$2,193 05	$2,193.05	$2,193.05	$2,193.05	$2,193.05	$2,193.05
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$768 97	$768.97	$768 97	$768.97	$768.97	$768.97	$768.97	$768.97
Parent / Child(ren) rate	$1,307 25	$1,307.25	$1,307 25	$1,307.25	$1,307.25	$1,307.25	$1,307.25	$1,307.25
Couple rate	$1,537 94	$1,537.94	$1,537 94	$1,537.94	$1,537.94	$1,537.94	$1,537.94	$1,537.94
Family rate	$2,191 56	$2,191.56	$2,191 56	$2,191.56	$2,191.56	$2,191.56	$2,191.56	$2,191.56
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$768 97	$768.97	$768 97	$768.97	$768.97	$768.97	$768.97	$768.97
Parent / Child(ren) rate	$1,307 25	$1,307.25	$1,307 25	$1,307.25	$1,307.25	$1,307.25	$1,307.25	$1,307.25
Couple rate	$1,537 94	$1,537.94	$1,537 94	$1,537.94	$1,537.94	$1,537.94	$1,537.94	$1,537.94
Family rate	$2,191 56	$2,191.56	$2,191 56	$2,191.56	$2,191.56	$2,191.56	$2,191.56	$2,191.56
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$750 39	$750.39	$750 39	$750.39	$750.39	$750.39	$750.39	$750.39
Parent / Child(ren) rate	$1,275 66	$1,275.66	$1,275 66	$1,275.66	$1,275.66	$1,275.66	$1,275.66	$1,275.66
Couple rate	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78
Family rate	$2,138 61	$2,138.61	$2,138 61	$2,138.61	$2,138.61	$2,138.61	$2,138.61	$2,138.61
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$750 39	$750.39	$750 39	$750.39	$750.39	$750.39	$750.39	$750.39
Parent / Child(ren) rate	$1,275 66	$1,275.66	$1,275 66	$1,275.66	$1,275.66	$1,275.66	$1,275.66	$1,275.66
Couple rate	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78	$1,500.78
Family rate	$2,138 61	$2,138.61	$2,138 61	$2,138.61	$2,138.61	$2,138.61	$2,138.61	$2,138.61
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard EPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$855.15	$855.15	$855.15	$855.15	$855.15	$855.15	$855.15	$855.15
Parent / Child(ren) rate	$1,453.76	$1,453.76	$1,453.76	$1,453.76	$1,453.76	$1,453.76	$1,453.76	$1,453.76
Couple rate	$1,710 30	$1,710.30	$1,710 30	$1,710.30	$1,710.30	$1,710.30	$1,710.30	$1,710.30
Family rate	$2,437.18	$2,437.18	$2,437.18	$2,437.18	$2,437.18	$2,437.18	$2,437.18	$2,437.18
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard PPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$925.15	$925.15	$925.15	$925.15	$925.15	$925.15	$925.15	$925.15
Parent / Child(ren) rate	$1,572.76	$1,572.76	$1,572.76	$1,572.76	$1,572.76	$1,572.76	$1,572.76	$1,572.76
Couple rate	$1,850 30	$1,850.30	$1,850 30	$1,850.30	$1,850.30	$1,850.30	$1,850.30	$1,850.30
Family rate	$2,636 68	$2,636.68	$2,636 68	$2,636.68	$2,636.68	$2,636.68	$2,636.68	$2,636.68
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$919 28	$919.28	$919 28	$919.28	$919.28	$919.28	$919.28	$919.28
Parent / Child(ren) rate	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78
Couple rate	$1,838 56	$1,838.56	$1,838 56	$1,838.56	$1,838.56	$1,838.56	$1,838.56	$1,838.56
Family rate	$2,619 95	$2,619.95	$2,619 95	$2,619.95	$2,619.95	$2,619.95	$2,619.95	$2,619.95
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$919 28	$919.28	$919 28	$919.28	$919.28	$919.28	$919.28	$919.28
Parent / Child(ren) rate	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78	$1,562.78
Couple rate	$1,838 56	$1,838.56	$1,838 56	$1,838.56	$1,838.56	$1,838.56	$1,838.56	$1,838.56
Family rate	$2,619 95	$2,619.95	$2,619 95	$2,619.95	$2,619.95	$2,619.95	$2,619.95	$2,619.95
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$995.78	$995.78	$995.78	$995.78	$995.78	$995.78	$995.78	$995.78
Parent / Child(ren) rate	$1,692 83	$1,692.83	$1,692 83	$1,692.83	$1,692.83	$1,692.83	$1,692.83	$1,692.83
Couple rate	$1,991 56	$1,991.56	$1,991 56	$1,991.56	$1,991.56	$1,991.56	$1,991.56	$1,991.56
Family rate	$2,837 97	$2,837.97	$2,837 97	$2,837.97	$2,837.97	$2,837.97	$2,837.97	$2,837.97
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$995.78	$995.78	$995.78	$995.78	$995.78	$995.78	$995.78	$995.78
Parent / Child(ren) rate	$1,692 83	$1,692.83	$1,692 83	$1,692.83	$1,692.83	$1,692.83	$1,692.83	$1,692.83
Couple rate	$1,991 56	$1,991.56	$1,991 56	$1,991.56	$1,991.56	$1,991.56	$1,991.56	$1,991.56
Family rate	$2,837 97	$2,837.97	$2,837 97	$2,837.97	$2,837.97	$2,837.97	$2,837.97	$2,837.97
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$901 66	$901.66	$901 66	$901.66	$901.66	$901.66	$901.66	$901.66
Parent / Child(ren) rate	$1,532 82	$1,532.82	$1,532 82	$1,532.82	$1,532.82	$1,532.82	$1,532.82	$1,532.82
Couple rate	$1,803 32	$1,803.32	$1,803 32	$1,803.32	$1,803.32	$1,803.32	$1,803.32	$1,803.32
Family rate	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$901 66	$901.66	$901 66	$901.66	$901.66	$901.66	$901.66	$901.66
Parent / Child(ren) rate	$1,532 82	$1,532.82	$1,532 82	$1,532.82	$1,532.82	$1,532.82	$1,532.82	$1,532.82
Couple rate	$1,803 32	$1,803.32	$1,803 32	$1,803.32	$1,803.32	$1,803.32	$1,803.32	$1,803.32
Family rate	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73	$2,569.73
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$970 92	$970.92	$970 92	$970.92	$970.92	$970.92	$970.92	$970.92
Parent / Child(ren) rate	$1,650 56	$1,650.56	$1,650 56	$1,650.56	$1,650.56	$1,650.56	$1,650.56	$1,650.56
Couple rate	$1,941 84	$1,941.84	$1,941 84	$1,941.84	$1,941.84	$1,941.84	$1,941.84	$1,941.84
Family rate	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
1st Quarter 2014 Rates:								
Single rate	$970 92	$970.92	$970 92	$970.92	$970.92	$970.92	$970.92	$970.92
Parent / Child(ren) rate	$1,650 56	$1,650.56	$1,650 56	$1,650.56	$1,650.56	$1,650.56	$1,650.56	$1,650.56
Couple rate	$1,941 84	$1,941.84	$1,941 84	$1,941.84	$1,941.84	$1,941.84	$1,941.84	$1,941.84
Family rate	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12	$2,767.12
1st Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze NY Standard EPO HSA
In Network - $3,000/$6,000 Deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$536.18	$536.18	$536.18	$536.18	$536.18	$536.18	$536.18	$536.18
Parent / Child(ren) rate	$911 51	$911.51	$911 51	$911.51	$911.51	$911.51	$911.51	$911.51
Couple rate	$1,072 36	$1,072.36	$1,072 36	$1,072.36	$1,072.36	$1,072.36	$1,072.36	$1,072.36
Family rate	$1,528.11	$1,528.11	$1,528.11	$1,528.11	$1,528.11	$1,528.11	$1,528.11	$1,528.11
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$587 31	$587.31	$587 31	$587.31	$587.31	$587.31	$587.31	$587.31
Parent / Child(ren) rate	$998.43	$998.43	$998.43	$998.43	$998.43	$998.43	$998.43	$998.43
Couple rate	$1,174 62	$1,174.62	$1,174 62	$1,174.62	$1,174.62	$1,174.62	$1,174.62	$1,174.62
Family rate	$1,673 83	$1,673.83	$1,673 83	$1,673.83	$1,673.83	$1,673.83	$1,673.83	$1,673.83
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$587 31	$587.31	$587 31	$587.31	$587.31	$587.31	$587.31	$587.31
Parent / Child(ren) rate	$998.43	$998.43	$998.43	$998.43	$998.43	$998.43	$998.43	$998.43
Couple rate	$1,174 62	$1,174.62	$1,174 62	$1,174.62	$1,174.62	$1,174.62	$1,174.62	$1,174.62
Family rate	$1,673 83	$1,673.83	$1,673 83	$1,673.83	$1,673.83	$1,673.83	$1,673.83	$1,673.83
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$534 67	$534.67	$534 67	$534.67	$534.67	$534.67	$534.67	$534.67
Parent / Child(ren) rate	$908 94	$908.94	$908 94	$908.94	$908.94	$908.94	$908.94	$908.94
Couple rate	$1,069 34	$1,069.34	$1,069 34	$1,069.34	$1,069.34	$1,069.34	$1,069.34	$1,069.34
Family rate	$1,523 81	$1,523.81	$1,523 81	$1,523.81	$1,523.81	$1,523.81	$1,523.81	$1,523.81
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$534 67	$534.67	$534 67	$534.67	$534.67	$534.67	$534.67	$534.67
Parent / Child(ren) rate	$908 94	$908.94	$908 94	$908.94	$908.94	$908.94	$908.94	$908.94
Couple rate	$1,069 34	$1,069.34	$1,069 34	$1,069.34	$1,069.34	$1,069.34	$1,069.34	$1,069.34
Family rate	$1,523 81	$1,523.81	$1,523 81	$1,523.81	$1,523.81	$1,523.81	$1,523.81	$1,523.81
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$521 97	$521.97	$521 97	$521.97	$521.97	$521.97	$521.97	$521.97
Parent / Child(ren) rate	$887 35	$887.35	$887 35	$887.35	$887.35	$887.35	$887.35	$887.35
Couple rate	$1,043 94	$1,043.94	$1,043 94	$1,043.94	$1,043.94	$1,043.94	$1,043.94	$1,043.94
Family rate	$1,487 61	$1,487.61	$1,487 61	$1,487.61	$1,487.61	$1,487.61	$1,487.61	$1,487.61
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$521 97	$521.97	$521 97	$521.97	$521.97	$521.97	$521.97	$521.97
Parent / Child(ren) rate	$887 35	$887.35	$887 35	$887.35	$887.35	$887.35	$887.35	$887.35
Couple rate	$1,043 94	$1,043.94	$1,043 94	$1,043.94	$1,043.94	$1,043.94	$1,043.94	$1,043.94
Family rate	$1,487 61	$1,487.61	$1,487 61	$1,487.61	$1,487.61	$1,487.61	$1,487.61	$1,487.61
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$509 39	$509.39	$509 39	$509.39	$509.39	$509.39	$509.39	$509.39
Parent / Child(ren) rate	$865 96	$865.96	$865 96	$865.96	$865.96	$865.96	$865.96	$865.96
Couple rate	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78
Family rate	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$509 39	$509.39	$509 39	$509.39	$509.39	$509.39	$509.39	$509.39
Parent / Child(ren) rate	$865 96	$865.96	$865 96	$865.96	$865.96	$865.96	$865.96	$865.96
Couple rate	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78	$1,018.78
Family rate	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76	$1,451.76
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard EPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$628.47	$628.47	$628.47	$628.47	$628.47	$628.47	$628.47	$628.47
Parent / Child(ren) rate	$1,068.40	$1,068.40	$1,068.40	$1,068.40	$1,068.40	$1,068.40	$1,068.40	$1,068.40
Couple rate	$1,256 94	$1,256.94	$1,256 94	$1,256.94	$1,256.94	$1,256.94	$1,256.94	$1,256.94
Family rate	$1,791.14	$1,791.14	$1,791.14	$1,791.14	$1,791.14	$1,791.14	$1,791.14	$1,791.14
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard PPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 70%/30% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$693 66	$693.66	$693 66	$693.66	$693.66	$693.66	$693.66	$693.66
Parent / Child(ren) rate	$1,179 22	$1,179.22	$1,179 22	$1,179.22	$1,179.22	$1,179.22	$1,179.22	$1,179.22
Couple rate	$1,387 32	$1,387.32	$1,387 32	$1,387.32	$1,387.32	$1,387.32	$1,387.32	$1,387.32
Family rate	$1,976 93	$1,976.93	$1,976 93	$1,976.93	$1,976.93	$1,976.93	$1,976.93	$1,976.93
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$695.41	$695.41	$695.41	$695.41	$695.41	$695.41	$695.41	$695.41
Parent / Child(ren) rate	$1,182 20	$1,182.20	$1,182 20	$1,182.20	$1,182.20	$1,182.20	$1,182.20	$1,182.20
Couple rate	$1,390 82	$1,390.82	$1,390 82	$1,390.82	$1,390.82	$1,390.82	$1,390.82	$1,390.82
Family rate	$1,981 92	$1,981.92	$1,981 92	$1,981.92	$1,981.92	$1,981.92	$1,981.92	$1,981.92
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$695.41	$695.41	$695.41	$695.41	$695.41	$695.41	$695.41	$695.41
Parent / Child(ren) rate	$1,182 20	$1,182.20	$1,182 20	$1,182.20	$1,182.20	$1,182.20	$1,182.20	$1,182.20
Couple rate	$1,390 82	$1,390.82	$1,390 82	$1,390.82	$1,390.82	$1,390.82	$1,390.82	$1,390.82
Family rate	$1,981 92	$1,981.92	$1,981 92	$1,981.92	$1,981.92	$1,981.92	$1,981.92	$1,981.92
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$740 84	$740.84	$740 84	$740.84	$740.84	$740.84	$740.84	$740.84
Parent / Child(ren) rate	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43
Couple rate	$1,481 68	$1,481.68	$1,481 68	$1,481.68	$1,481.68	$1,481.68	$1,481.68	$1,481.68
Family rate	$2,111 39	$2,111.39	$2,111 39	$2,111.39	$2,111.39	$2,111.39	$2,111.39	$2,111.39
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$740 84	$740.84	$740 84	$740.84	$740.84	$740.84	$740.84	$740.84
Parent / Child(ren) rate	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43	$1,259.43
Couple rate	$1,481 68	$1,481.68	$1,481 68	$1,481.68	$1,481.68	$1,481.68	$1,481.68	$1,481.68
Family rate	$2,111 39	$2,111.39	$2,111 39	$2,111.39	$2,111.39	$2,111.39	$2,111.39	$2,111.39
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$724.47	$724.47	$724.47	$724.47	$724.47	$724.47	$724.47	$724.47
Parent / Child(ren) rate	$1,231 60	$1,231.60	$1,231 60	$1,231.60	$1,231.60	$1,231.60	$1,231.60	$1,231.60
Couple rate	$1,448 94	$1,448.94	$1,448 94	$1,448.94	$1,448.94	$1,448.94	$1,448.94	$1,448.94
Family rate	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$724.47	$724.47	$724.47	$724.47	$724.47	$724.47	$724.47	$724.47
Parent / Child(ren) rate	$1,231 60	$1,231.60	$1,231 60	$1,231.60	$1,231.60	$1,231.60	$1,231.60	$1,231.60
Couple rate	$1,448 94	$1,448.94	$1,448 94	$1,448.94	$1,448.94	$1,448.94	$1,448.94	$1,448.94
Family rate	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74	$2,064.74
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$638 56	$638.56	$638 56	$638.56	$638.56	$638.56	$638.56	$638.56
Parent / Child(ren) rate	$1,085 55	$1,085.55	$1,085 55	$1,085.55	$1,085.55	$1,085.55	$1,085.55	$1,085.55
Couple rate	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12
Family rate	$1,819 90	$1,819.90	$1,819 90	$1,819.90	$1,819.90	$1,819.90	$1,819.90	$1,819.90
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$638 56	$638.56	$638 56	$638.56	$638.56	$638.56	$638.56	$638.56
Parent / Child(ren) rate	$1,085 55	$1,085.55	$1,085 55	$1,085.55	$1,085.55	$1,085.55	$1,085.55	$1,085.55
Couple rate	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12	$1,277.12
Family rate	$1,819 90	$1,819.90	$1,819 90	$1,819.90	$1,819.90	$1,819.90	$1,819.90	$1,819.90
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$623.15	$623.15	$623.15	$623.15	$623.15	$623.15	$623.15	$623.15
Parent / Child(ren) rate	$1,059 36	$1,059.36	$1,059 36	$1,059.36	$1,059.36	$1,059.36	$1,059.36	$1,059.36
Couple rate	$1,246 30	$1,246.30	$1,246 30	$1,246.30	$1,246.30	$1,246.30	$1,246.30	$1,246.30
Family rate	$1,775 98	$1,775.98	$1,775 98	$1,775.98	$1,775.98	$1,775.98	$1,775.98	$1,775.98
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$623.15	$623.15	$623.15	$623.15	$623.15	$623.15	$623.15	$623.15
Parent / Child(ren) rate	$1,059 36	$1,059.36	$1,059 36	$1,059.36	$1,059.36	$1,059.36	$1,059.36	$1,059.36
Couple rate	$1,246 30	$1,246.30	$1,246 30	$1,246.30	$1,246.30	$1,246.30	$1,246.30	$1,246.30
Family rate	$1,775 98	$1,775.98	$1,775 98	$1,775.98	$1,775.98	$1,775.98	$1,775.98	$1,775.98
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$627.48	$627.48	$627.48	$627.48	$627.48	$627.48	$627.48	$627.48
Parent / Child(ren) rate	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72
Couple rate	$1,254 96	$1,254.96	$1,254 96	$1,254.96	$1,254.96	$1,254.96	$1,254.96	$1,254.96
Family rate	$1,788 32	$1,788.32	$1,788 32	$1,788.32	$1,788.32	$1,788.32	$1,788.32	$1,788.32
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$627.48	$627.48	$627.48	$627.48	$627.48	$627.48	$627.48	$627.48
Parent / Child(ren) rate	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72	$1,066.72
Couple rate	$1,254 96	$1,254.96	$1,254 96	$1,254.96	$1,254.96	$1,254.96	$1,254.96	$1,254.96
Family rate	$1,788 32	$1,788.32	$1,788 32	$1,788.32	$1,788.32	$1,788.32	$1,788.32	$1,788.32
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$612 35	$612.35	$612 35	$612.35	$612.35	$612.35	$612.35	$612.35
Parent / Child(ren) rate	$1,041 00	$1,041.00	$1,041 00	$1,041.00	$1,041.00	$1,041.00	$1,041.00	$1,041.00
Couple rate	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70
Family rate	$1,745 20	$1,745.20	$1,745 20	$1,745.20	$1,745.20	$1,745.20	$1,745.20	$1,745.20
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$612 35	$612.35	$612 35	$612.35	$612.35	$612.35	$612.35	$612.35
Parent / Child(ren) rate	$1,041 00	$1,041.00	$1,041 00	$1,041.00	$1,041.00	$1,041.00	$1,041.00	$1,041.00
Couple rate	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70	$1,224.70
Family rate	$1,745 20	$1,745.20	$1,745 20	$1,745.20	$1,745.20	$1,745.20	$1,745.20	$1,745.20
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
RX Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$697.76	$697.76	$697.76	$697.76	$697.76	$697.76	$697.76	$697.76
Parent / Child(ren) rate	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19
Couple rate	$1,395 52	$1,395.52	$1,395 52	$1,395.52	$1,395.52	$1,395.52	$1,395.52	$1,395.52
Family rate	$1,988 62	$1,988.62	$1,988 62	$1,988.62	$1,988.62	$1,988.62	$1,988.62	$1,988.62
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$697.76	$697.76	$697.76	$697.76	$697.76	$697.76	$697.76	$697.76
Parent / Child(ren) rate	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19	$1,186.19
Couple rate	$1,395 52	$1,395.52	$1,395 52	$1,395.52	$1,395.52	$1,395.52	$1,395.52	$1,395.52
Family rate	$1,988 62	$1,988.62	$1,988 62	$1,988.62	$1,988.62	$1,988.62	$1,988.62	$1,988.62
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$683 30	$683.30	$683 30	$683.30	$683.30	$683.30	$683.30	$683.30
Parent / Child(ren) rate	$1,161 61	$1,161.61	$1,161 61	$1,161.61	$1,161.61	$1,161.61	$1,161.61	$1,161.61
Couple rate	$1,366 60	$1,366.60	$1,366 60	$1,366.60	$1,366.60	$1,366.60	$1,366.60	$1,366.60
Family rate	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$683 30	$683.30	$683 30	$683.30	$683.30	$683.30	$683.30	$683.30
Parent / Child(ren) rate	$1,161 61	$1,161.61	$1,161 61	$1,161.61	$1,161.61	$1,161.61	$1,161.61	$1,161.61
Couple rate	$1,366 60	$1,366.60	$1,366 60	$1,366.60	$1,366.60	$1,366.60	$1,366.60	$1,366.60
Family rate	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41	$1,947.41
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$666.79	$666.79	$666.79	$666.79	$666.79	$666.79	$666.79	$666.79
Parent / Child(ren) rate	$1,133 54	$1,133.54	$1,133 54	$1,133.54	$1,133.54	$1,133.54	$1,133.54	$1,133.54
Couple rate	$1,333 58	$1,333.58	$1,333 58	$1,333.58	$1,333.58	$1,333.58	$1,333.58	$1,333.58
Family rate	$1,900 35	$1,900.35	$1,900 35	$1,900.35	$1,900.35	$1,900.35	$1,900.35	$1,900.35
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$666.79	$666.79	$666.79	$666.79	$666.79	$666.79	$666.79	$666.79
Parent / Child(ren) rate	$1,133 54	$1,133.54	$1,133 54	$1,133.54	$1,133.54	$1,133.54	$1,133.54	$1,133.54
Couple rate	$1,333 58	$1,333.58	$1,333 58	$1,333.58	$1,333.58	$1,333.58	$1,333.58	$1,333.58
Family rate	$1,900 35	$1,900.35	$1,900 35	$1,900.35	$1,900.35	$1,900.35	$1,900.35	$1,900.35
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold NY Standard EPO
In Network - $600/$1,200 Deductible, $25/$40 Copayment after deductible, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$742 99	$742.99	$742 99	$742.99	$742.99	$742.99	$742.99	$742.99
Parent / Child(ren) rate	$1,263 08	$1,263.08	$1,263 08	$1,263.08	$1,263.08	$1,263.08	$1,263.08	$1,263.08
Couple rate	$1,485 98	$1,485.98	$1,485 98	$1,485.98	$1,485.98	$1,485.98	$1,485.98	$1,485.98
Family rate	$2,117 52	$2,117.52	$2,117 52	$2,117.52	$2,117.52	$2,117.52	$2,117.52	$2,117.52
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$826.75	$826.75	$826.75	$826.75	$826.75	$826.75	$826.75	$826.75
Parent / Child(ren) rate	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48
Couple rate	$1,653 50	$1,653.50	$1,653 50	$1,653.50	$1,653.50	$1,653.50	$1,653.50	$1,653.50
Family rate	$2,356 24	$2,356.24	$2,356 24	$2,356.24	$2,356.24	$2,356.24	$2,356.24	$2,356.24
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$826.75	$826.75	$826.75	$826.75	$826.75	$826.75	$826.75	$826.75
Parent / Child(ren) rate	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48	$1,405.48
Couple rate	$1,653 50	$1,653.50	$1,653 50	$1,653.50	$1,653.50	$1,653.50	$1,653.50	$1,653.50
Family rate	$2,356 24	$2,356.24	$2,356 24	$2,356.24	$2,356.24	$2,356.24	$2,356.24	$2,356.24
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$853.19	$853.19	$853.19	$853.19	$853.19	$853.19	$853.19	$853.19
Parent / Child(ren) rate	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42
Couple rate	$1,706 38	$1,706.38	$1,706 38	$1,706.38	$1,706.38	$1,706.38	$1,706.38	$1,706.38
Family rate	$2,431 59	$2,431.59	$2,431 59	$2,431.59	$2,431.59	$2,431.59	$2,431.59	$2,431.59
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$853.19	$853.19	$853.19	$853.19	$853.19	$853.19	$853.19	$853.19
Parent / Child(ren) rate	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42	$1,450.42
Couple rate	$1,706 38	$1,706.38	$1,706 38	$1,706.38	$1,706.38	$1,706.38	$1,706.38	$1,706.38
Family rate	$2,431 59	$2,431.59	$2,431 59	$2,431.59	$2,431.59	$2,431.59	$2,431.59	$2,431.59
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$793 82	$793.82	$793 82	$793.82	$793.82	$793.82	$793.82	$793.82
Parent / Child(ren) rate	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49
Couple rate	$1,587 64	$1,587.64	$1,587 64	$1,587.64	$1,587.64	$1,587.64	$1,587.64	$1,587.64
Family rate	$2,262 39	$2,262.39	$2,262 39	$2,262.39	$2,262.39	$2,262.39	$2,262.39	$2,262.39
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$793 82	$793.82	$793 82	$793.82	$793.82	$793.82	$793.82	$793.82
Parent / Child(ren) rate	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49	$1,349.49
Couple rate	$1,587 64	$1,587.64	$1,587 64	$1,587.64	$1,587.64	$1,587.64	$1,587.64	$1,587.64
Family rate	$2,262 39	$2,262.39	$2,262 39	$2,262.39	$2,262.39	$2,262.39	$2,262.39	$2,262.39
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$767 80	$767.80	$767 80	$767.80	$767.80	$767.80	$767.80	$767.80
Parent / Child(ren) rate	$1,305 26	$1,305.26	$1,305 26	$1,305.26	$1,305.26	$1,305.26	$1,305.26	$1,305.26
Couple rate	$1,535 60	$1,535.60	$1,535 60	$1,535.60	$1,535.60	$1,535.60	$1,535.60	$1,535.60
Family rate	$2,188 23	$2,188.23	$2,188 23	$2,188.23	$2,188.23	$2,188.23	$2,188.23	$2,188.23
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$767 80	$767.80	$767 80	$767.80	$767.80	$767.80	$767.80	$767.80
Parent / Child(ren) rate	$1,305 26	$1,305.26	$1,305 26	$1,305.26	$1,305.26	$1,305.26	$1,305.26	$1,305.26
Couple rate	$1,535 60	$1,535.60	$1,535 60	$1,535.60	$1,535.60	$1,535.60	$1,535.60	$1,535.60
Family rate	$2,188 23	$2,188.23	$2,188 23	$2,188.23	$2,188.23	$2,188.23	$2,188.23	$2,188.23
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$789.76	$789.76	$789.76	$789.76	$789.76	$789.76	$789.76	$789.76
Parent / Child(ren) rate	$1,342 59	$1,342.59	$1,342 59	$1,342.59	$1,342.59	$1,342.59	$1,342.59	$1,342.59
Couple rate	$1,579 52	$1,579.52	$1,579 52	$1,579.52	$1,579.52	$1,579.52	$1,579.52	$1,579.52
Family rate	$2,250 82	$2,250.82	$2,250 82	$2,250.82	$2,250.82	$2,250.82	$2,250.82	$2,250.82
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$789.76	$789.76	$789.76	$789.76	$789.76	$789.76	$789.76	$789.76
Parent / Child(ren) rate	$1,342 59	$1,342.59	$1,342 59	$1,342.59	$1,342.59	$1,342.59	$1,342.59	$1,342.59
Couple rate	$1,579 52	$1,579.52	$1,579 52	$1,579.52	$1,579.52	$1,579.52	$1,579.52	$1,579.52
Family rate	$2,250 82	$2,250.82	$2,250 82	$2,250.82	$2,250.82	$2,250.82	$2,250.82	$2,250.82
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$808 26	$808.26	$808 26	$808.26	$808.26	$808.26	$808.26	$808.26
Parent / Child(ren) rate	$1,374 04	$1,374.04	$1,374 04	$1,374.04	$1,374.04	$1,374.04	$1,374.04	$1,374.04
Couple rate	$1,616 52	$1,616.52	$1,616 52	$1,616.52	$1,616.52	$1,616.52	$1,616.52	$1,616.52
Family rate	$2,303 54	$2,303.54	$2,303 54	$2,303.54	$2,303.54	$2,303.54	$2,303.54	$2,303.54
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$808 26	$808.26	$808 26	$808.26	$808.26	$808.26	$808.26	$808.26
Parent / Child(ren) rate	$1,374 04	$1,374.04	$1,374 04	$1,374.04	$1,374.04	$1,374.04	$1,374.04	$1,374.04
Couple rate	$1,616 52	$1,616.52	$1,616 52	$1,616.52	$1,616.52	$1,616.52	$1,616.52	$1,616.52
Family rate	$2,303 54	$2,303.54	$2,303 54	$2,303.54	$2,303.54	$2,303.54	$2,303.54	$2,303.54
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$788.73	$788.73	$788.73	$788.73	$788.73	$788.73	$788.73	$788.73
Parent / Child(ren) rate	$1,340 84	$1,340.84	$1,340 84	$1,340.84	$1,340.84	$1,340.84	$1,340.84	$1,340.84
Couple rate	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46
Family rate	$2,247 88	$2,247.88	$2,247 88	$2,247.88	$2,247.88	$2,247.88	$2,247.88	$2,247.88
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$788.73	$788.73	$788.73	$788.73	$788.73	$788.73	$788.73	$788.73
Parent / Child(ren) rate	$1,340 84	$1,340.84	$1,340 84	$1,340.84	$1,340.84	$1,340.84	$1,340.84	$1,340.84
Couple rate	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46	$1,577.46
Family rate	$2,247 88	$2,247.88	$2,247 88	$2,247.88	$2,247.88	$2,247.88	$2,247.88	$2,247.88
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$788.19	$788.19	$788.19	$788.19	$788.19	$788.19	$788.19	$788.19
Parent / Child(ren) rate	$1,339 92	$1,339.92	$1,339 92	$1,339.92	$1,339.92	$1,339.92	$1,339.92	$1,339.92
Couple rate	$1,576 38	$1,576.38	$1,576 38	$1,576.38	$1,576.38	$1,576.38	$1,576.38	$1,576.38
Family rate	$2,246 34	$2,246.34	$2,246 34	$2,246.34	$2,246.34	$2,246.34	$2,246.34	$2,246.34
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$788.19	$788.19	$788.19	$788.19	$788.19	$788.19	$788.19	$788.19
Parent / Child(ren) rate	$1,339 92	$1,339.92	$1,339 92	$1,339.92	$1,339.92	$1,339.92	$1,339.92	$1,339.92
Couple rate	$1,576 38	$1,576.38	$1,576 38	$1,576.38	$1,576.38	$1,576.38	$1,576.38	$1,576.38
Family rate	$2,246 34	$2,246.34	$2,246 34	$2,246.34	$2,246.34	$2,246.34	$2,246.34	$2,246.34
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$769.15	$769.15	$769.15	$769.15	$769.15	$769.15	$769.15	$769.15
Parent / Child(ren) rate	$1,307 56	$1,307.56	$1,307 56	$1,307.56	$1,307.56	$1,307.56	$1,307.56	$1,307.56
Couple rate	$1,538 30	$1,538.30	$1,538 30	$1,538.30	$1,538.30	$1,538.30	$1,538.30	$1,538.30
Family rate	$2,192 08	$2,192.08	$2,192 08	$2,192.08	$2,192.08	$2,192.08	$2,192.08	$2,192.08
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$769.15	$769.15	$769.15	$769.15	$769.15	$769.15	$769.15	$769.15
Parent / Child(ren) rate	$1,307 56	$1,307.56	$1,307 56	$1,307.56	$1,307.56	$1,307.56	$1,307.56	$1,307.56
Couple rate	$1,538 30	$1,538.30	$1,538 30	$1,538.30	$1,538.30	$1,538.30	$1,538.30	$1,538.30
Family rate	$2,192 08	$2,192.08	$2,192 08	$2,192.08	$2,192.08	$2,192.08	$2,192.08	$2,192.08
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard EPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$876 53	$876.53	$876 53	$876.53	$876.53	$876.53	$876.53	$876.53
Parent / Child(ren) rate	$1,490.10	$1,490.10	$1,490.10	$1,490.10	$1,490.10	$1,490.10	$1,490.10	$1,490.10
Couple rate	$1,753 06	$1,753.06	$1,753 06	$1,753.06	$1,753.06	$1,753.06	$1,753.06	$1,753.06
Family rate	$2,498.11	$2,498.11	$2,498.11	$2,498.11	$2,498.11	$2,498.11	$2,498.11	$2,498.11
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard PPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$948 28	$948.28	$948 28	$948.28	$948.28	$948.28	$948.28	$948.28
Parent / Child(ren) rate	$1,612 08	$1,612.08	$1,612 08	$1,612.08	$1,612.08	$1,612.08	$1,612.08	$1,612.08
Couple rate	$1,896 56	$1,896.56	$1,896 56	$1,896.56	$1,896.56	$1,896.56	$1,896.56	$1,896.56
Family rate	$2,702 60	$2,702.60	$2,702 60	$2,702.60	$2,702.60	$2,702.60	$2,702.60	$2,702.60
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$942 26	$942.26	$942 26	$942.26	$942.26	$942.26	$942.26	$942.26
Parent / Child(ren) rate	$1,601 84	$1,601.84	$1,601 84	$1,601.84	$1,601.84	$1,601.84	$1,601.84	$1,601.84
Couple rate	$1,884 52	$1,884.52	$1,884 52	$1,884.52	$1,884.52	$1,884.52	$1,884.52	$1,884.52
Family rate	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$942 26	$942.26	$942 26	$942.26	$942.26	$942.26	$942.26	$942.26
Parent / Child(ren) rate	$1,601 84	$1,601.84	$1,601 84	$1,601.84	$1,601.84	$1,601.84	$1,601.84	$1,601.84
Couple rate	$1,884 52	$1,884.52	$1,884 52	$1,884.52	$1,884.52	$1,884.52	$1,884.52	$1,884.52
Family rate	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44	$2,685.44
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$1,020 67	$1,020.67	$1,020 67	$1,020.67	$1,020.67	$1,020.67	$1,020.67	$1,020.67
Parent / Child(ren) rate	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14
Couple rate	$2,041 34	$2,041.34	$2,041 34	$2,041.34	$2,041.34	$2,041.34	$2,041.34	$2,041.34
Family rate	$2,908 91	$2,908.91	$2,908 91	$2,908.91	$2,908.91	$2,908.91	$2,908.91	$2,908.91
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$1,020 67	$1,020.67	$1,020 67	$1,020.67	$1,020.67	$1,020.67	$1,020.67	$1,020.67
Parent / Child(ren) rate	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14	$1,735.14
Couple rate	$2,041 34	$2,041.34	$2,041 34	$2,041.34	$2,041.34	$2,041.34	$2,041.34	$2,041.34
Family rate	$2,908 91	$2,908.91	$2,908 91	$2,908.91	$2,908.91	$2,908.91	$2,908.91	$2,908.91
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$924 20	$924.20	$924 20	$924.20	$924.20	$924.20	$924.20	$924.20
Parent / Child(ren) rate	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14
Couple rate	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40
Family rate	$2,633 97	$2,633.97	$2,633 97	$2,633.97	$2,633.97	$2,633.97	$2,633.97	$2,633.97
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$924 20	$924.20	$924 20	$924.20	$924.20	$924.20	$924.20	$924.20
Parent / Child(ren) rate	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14	$1,571.14
Couple rate	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40	$1,848.40
Family rate	$2,633 97	$2,633.97	$2,633 97	$2,633.97	$2,633.97	$2,633.97	$2,633.97	$2,633.97
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$995.19	$995.19	$995.19	$995.19	$995.19	$995.19	$995.19	$995.19
Parent / Child(ren) rate	$1,691 82	$1,691.82	$1,691 82	$1,691.82	$1,691.82	$1,691.82	$1,691.82	$1,691.82
Couple rate	$1,990 38	$1,990.38	$1,990 38	$1,990.38	$1,990.38	$1,990.38	$1,990.38	$1,990.38
Family rate	$2,836 29	$2,836.29	$2,836 29	$2,836.29	$2,836.29	$2,836.29	$2,836.29	$2,836.29
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
2nd Quarter 2014 Rates:								
Single rate	$995.19	$995.19	$995.19	$995.19	$995.19	$995.19	$995.19	$995.19
Parent / Child(ren) rate	$1,691 82	$1,691.82	$1,691 82	$1,691.82	$1,691.82	$1,691.82	$1,691.82	$1,691.82
Couple rate	$1,990 38	$1,990.38	$1,990 38	$1,990.38	$1,990.38	$1,990.38	$1,990.38	$1,990.38
Family rate	$2,836 29	$2,836.29	$2,836 29	$2,836.29	$2,836.29	$2,836.29	$2,836.29	$2,836.29
2nd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze NY Standard EPO HSA
In Network - $3,000/$6,000 Deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$549 58	$549.58	$549 58	$549.58	$549.58	$549.58	$549.58	$549.58
Parent / Child(ren) rate	$934 29	$934.29	$934 29	$934.29	$934.29	$934.29	$934.29	$934.29
Couple rate	$1,099.16	$1,099.16	$1,099.16	$1,099.16	$1,099.16	$1,099.16	$1,099.16	$1,099.16
Family rate	$1,566 30	$1,566.30	$1,566 30	$1,566.30	$1,566.30	$1,566.30	$1,566.30	$1,566.30
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$601 99	$601.99	$601 99	$601.99	$601.99	$601.99	$601.99	$601.99
Parent / Child(ren) rate	$1,023 38	$1,023.38	$1,023 38	$1,023.38	$1,023.38	$1,023.38	$1,023.38	$1,023.38
Couple rate	$1,203 98	$1,203.98	$1,203 98	$1,203.98	$1,203.98	$1,203.98	$1,203.98	$1,203.98
Family rate	$1,715 67	$1,715.67	$1,715 67	$1,715.67	$1,715.67	$1,715.67	$1,715.67	$1,715.67
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$601 99	$601.99	$601 99	$601.99	$601.99	$601.99	$601.99	$601.99
Parent / Child(ren) rate	$1,023 38	$1,023.38	$1,023 38	$1,023.38	$1,023.38	$1,023.38	$1,023.38	$1,023.38
Couple rate	$1,203 98	$1,203.98	$1,203 98	$1,203.98	$1,203.98	$1,203.98	$1,203.98	$1,203.98
Family rate	$1,715 67	$1,715.67	$1,715 67	$1,715.67	$1,715.67	$1,715.67	$1,715.67	$1,715.67
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$548 04	$548.04	$548 04	$548.04	$548.04	$548.04	$548.04	$548.04
Parent / Child(ren) rate	$931 67	$931.67	$931 67	$931.67	$931.67	$931.67	$931.67	$931.67
Couple rate	$1,096 08	$1,096.08	$1,096 08	$1,096.08	$1,096.08	$1,096.08	$1,096.08	$1,096.08
Family rate	$1,561 91	$1,561.91	$1,561 91	$1,561.91	$1,561.91	$1,561.91	$1,561.91	$1,561.91
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$548 04	$548.04	$548 04	$548.04	$548.04	$548.04	$548.04	$548.04
Parent / Child(ren) rate	$931 67	$931.67	$931 67	$931.67	$931.67	$931.67	$931.67	$931.67
Couple rate	$1,096 08	$1,096.08	$1,096 08	$1,096.08	$1,096.08	$1,096.08	$1,096.08	$1,096.08
Family rate	$1,561 91	$1,561.91	$1,561 91	$1,561.91	$1,561.91	$1,561.91	$1,561.91	$1,561.91
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$535 02	$535.02	$535 02	$535.02	$535.02	$535.02	$535.02	$535.02
Parent / Child(ren) rate	$909 53	$909.53	$909 53	$909.53	$909.53	$909.53	$909.53	$909.53
Couple rate	$1,070 04	$1,070.04	$1,070 04	$1,070.04	$1,070.04	$1,070.04	$1,070.04	$1,070.04
Family rate	$1,524 81	$1,524.81	$1,524 81	$1,524.81	$1,524.81	$1,524.81	$1,524.81	$1,524.81
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$535 02	$535.02	$535 02	$535.02	$535.02	$535.02	$535.02	$535.02
Parent / Child(ren) rate	$909 53	$909.53	$909 53	$909.53	$909.53	$909.53	$909.53	$909.53
Couple rate	$1,070 04	$1,070.04	$1,070 04	$1,070.04	$1,070.04	$1,070.04	$1,070.04	$1,070.04
Family rate	$1,524 81	$1,524.81	$1,524 81	$1,524.81	$1,524.81	$1,524.81	$1,524.81	$1,524.81
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$522.12	$522.12	$522.12	$522.12	$522.12	$522.12	$522.12	$522.12
Parent / Child(ren) rate	$887 60	$887.60	$887 60	$887.60	$887.60	$887.60	$887.60	$887.60
Couple rate	$1,044 24	$1,044.24	$1,044 24	$1,044.24	$1,044.24	$1,044.24	$1,044.24	$1,044.24
Family rate	$1,488 04	$1,488.04	$1,488 04	$1,488.04	$1,488.04	$1,488.04	$1,488.04	$1,488.04
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$522.12	$522.12	$522.12	$522.12	$522.12	$522.12	$522.12	$522.12
Parent / Child(ren) rate	$887 60	$887.60	$887 60	$887.60	$887.60	$887.60	$887.60	$887.60
Couple rate	$1,044 24	$1,044.24	$1,044 24	$1,044.24	$1,044.24	$1,044.24	$1,044.24	$1,044.24
Family rate	$1,488 04	$1,488.04	$1,488 04	$1,488.04	$1,488.04	$1,488.04	$1,488.04	$1,488.04
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard EPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$644.18	$644.18	$644.18	$644.18	$644.18	$644.18	$644.18	$644.18
Parent / Child(ren) rate	$1,095.11	$1,095.11	$1,095.11	$1,095.11	$1,095.11	$1,095.11	$1,095.11	$1,095.11
Couple rate	$1,288 36	$1,288.36	$1,288 36	$1,288.36	$1,288.36	$1,288.36	$1,288.36	$1,288.36
Family rate	$1,835 91	$1,835.91	$1,835 91	$1,835.91	$1,835.91	$1,835.91	$1,835.91	$1,835.91
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard PPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 70%/30% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$711 00	$711.00	$711 00	$711.00	$711.00	$711.00	$711.00	$711.00
Parent / Child(ren) rate	$1,208.70	$1,208.70	$1,208.70	$1,208.70	$1,208.70	$1,208.70	$1,208.70	$1,208.70
Couple rate	$1,422 00	$1,422.00	$1,422 00	$1,422.00	$1,422.00	$1,422.00	$1,422.00	$1,422.00
Family rate	$2,026 35	$2,026.35	$2,026 35	$2,026.35	$2,026.35	$2,026.35	$2,026.35	$2,026.35
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$712 80	$712.80	$712 80	$712.80	$712.80	$712.80	$712.80	$712.80
Parent / Child(ren) rate	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76
Couple rate	$1,425 60	$1,425.60	$1,425 60	$1,425.60	$1,425.60	$1,425.60	$1,425.60	$1,425.60
Family rate	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$712 80	$712.80	$712 80	$712.80	$712.80	$712.80	$712.80	$712.80
Parent / Child(ren) rate	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76	$1,211.76
Couple rate	$1,425 60	$1,425.60	$1,425 60	$1,425.60	$1,425.60	$1,425.60	$1,425.60	$1,425.60
Family rate	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48	$2,031.48
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$759 36	$759.36	$759 36	$759.36	$759.36	$759.36	$759.36	$759.36
Parent / Child(ren) rate	$1,290 91	$1,290.91	$1,290 91	$1,290.91	$1,290.91	$1,290.91	$1,290.91	$1,290.91
Couple rate	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72
Family rate	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$759 36	$759.36	$759 36	$759.36	$759.36	$759.36	$759.36	$759.36
Parent / Child(ren) rate	$1,290 91	$1,290.91	$1,290 91	$1,290.91	$1,290.91	$1,290.91	$1,290.91	$1,290.91
Couple rate	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72	$1,518.72
Family rate	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18	$2,164.18
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$742 58	$742.58	$742 58	$742.58	$742.58	$742.58	$742.58	$742.58
Parent / Child(ren) rate	$1,262 39	$1,262.39	$1,262 39	$1,262.39	$1,262.39	$1,262.39	$1,262.39	$1,262.39
Couple rate	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16
Family rate	$2,116 35	$2,116.35	$2,116 35	$2,116.35	$2,116.35	$2,116.35	$2,116.35	$2,116.35
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$742 58	$742.58	$742 58	$742.58	$742.58	$742.58	$742.58	$742.58
Parent / Child(ren) rate	$1,262 39	$1,262.39	$1,262 39	$1,262.39	$1,262.39	$1,262.39	$1,262.39	$1,262.39
Couple rate	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16	$1,485.16
Family rate	$2,116 35	$2,116.35	$2,116 35	$2,116.35	$2,116.35	$2,116.35	$2,116.35	$2,116.35
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$654 52	$654.52	$654 52	$654.52	$654.52	$654.52	$654.52	$654.52
Parent / Child(ren) rate	$1,112 68	$1,112.68	$1,112 68	$1,112.68	$1,112.68	$1,112.68	$1,112.68	$1,112.68
Couple rate	$1,309 04	$1,309.04	$1,309 04	$1,309.04	$1,309.04	$1,309.04	$1,309.04	$1,309.04
Family rate	$1,865 38	$1,865.38	$1,865 38	$1,865.38	$1,865.38	$1,865.38	$1,865.38	$1,865.38
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$654 52	$654.52	$654 52	$654.52	$654.52	$654.52	$654.52	$654.52
Parent / Child(ren) rate	$1,112 68	$1,112.68	$1,112 68	$1,112.68	$1,112.68	$1,112.68	$1,112.68	$1,112.68
Couple rate	$1,309 04	$1,309.04	$1,309 04	$1,309.04	$1,309.04	$1,309.04	$1,309.04	$1,309.04
Family rate	$1,865 38	$1,865.38	$1,865 38	$1,865.38	$1,865.38	$1,865.38	$1,865.38	$1,865.38
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$638.73	$638.73	$638.73	$638.73	$638.73	$638.73	$638.73	$638.73
Parent / Child(ren) rate	$1,085 84	$1,085.84	$1,085 84	$1,085.84	$1,085.84	$1,085.84	$1,085.84	$1,085.84
Couple rate	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46
Family rate	$1,820 38	$1,820.38	$1,820 38	$1,820.38	$1,820.38	$1,820.38	$1,820.38	$1,820.38
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$638.73	$638.73	$638.73	$638.73	$638.73	$638.73	$638.73	$638.73
Parent / Child(ren) rate	$1,085 84	$1,085.84	$1,085 84	$1,085.84	$1,085.84	$1,085.84	$1,085.84	$1,085.84
Couple rate	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46	$1,277.46
Family rate	$1,820 38	$1,820.38	$1,820 38	$1,820.38	$1,820.38	$1,820.38	$1,820.38	$1,820.38
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$643.17	$643.17	$643.17	$643.17	$643.17	$643.17	$643.17	$643.17
Parent / Child(ren) rate	$1,093 39	$1,093.39	$1,093 39	$1,093.39	$1,093.39	$1,093.39	$1,093.39	$1,093.39
Couple rate	$1,286 34	$1,286.34	$1,286 34	$1,286.34	$1,286.34	$1,286.34	$1,286.34	$1,286.34
Family rate	$1,833 03	$1,833.03	$1,833 03	$1,833.03	$1,833.03	$1,833.03	$1,833.03	$1,833.03
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$643.17	$643.17	$643.17	$643.17	$643.17	$643.17	$643.17	$643.17
Parent / Child(ren) rate	$1,093 39	$1,093.39	$1,093 39	$1,093.39	$1,093.39	$1,093.39	$1,093.39	$1,093.39
Couple rate	$1,286 34	$1,286.34	$1,286 34	$1,286.34	$1,286.34	$1,286.34	$1,286.34	$1,286.34
Family rate	$1,833 03	$1,833.03	$1,833 03	$1,833.03	$1,833.03	$1,833.03	$1,833.03	$1,833.03
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$627 66	$627.66	$627 66	$627.66	$627.66	$627.66	$627.66	$627.66
Parent / Child(ren) rate	$1,067 02	$1,067.02	$1,067 02	$1,067.02	$1,067.02	$1,067.02	$1,067.02	$1,067.02
Couple rate	$1,255 32	$1,255.32	$1,255 32	$1,255.32	$1,255.32	$1,255.32	$1,255.32	$1,255.32
Family rate	$1,788 83	$1,788.83	$1,788 83	$1,788.83	$1,788.83	$1,788.83	$1,788.83	$1,788.83
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$627 66	$627.66	$627 66	$627.66	$627.66	$627.66	$627.66	$627.66
Parent / Child(ren) rate	$1,067 02	$1,067.02	$1,067 02	$1,067.02	$1,067.02	$1,067.02	$1,067.02	$1,067.02
Couple rate	$1,255 32	$1,255.32	$1,255 32	$1,255.32	$1,255.32	$1,255.32	$1,255.32	$1,255.32
Family rate	$1,788 83	$1,788.83	$1,788 83	$1,788.83	$1,788.83	$1,788.83	$1,788.83	$1,788.83
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
RX Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$715 20	$715.20	$715 20	$715.20	$715.20	$715.20	$715.20	$715.20
Parent / Child(ren) rate	$1,215 84	$1,215.84	$1,215 84	$1,215.84	$1,215.84	$1,215.84	$1,215.84	$1,215.84
Couple rate	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40
Family rate	$2,038 32	$2,038.32	$2,038 32	$2,038.32	$2,038.32	$2,038.32	$2,038.32	$2,038.32
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$715 20	$715.20	$715 20	$715.20	$715.20	$715.20	$715.20	$715.20
Parent / Child(ren) rate	$1,215 84	$1,215.84	$1,215 84	$1,215.84	$1,215.84	$1,215.84	$1,215.84	$1,215.84
Couple rate	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40	$1,430.40
Family rate	$2,038 32	$2,038.32	$2,038 32	$2,038.32	$2,038.32	$2,038.32	$2,038.32	$2,038.32
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$700 38	$700.38	$700 38	$700.38	$700.38	$700.38	$700.38	$700.38
Parent / Child(ren) rate	$1,190 65	$1,190.65	$1,190 65	$1,190.65	$1,190.65	$1,190.65	$1,190.65	$1,190.65
Couple rate	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76
Family rate	$1,996 08	$1,996.08	$1,996 08	$1,996.08	$1,996.08	$1,996.08	$1,996.08	$1,996.08
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$700 38	$700.38	$700 38	$700.38	$700.38	$700.38	$700.38	$700.38
Parent / Child(ren) rate	$1,190 65	$1,190.65	$1,190 65	$1,190.65	$1,190.65	$1,190.65	$1,190.65	$1,190.65
Couple rate	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76	$1,400.76
Family rate	$1,996 08	$1,996.08	$1,996 08	$1,996.08	$1,996.08	$1,996.08	$1,996.08	$1,996.08
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$683.46	$683.46	$683.46	$683.46	$683.46	$683.46	$683.46	$683.46
Parent / Child(ren) rate	$1,161 88	$1,161.88	$1,161 88	$1,161.88	$1,161.88	$1,161.88	$1,161.88	$1,161.88
Couple rate	$1,366 92	$1,366.92	$1,366 92	$1,366.92	$1,366.92	$1,366.92	$1,366.92	$1,366.92
Family rate	$1,947 86	$1,947.86	$1,947 86	$1,947.86	$1,947.86	$1,947.86	$1,947.86	$1,947.86
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$683.46	$683.46	$683.46	$683.46	$683.46	$683.46	$683.46	$683.46
Parent / Child(ren) rate	$1,161 88	$1,161.88	$1,161 88	$1,161.88	$1,161.88	$1,161.88	$1,161.88	$1,161.88
Couple rate	$1,366 92	$1,366.92	$1,366 92	$1,366.92	$1,366.92	$1,366.92	$1,366.92	$1,366.92
Family rate	$1,947 86	$1,947.86	$1,947 86	$1,947.86	$1,947.86	$1,947.86	$1,947.86	$1,947.86
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold NY Standard EPO
In Network - $600/$1,200 Deductible, $25/$40 Copayment after deductible, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$761 56	$761.56	$761 56	$761.56	$761.56	$761.56	$761.56	$761.56
Parent / Child(ren) rate	$1,294 65	$1,294.65	$1,294 65	$1,294.65	$1,294.65	$1,294.65	$1,294.65	$1,294.65
Couple rate	$1,523.12	$1,523.12	$1,523.12	$1,523.12	$1,523.12	$1,523.12	$1,523.12	$1,523.12
Family rate	$2,170.45	$2,170.45	$2,170.45	$2,170.45	$2,170.45	$2,170.45	$2,170.45	$2,170.45
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$847.42	$847.42	$847.42	$847.42	$847.42	$847.42	$847.42	$847.42
Parent / Child(ren) rate	$1,440 61	$1,440.61	$1,440 61	$1,440.61	$1,440.61	$1,440.61	$1,440.61	$1,440.61
Couple rate	$1,694 84	$1,694.84	$1,694 84	$1,694.84	$1,694.84	$1,694.84	$1,694.84	$1,694.84
Family rate	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$847.42	$847.42	$847.42	$847.42	$847.42	$847.42	$847.42	$847.42
Parent / Child(ren) rate	$1,440 61	$1,440.61	$1,440 61	$1,440.61	$1,440.61	$1,440.61	$1,440.61	$1,440.61
Couple rate	$1,694 84	$1,694.84	$1,694 84	$1,694.84	$1,694.84	$1,694.84	$1,694.84	$1,694.84
Family rate	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15	$2,415.15
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$874 52	$874.52	$874 52	$874.52	$874.52	$874.52	$874.52	$874.52
Parent / Child(ren) rate	$1,486 68	$1,486.68	$1,486 68	$1,486.68	$1,486.68	$1,486.68	$1,486.68	$1,486.68
Couple rate	$1,749 04	$1,749.04	$1,749 04	$1,749.04	$1,749.04	$1,749.04	$1,749.04	$1,749.04
Family rate	$2,492 38	$2,492.38	$2,492 38	$2,492.38	$2,492.38	$2,492.38	$2,492.38	$2,492.38
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$874 52	$874.52	$874 52	$874.52	$874.52	$874.52	$874.52	$874.52
Parent / Child(ren) rate	$1,486 68	$1,486.68	$1,486 68	$1,486.68	$1,486.68	$1,486.68	$1,486.68	$1,486.68
Couple rate	$1,749 04	$1,749.04	$1,749 04	$1,749.04	$1,749.04	$1,749.04	$1,749.04	$1,749.04
Family rate	$2,492 38	$2,492.38	$2,492 38	$2,492.38	$2,492.38	$2,492.38	$2,492.38	$2,492.38
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$813 67	$813.67	$813 67	$813.67	$813.67	$813.67	$813.67	$813.67
Parent / Child(ren) rate	$1,383 24	$1,383.24	$1,383 24	$1,383.24	$1,383.24	$1,383.24	$1,383.24	$1,383.24
Couple rate	$1,627 34	$1,627.34	$1,627 34	$1,627.34	$1,627.34	$1,627.34	$1,627.34	$1,627.34
Family rate	$2,318 96	$2,318.96	$2,318 96	$2,318.96	$2,318.96	$2,318.96	$2,318.96	$2,318.96
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$813 67	$813.67	$813 67	$813.67	$813.67	$813.67	$813.67	$813.67
Parent / Child(ren) rate	$1,383 24	$1,383.24	$1,383 24	$1,383.24	$1,383.24	$1,383.24	$1,383.24	$1,383.24
Couple rate	$1,627 34	$1,627.34	$1,627 34	$1,627.34	$1,627.34	$1,627.34	$1,627.34	$1,627.34
Family rate	$2,318 96	$2,318.96	$2,318 96	$2,318.96	$2,318.96	$2,318.96	$2,318.96	$2,318.96
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$787 00	$787.00	$787 00	$787.00	$787.00	$787.00	$787.00	$787.00
Parent / Child(ren) rate	$1,337 90	$1,337.90	$1,337 90	$1,337.90	$1,337.90	$1,337.90	$1,337.90	$1,337.90
Couple rate	$1,574 00	$1,574.00	$1,574 00	$1,574.00	$1,574.00	$1,574.00	$1,574.00	$1,574.00
Family rate	$2,242 95	$2,242.95	$2,242 95	$2,242.95	$2,242.95	$2,242.95	$2,242.95	$2,242.95
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$787 00	$787.00	$787 00	$787.00	$787.00	$787.00	$787.00	$787.00
Parent / Child(ren) rate	$1,337 90	$1,337.90	$1,337 90	$1,337.90	$1,337.90	$1,337.90	$1,337.90	$1,337.90
Couple rate	$1,574 00	$1,574.00	$1,574 00	$1,574.00	$1,574.00	$1,574.00	$1,574.00	$1,574.00
Family rate	$2,242 95	$2,242.95	$2,242 95	$2,242.95	$2,242.95	$2,242.95	$2,242.95	$2,242.95
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$809 50	$809.50	$809 50	$809.50	$809.50	$809.50	$809.50	$809.50
Parent / Child(ren) rate	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15
Couple rate	$1,619 00	$1,619.00	$1,619 00	$1,619.00	$1,619.00	$1,619.00	$1,619.00	$1,619.00
Family rate	$2,307 08	$2,307.08	$2,307 08	$2,307.08	$2,307.08	$2,307.08	$2,307.08	$2,307.08
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$809 50	$809.50	$809 50	$809.50	$809.50	$809.50	$809.50	$809.50
Parent / Child(ren) rate	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15	$1,376.15
Couple rate	$1,619 00	$1,619.00	$1,619 00	$1,619.00	$1,619.00	$1,619.00	$1,619.00	$1,619.00
Family rate	$2,307 08	$2,307.08	$2,307 08	$2,307.08	$2,307.08	$2,307.08	$2,307.08	$2,307.08
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$828.47	$828.47	$828.47	$828.47	$828.47	$828.47	$828.47	$828.47
Parent / Child(ren) rate	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40
Couple rate	$1,656 94	$1,656.94	$1,656 94	$1,656.94	$1,656.94	$1,656.94	$1,656.94	$1,656.94
Family rate	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$828.47	$828.47	$828.47	$828.47	$828.47	$828.47	$828.47	$828.47
Parent / Child(ren) rate	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40	$1,408.40
Couple rate	$1,656 94	$1,656.94	$1,656 94	$1,656.94	$1,656.94	$1,656.94	$1,656.94	$1,656.94
Family rate	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14	$2,361.14
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$808.45	$808.45	$808.45	$808.45	$808.45	$808.45	$808.45	$808.45
Parent / Child(ren) rate	$1,374 37	$1,374.37	$1,374 37	$1,374.37	$1,374.37	$1,374.37	$1,374.37	$1,374.37
Couple rate	$1,616 90	$1,616.90	$1,616 90	$1,616.90	$1,616.90	$1,616.90	$1,616.90	$1,616.90
Family rate	$2,304 08	$2,304.08	$2,304 08	$2,304.08	$2,304.08	$2,304.08	$2,304.08	$2,304.08
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$808.45	$808.45	$808.45	$808.45	$808.45	$808.45	$808.45	$808.45
Parent / Child(ren) rate	$1,374 37	$1,374.37	$1,374 37	$1,374.37	$1,374.37	$1,374.37	$1,374.37	$1,374.37
Couple rate	$1,616 90	$1,616.90	$1,616 90	$1,616.90	$1,616.90	$1,616.90	$1,616.90	$1,616.90
Family rate	$2,304 08	$2,304.08	$2,304 08	$2,304.08	$2,304.08	$2,304.08	$2,304.08	$2,304.08
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$807 89	$807.89	$807 89	$807.89	$807.89	$807.89	$807.89	$807.89
Parent / Child(ren) rate	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41
Couple rate	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78
Family rate	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$807 89	$807.89	$807 89	$807.89	$807.89	$807.89	$807.89	$807.89
Parent / Child(ren) rate	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41	$1,373.41
Couple rate	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78	$1,615.78
Family rate	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49	$2,302.49
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$788 38	$788.38	$788 38	$788.38	$788.38	$788.38	$788.38	$788.38
Parent / Child(ren) rate	$1,340 25	$1,340.25	$1,340 25	$1,340.25	$1,340.25	$1,340.25	$1,340.25	$1,340.25
Couple rate	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76
Family rate	$2,246 88	$2,246.88	$2,246 88	$2,246.88	$2,246.88	$2,246.88	$2,246.88	$2,246.88
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$788 38	$788.38	$788 38	$788.38	$788.38	$788.38	$788.38	$788.38
Parent / Child(ren) rate	$1,340 25	$1,340.25	$1,340 25	$1,340.25	$1,340.25	$1,340.25	$1,340.25	$1,340.25
Couple rate	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76	$1,576.76
Family rate	$2,246 88	$2,246.88	$2,246 88	$2,246.88	$2,246.88	$2,246.88	$2,246.88	$2,246.88
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard EPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$898.44	$898.44	$898.44	$898.44	$898.44	$898.44	$898.44	$898.44
Parent / Child(ren) rate	$1,527 35	$1,527.35	$1,527 35	$1,527.35	$1,527.35	$1,527.35	$1,527.35	$1,527.35
Couple rate	$1,796 88	$1,796.88	$1,796 88	$1,796.88	$1,796.88	$1,796.88	$1,796.88	$1,796.88
Family rate	$2,560 55	$2,560.55	$2,560 55	$2,560.55	$2,560.55	$2,560.55	$2,560.55	$2,560.55
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard PPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$971 99	$971.99	$971 99	$971.99	$971.99	$971.99	$971.99	$971.99
Parent / Child(ren) rate	$1,652 38	$1,652.38	$1,652 38	$1,652.38	$1,652.38	$1,652.38	$1,652.38	$1,652.38
Couple rate	$1,943 98	$1,943.98	$1,943 98	$1,943.98	$1,943.98	$1,943.98	$1,943.98	$1,943.98
Family rate	$2,770.17	$2,770.17	$2,770.17	$2,770.17	$2,770.17	$2,770.17	$2,770.17	$2,770.17
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$965 82	$965.82	$965 82	$965.82	$965.82	$965.82	$965.82	$965.82
Parent / Child(ren) rate	$1,641 89	$1,641.89	$1,641 89	$1,641.89	$1,641.89	$1,641.89	$1,641.89	$1,641.89
Couple rate	$1,931 64	$1,931.64	$1,931 64	$1,931.64	$1,931.64	$1,931.64	$1,931.64	$1,931.64
Family rate	$2,752 59	$2,752.59	$2,752 59	$2,752.59	$2,752.59	$2,752.59	$2,752.59	$2,752.59
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$965 82	$965.82	$965 82	$965.82	$965.82	$965.82	$965.82	$965.82
Parent / Child(ren) rate	$1,641 89	$1,641.89	$1,641 89	$1,641.89	$1,641.89	$1,641.89	$1,641.89	$1,641.89
Couple rate	$1,931 64	$1,931.64	$1,931 64	$1,931.64	$1,931.64	$1,931.64	$1,931.64	$1,931.64
Family rate	$2,752 59	$2,752.59	$2,752 59	$2,752.59	$2,752.59	$2,752.59	$2,752.59	$2,752.59
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19
Parent / Child(ren) rate	$1,778 52	$1,778.52	$1,778 52	$1,778.52	$1,778.52	$1,778.52	$1,778.52	$1,778.52
Couple rate	$2,092 38	$2,092.38	$2,092 38	$2,092.38	$2,092.38	$2,092.38	$2,092.38	$2,092.38
Family rate	$2,981 64	$2,981.64	$2,981 64	$2,981.64	$2,981.64	$2,981.64	$2,981.64	$2,981.64
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19	$1,046.19
Parent / Child(ren) rate	$1,778 52	$1,778.52	$1,778 52	$1,778.52	$1,778.52	$1,778.52	$1,778.52	$1,778.52
Couple rate	$2,092 38	$2,092.38	$2,092 38	$2,092.38	$2,092.38	$2,092.38	$2,092.38	$2,092.38
Family rate	$2,981 64	$2,981.64	$2,981 64	$2,981.64	$2,981.64	$2,981.64	$2,981.64	$2,981.64
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$947 31	$947.31	$947 31	$947.31	$947.31	$947.31	$947.31	$947.31
Parent / Child(ren) rate	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43
Couple rate	$1,894 62	$1,894.62	$1,894 62	$1,894.62	$1,894.62	$1,894.62	$1,894.62	$1,894.62
Family rate	$2,699 83	$2,699.83	$2,699 83	$2,699.83	$2,699.83	$2,699.83	$2,699.83	$2,699.83
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$947 31	$947.31	$947 31	$947.31	$947.31	$947.31	$947.31	$947.31
Parent / Child(ren) rate	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43	$1,610.43
Couple rate	$1,894 62	$1,894.62	$1,894 62	$1,894.62	$1,894.62	$1,894.62	$1,894.62	$1,894.62
Family rate	$2,699 83	$2,699.83	$2,699 83	$2,699.83	$2,699.83	$2,699.83	$2,699.83	$2,699.83
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$1,020 07	$1,020.07	$1,020 07	$1,020.07	$1,020.07	$1,020.07	$1,020.07	$1,020.07
Parent / Child(ren) rate	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12
Couple rate	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14
Family rate	$2,907 20	$2,907.20	$2,907 20	$2,907.20	$2,907.20	$2,907.20	$2,907.20	$2,907.20
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
3rd Quarter 2014 Rates:								
Single rate	$1,020 07	$1,020.07	$1,020 07	$1,020.07	$1,020.07	$1,020.07	$1,020.07	$1,020.07
Parent / Child(ren) rate	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12	$1,734.12
Couple rate	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14	$2,040.14
Family rate	$2,907 20	$2,907.20	$2,907 20	$2,907.20	$2,907.20	$2,907.20	$2,907.20	$2,907.20
3rd Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze NY Standard EPO HSA
In Network - $3,000/$6,000 Deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$563 32	$563.32	$563 32	$563.32	$563.32	$563.32	$563.32	$563.32
Parent / Child(ren) rate	$957 64	$957.64	$957 64	$957.64	$957.64	$957.64	$957.64	$957.64
Couple rate	$1,126 64	$1,126.64	$1,126 64	$1,126.64	$1,126.64	$1,126.64	$1,126.64	$1,126.64
Family rate	$1,605.46	$1,605.46	$1,605.46	$1,605.46	$1,605.46	$1,605.46	$1,605.46	$1,605.46
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$617 04	$617.04	$617 04	$617.04	$617.04	$617.04	$617.04	$617.04
Parent / Child(ren) rate	$1,048 97	$1,048.97	$1,048 97	$1,048.97	$1,048.97	$1,048.97	$1,048.97	$1,048.97
Couple rate	$1,234 08	$1,234.08	$1,234 08	$1,234.08	$1,234.08	$1,234.08	$1,234.08	$1,234.08
Family rate	$1,758 56	$1,758.56	$1,758 56	$1,758.56	$1,758.56	$1,758.56	$1,758.56	$1,758.56
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze PPO HSA $3750
In Network - $3,750/$7,500 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $6,000/$12,000 Deductible, 60%/40% Coinsurance with $9,000/$18,000 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$617 04	$617.04	$617 04	$617.04	$617.04	$617.04	$617.04	$617.04
Parent / Child(ren) rate	$1,048 97	$1,048.97	$1,048 97	$1,048.97	$1,048.97	$1,048.97	$1,048.97	$1,048.97
Couple rate	$1,234 08	$1,234.08	$1,234 08	$1,234.08	$1,234.08	$1,234.08	$1,234.08	$1,234.08
Family rate	$1,758 56	$1,758.56	$1,758 56	$1,758.56	$1,758.56	$1,758.56	$1,758.56	$1,758.56
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$561.74	$561.74	$561.74	$561.74	$561.74	$561.74	$561.74	$561.74
Parent / Child(ren) rate	$954 96	$954.96	$954 96	$954.96	$954.96	$954.96	$954.96	$954.96
Couple rate	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48
Family rate	$1,600 96	$1,600.96	$1,600 96	$1,600.96	$1,600.96	$1,600.96	$1,600.96	$1,600.96
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $3500
In Network - $3,500/$7,000 Deductible, $40/$75 Copayment after deductible, 50%/50% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$561.74	$561.74	$561.74	$561.74	$561.74	$561.74	$561.74	$561.74
Parent / Child(ren) rate	$954 96	$954.96	$954 96	$954.96	$954.96	$954.96	$954.96	$954.96
Couple rate	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48	$1,123.48
Family rate	$1,600 96	$1,600.96	$1,600 96	$1,600.96	$1,600.96	$1,600.96	$1,600.96	$1,600.96
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$548.40	$548.40	$548.40	$548.40	$548.40	$548.40	$548.40	$548.40
Parent / Child(ren) rate	$932 28	$932.28	$932 28	$932.28	$932.28	$932.28	$932.28	$932.28
Couple rate	$1,096 80	$1,096.80	$1,096 80	$1,096.80	$1,096.80	$1,096.80	$1,096.80	$1,096.80
Family rate	$1,562 94	$1,562.94	$1,562 94	$1,562.94	$1,562.94	$1,562.94	$1,562.94	$1,562.94
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 F
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$548.40	$548.40	$548.40	$548.40	$548.40	$548.40	$548.40	$548.40
Parent / Child(ren) rate	$932 28	$932.28	$932 28	$932.28	$932.28	$932.28	$932.28	$932.28
Couple rate	$1,096 80	$1,096.80	$1,096 80	$1,096.80	$1,096.80	$1,096.80	$1,096.80	$1,096.80
Family rate	$1,562 94	$1,562.94	$1,562 94	$1,562.94	$1,562.94	$1,562.94	$1,562.94	$1,562.94
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/$40/$80 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$535.17	$535.17	$535.17	$535.17	$535.17	$535.17	$535.17	$535.17
Parent / Child(ren) rate	$909.79	$909.79	$909.79	$909.79	$909.79	$909.79	$909.79	$909.79
Couple rate	$1,070 34	$1,070.34	$1,070 34	$1,070.34	$1,070.34	$1,070.34	$1,070.34	$1,070.34
Family rate	$1,525 23	$1,525.23	$1,525 23	$1,525.23	$1,525.23	$1,525.23	$1,525.23	$1,525.23
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Bronze EPO HSA $5000 L
In Network - $5,000/$10,000 Deductible, 80%/20% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $20/30% (coinsurance maximum $150)/45% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$535.17	$535.17	$535.17	$535.17	$535.17	$535.17	$535.17	$535.17
Parent / Child(ren) rate	$909.79	$909.79	$909.79	$909.79	$909.79	$909.79	$909.79	$909.79
Couple rate	$1,070 34	$1,070.34	$1,070 34	$1,070.34	$1,070.34	$1,070.34	$1,070.34	$1,070.34
Family rate	$1,525 23	$1,525.23	$1,525 23	$1,525.23	$1,525.23	$1,525.23	$1,525.23	$1,525.23
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard EPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$660 28	$660.28	$660 28	$660.28	$660.28	$660.28	$660.28	$660.28
Parent / Child(ren) rate	$1,122.48	$1,122.48	$1,122.48	$1,122.48	$1,122.48	$1,122.48	$1,122.48	$1,122.48
Couple rate	$1,320 56	$1,320.56	$1,320 56	$1,320.56	$1,320.56	$1,320.56	$1,320.56	$1,320.56
Family rate	$1,881 80	$1,881.80	$1,881 80	$1,881.80	$1,881.80	$1,881.80	$1,881.80	$1,881.80
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver NY Standard PPO
In Network - $2,000/$4,000 Deductible, $30/$50 Copayment after deductible, 70%/30% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 70%/30% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$728.78	$728.78	$728.78	$728.78	$728.78	$728.78	$728.78	$728.78
Parent / Child(ren) rate	$1,238 93	$1,238.93	$1,238 93	$1,238.93	$1,238.93	$1,238.93	$1,238.93	$1,238.93
Couple rate	$1,457 56	$1,457.56	$1,457 56	$1,457.56	$1,457.56	$1,457.56	$1,457.56	$1,457.56
Family rate	$2,077 02	$2,077.02	$2,077 02	$2,077.02	$2,077.02	$2,077.02	$2,077.02	$2,077.02
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$730 62	$730.62	$730 62	$730.62	$730.62	$730.62	$730.62	$730.62
Parent / Child(ren) rate	$1,242 05	$1,242.05	$1,242 05	$1,242.05	$1,242.05	$1,242.05	$1,242.05	$1,242.05
Couple rate	$1,461 24	$1,461.24	$1,461 24	$1,461.24	$1,461.24	$1,461.24	$1,461.24	$1,461.24
Family rate	$2,082 27	$2,082.27	$2,082 27	$2,082.27	$2,082.27	$2,082.27	$2,082.27	$2,082.27
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO HSA 30/60
In Network - $2,000/$4,000 Deductible, $30/$60 Copayment after deductible, 90%/10% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$730 62	$730.62	$730 62	$730.62	$730.62	$730.62	$730.62	$730.62
Parent / Child(ren) rate	$1,242 05	$1,242.05	$1,242 05	$1,242.05	$1,242.05	$1,242.05	$1,242.05	$1,242.05
Couple rate	$1,461 24	$1,461.24	$1,461 24	$1,461.24	$1,461.24	$1,461.24	$1,461.24	$1,461.24
Family rate	$2,082 27	$2,082.27	$2,082 27	$2,082.27	$2,082.27	$2,082.27	$2,082.27	$2,082.27
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$778 34	$778.34	$778 34	$778.34	$778.34	$778.34	$778.34	$778.34
Parent / Child(ren) rate	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18
Couple rate	$1,556 68	$1,556.68	$1,556 68	$1,556.68	$1,556.68	$1,556.68	$1,556.68	$1,556.68
Family rate	$2,218 27	$2,218.27	$2,218 27	$2,218.27	$2,218.27	$2,218.27	$2,218.27	$2,218.27
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$778 34	$778.34	$778 34	$778.34	$778.34	$778.34	$778.34	$778.34
Parent / Child(ren) rate	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18	$1,323.18
Couple rate	$1,556 68	$1,556.68	$1,556 68	$1,556.68	$1,556.68	$1,556.68	$1,556.68	$1,556.68
Family rate	$2,218 27	$2,218.27	$2,218 27	$2,218.27	$2,218.27	$2,218.27	$2,218.27	$2,218.27
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$761.14	$761.14	$761.14	$761.14	$761.14	$761.14	$761.14	$761.14
Parent / Child(ren) rate	$1,293 94	$1,293.94	$1,293 94	$1,293.94	$1,293.94	$1,293.94	$1,293.94	$1,293.94
Couple rate	$1,522 28	$1,522.28	$1,522 28	$1,522.28	$1,522.28	$1,522.28	$1,522.28	$1,522.28
Family rate	$2,169 25	$2,169.25	$2,169 25	$2,169.25	$2,169.25	$2,169.25	$2,169.25	$2,169.25
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver PPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Out of Network - $4,000/$8,000 Deductible, 50%/50% Coinsurance with $10,000/$20,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$761.14	$761.14	$761.14	$761.14	$761.14	$761.14	$761.14	$761.14
Parent / Child(ren) rate	$1,293 94	$1,293.94	$1,293 94	$1,293.94	$1,293.94	$1,293.94	$1,293.94	$1,293.94
Couple rate	$1,522 28	$1,522.28	$1,522 28	$1,522.28	$1,522.28	$1,522.28	$1,522.28	$1,522.28
Family rate	$2,169 25	$2,169.25	$2,169 25	$2,169.25	$2,169.25	$2,169.25	$2,169.25	$2,169.25
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$670 88	$670.88	$670 88	$670.88	$670.88	$670.88	$670.88	$670.88
Parent / Child(ren) rate	$1,140 50	$1,140.50	$1,140 50	$1,140.50	$1,140.50	$1,140.50	$1,140.50	$1,140.50
Couple rate	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76
Family rate	$1,912 01	$1,912.01	$1,912 01	$1,912.01	$1,912.01	$1,912.01	$1,912.01	$1,912.01
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 F
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$670 88	$670.88	$670 88	$670.88	$670.88	$670.88	$670.88	$670.88
Parent / Child(ren) rate	$1,140 50	$1,140.50	$1,140 50	$1,140.50	$1,140.50	$1,140.50	$1,140.50	$1,140.50
Couple rate	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76	$1,341.76
Family rate	$1,912 01	$1,912.01	$1,912 01	$1,912.01	$1,912.01	$1,912.01	$1,912.01	$1,912.01
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$654.70	$654.70	$654.70	$654.70	$654.70	$654.70	$654.70	$654.70
Parent / Child(ren) rate	$1,112 99	$1,112.99	$1,112 99	$1,112.99	$1,112.99	$1,112.99	$1,112.99	$1,112.99
Couple rate	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40
Family rate	$1,865 90	$1,865.90	$1,865 90	$1,865.90	$1,865.90	$1,865.90	$1,865.90	$1,865.90
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA 25/50 L
In Network - $2,000/$4,000 Deductible, $25/$50 Copayment after deductible, 80%/20% coinsurance with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$654.70	$654.70	$654.70	$654.70	$654.70	$654.70	$654.70	$654.70
Parent / Child(ren) rate	$1,112 99	$1,112.99	$1,112 99	$1,112.99	$1,112.99	$1,112.99	$1,112.99	$1,112.99
Couple rate	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40	$1,309.40
Family rate	$1,865 90	$1,865.90	$1,865 90	$1,865.90	$1,865.90	$1,865.90	$1,865.90	$1,865.90
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$659 25	$659.25	$659 25	$659.25	$659.25	$659.25	$659.25	$659.25
Parent / Child(ren) rate	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73
Couple rate	$1,318 50	$1,318.50	$1,318 50	$1,318.50	$1,318.50	$1,318.50	$1,318.50	$1,318.50
Family rate	$1,878 86	$1,878.86	$1,878 86	$1,878.86	$1,878.86	$1,878.86	$1,878.86	$1,878.86
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA F
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$659 25	$659.25	$659 25	$659.25	$659.25	$659.25	$659.25	$659.25
Parent / Child(ren) rate	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73	$1,120.73
Couple rate	$1,318 50	$1,318.50	$1,318 50	$1,318.50	$1,318.50	$1,318.50	$1,318.50	$1,318.50
Family rate	$1,878 86	$1,878.86	$1,878 86	$1,878.86	$1,878.86	$1,878.86	$1,878.86	$1,878.86
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$643 35	$643.35	$643 35	$643.35	$643.35	$643.35	$643.35	$643.35
Parent / Child(ren) rate	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70
Couple rate	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70
Family rate	$1,833 55	$1,833.55	$1,833 55	$1,833.55	$1,833.55	$1,833.55	$1,833.55	$1,833.55
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO HSA L
In Network - $2,000/$4,000 Deductible, 80%/20% coinsurance with a $6,000/$12,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$643 35	$643.35	$643 35	$643.35	$643.35	$643.35	$643.35	$643.35
Parent / Child(ren) rate	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70	$1,093.70
Couple rate	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70	$1,286.70
Family rate	$1,833 55	$1,833.55	$1,833 55	$1,833.55	$1,833.55	$1,833.55	$1,833.55	$1,833.55
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
RX Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$733 08	$733.08	$733 08	$733.08	$733.08	$733.08	$733.08	$733.08
Parent / Child(ren) rate	$1,246 24	$1,246.24	$1,246 24	$1,246.24	$1,246.24	$1,246.24	$1,246.24	$1,246.24
Couple rate	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16
Family rate	$2,089 28	$2,089.28	$2,089 28	$2,089.28	$2,089.28	$2,089.28	$2,089.28	$2,089.28
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver Primary Advantage EPO
In Network - $1,500/$3,000 Deductible, $25/$50 Specialist Copayment after deductible with a $5,500/$11,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$733 08	$733.08	$733 08	$733.08	$733.08	$733.08	$733.08	$733.08
Parent / Child(ren) rate	$1,246 24	$1,246.24	$1,246 24	$1,246.24	$1,246.24	$1,246.24	$1,246.24	$1,246.24
Couple rate	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16	$1,466.16
Family rate	$2,089 28	$2,089.28	$2,089 28	$2,089.28	$2,089.28	$2,089.28	$2,089.28	$2,089.28
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$717 89	$717.89	$717 89	$717.89	$717.89	$717.89	$717.89	$717.89
Parent / Child(ren) rate	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41
Couple rate	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78
Family rate	$2,045 99	$2,045.99	$2,045 99	$2,045.99	$2,045.99	$2,045.99	$2,045.99	$2,045.99
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 F
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$717 89	$717.89	$717 89	$717.89	$717.89	$717.89	$717.89	$717.89
Parent / Child(ren) rate	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41	$1,220.41
Couple rate	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78	$1,435.78
Family rate	$2,045 99	$2,045.99	$2,045 99	$2,045.99	$2,045.99	$2,045.99	$2,045.99	$2,045.99
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$700 55	$700.55	$700 55	$700.55	$700.55	$700.55	$700.55	$700.55
Parent / Child(ren) rate	$1,190 94	$1,190.94	$1,190 94	$1,190.94	$1,190.94	$1,190.94	$1,190.94	$1,190.94
Couple rate	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10
Family rate	$1,996 57	$1,996.57	$1,996 57	$1,996.57	$1,996.57	$1,996.57	$1,996.57	$1,996.57
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Silver EPO 40/70 L
In Network - $2,000/$4,000 Deductible, $40/$70 Copayment, 70%/30% coinsurance with a $6,350/$12,700 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$700 55	$700.55	$700 55	$700.55	$700.55	$700.55	$700.55	$700.55
Parent / Child(ren) rate	$1,190 94	$1,190.94	$1,190 94	$1,190.94	$1,190.94	$1,190.94	$1,190.94	$1,190.94
Couple rate	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10	$1,401.10
Family rate	$1,996 57	$1,996.57	$1,996 57	$1,996.57	$1,996.57	$1,996.57	$1,996.57	$1,996.57
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold NY Standard EPO
In Network - $600/$1,200 Deductible, $25/$40 Copayment after deductible, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $10/$35/$70

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$780 60	$780.60	$780 60	$780.60	$780.60	$780.60	$780.60	$780.60
Parent / Child(ren) rate	$1,327 02	$1,327.02	$1,327 02	$1,327.02	$1,327.02	$1,327.02	$1,327.02	$1,327.02
Couple rate	$1,561 20	$1,561.20	$1,561 20	$1,561.20	$1,561.20	$1,561.20	$1,561.20	$1,561.20
Family rate	$2,224.71	$2,224.71	$2,224.71	$2,224.71	$2,224.71	$2,224.71	$2,224.71	$2,224.71
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$868 61	$868.61	$868 61	$868.61	$868.61	$868.61	$868.61	$868.61
Parent / Child(ren) rate	$1,476 64	$1,476.64	$1,476 64	$1,476.64	$1,476.64	$1,476.64	$1,476.64	$1,476.64
Couple rate	$1,737 22	$1,737.22	$1,737 22	$1,737.22	$1,737.22	$1,737.22	$1,737.22	$1,737.22
Family rate	$2,475 54	$2,475.54	$2,475 54	$2,475.54	$2,475.54	$2,475.54	$2,475.54	$2,475.54
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $3,000/$6,000 Deductible, 60%/40% Coinsurance with $7,500/$15,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$868 61	$868.61	$868 61	$868.61	$868.61	$868.61	$868.61	$868.61
Parent / Child(ren) rate	$1,476 64	$1,476.64	$1,476 64	$1,476.64	$1,476.64	$1,476.64	$1,476.64	$1,476.64
Couple rate	$1,737 22	$1,737.22	$1,737 22	$1,737.22	$1,737.22	$1,737.22	$1,737.22	$1,737.22
Family rate	$2,475 54	$2,475.54	$2,475 54	$2,475.54	$2,475.54	$2,475.54	$2,475.54	$2,475.54
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$896 38	$896.38	$896 38	$896.38	$896.38	$896.38	$896.38	$896.38
Parent / Child(ren) rate	$1,523 85	$1,523.85	$1,523 85	$1,523.85	$1,523.85	$1,523.85	$1,523.85	$1,523.85
Couple rate	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76
Family rate	$2,554 68	$2,554.68	$2,554 68	$2,554.68	$2,554.68	$2,554.68	$2,554.68	$2,554.68
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold PPO 25/40
In Network - $1,000/$2,000 Deductible, $25/$40 Copayment, 80%/20% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 60%/40% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$896 38	$896.38	$896 38	$896.38	$896.38	$896.38	$896.38	$896.38
Parent / Child(ren) rate	$1,523 85	$1,523.85	$1,523 85	$1,523.85	$1,523.85	$1,523.85	$1,523.85	$1,523.85
Couple rate	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76	$1,792.76
Family rate	$2,554 68	$2,554.68	$2,554 68	$2,554.68	$2,554.68	$2,554.68	$2,554.68	$2,554.68
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$834 01	$834.01	$834 01	$834.01	$834.01	$834.01	$834.01	$834.01
Parent / Child(ren) rate	$1,417 82	$1,417.82	$1,417 82	$1,417.82	$1,417.82	$1,417.82	$1,417.82	$1,417.82
Couple rate	$1,668 02	$1,668.02	$1,668 02	$1,668.02	$1,668.02	$1,668.02	$1,668.02	$1,668.02
Family rate	$2,376 93	$2,376.93	$2,376 93	$2,376.93	$2,376.93	$2,376.93	$2,376.93	$2,376.93
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Ease EPO
In Network - $750/$1,500 Deductible, $50/$50 Copayment with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$834 01	$834.01	$834 01	$834.01	$834.01	$834.01	$834.01	$834.01
Parent / Child(ren) rate	$1,417 82	$1,417.82	$1,417 82	$1,417.82	$1,417.82	$1,417.82	$1,417.82	$1,417.82
Couple rate	$1,668 02	$1,668.02	$1,668 02	$1,668.02	$1,668.02	$1,668.02	$1,668.02	$1,668.02
Family rate	$2,376 93	$2,376.93	$2,376 93	$2,376.93	$2,376.93	$2,376.93	$2,376.93	$2,376.93
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$806 68	$806.68	$806 68	$806.68	$806.68	$806.68	$806.68	$806.68
Parent / Child(ren) rate	$1,371 36	$1,371.36	$1,371 36	$1,371.36	$1,371.36	$1,371.36	$1,371.36	$1,371.36
Couple rate	$1,613 36	$1,613.36	$1,613 36	$1,613.36	$1,613.36	$1,613.36	$1,613.36	$1,613.36
Family rate	$2,299 04	$2,299.04	$2,299 04	$2,299.04	$2,299.04	$2,299.04	$2,299.04	$2,299.04
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO HSA
In Network - $1,500/$3,000 Deductible, 90%/10% coinsurance with a $2,000/$4,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$806 68	$806.68	$806 68	$806.68	$806.68	$806.68	$806.68	$806.68
Parent / Child(ren) rate	$1,371 36	$1,371.36	$1,371 36	$1,371.36	$1,371.36	$1,371.36	$1,371.36	$1,371.36
Couple rate	$1,613 36	$1,613.36	$1,613 36	$1,613.36	$1,613.36	$1,613.36	$1,613.36	$1,613.36
Family rate	$2,299 04	$2,299.04	$2,299 04	$2,299.04	$2,299.04	$2,299.04	$2,299.04	$2,299.04
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$829.74	$829.74	$829.74	$829.74	$829.74	$829.74	$829.74	$829.74
Parent / Child(ren) rate	$1,410 56	$1,410.56	$1,410 56	$1,410.56	$1,410.56	$1,410.56	$1,410.56	$1,410.56
Couple rate	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48
Family rate	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold Primary Advantage EPO
In Network - $500/$1,000 Deductible, $25/$50 Specialist Copayment after the deductible with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400) after combined Med/RX deductible

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$829.74	$829.74	$829.74	$829.74	$829.74	$829.74	$829.74	$829.74
Parent / Child(ren) rate	$1,410 56	$1,410.56	$1,410 56	$1,410.56	$1,410.56	$1,410.56	$1,410.56	$1,410.56
Couple rate	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48	$1,659.48
Family rate	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76	$2,364.76
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$849.18	$849.18	$849.18	$849.18	$849.18	$849.18	$849.18	$849.18
Parent / Child(ren) rate	$1,443 61	$1,443.61	$1,443 61	$1,443.61	$1,443.61	$1,443.61	$1,443.61	$1,443.61
Couple rate	$1,698 36	$1,698.36	$1,698 36	$1,698.36	$1,698.36	$1,698.36	$1,698.36	$1,698.36
Family rate	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 F
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$849.18	$849.18	$849.18	$849.18	$849.18	$849.18	$849.18	$849.18
Parent / Child(ren) rate	$1,443 61	$1,443.61	$1,443 61	$1,443.61	$1,443.61	$1,443.61	$1,443.61	$1,443.61
Couple rate	$1,698 36	$1,698.36	$1,698 36	$1,698.36	$1,698.36	$1,698.36	$1,698.36	$1,698.36
Family rate	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16	$2,420.16
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$828 66	$828.66	$828 66	$828.66	$828.66	$828.66	$828.66	$828.66
Parent / Child(ren) rate	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72
Couple rate	$1,657 32	$1,657.32	$1,657 32	$1,657.32	$1,657.32	$1,657.32	$1,657.32	$1,657.32
Family rate	$2,361 68	$2,361.68	$2,361 68	$2,361.68	$2,361.68	$2,361.68	$2,361.68	$2,361.68
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 15/25 L
In Network - $800/$1,600 Deductible, $15/$25 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$828 66	$828.66	$828 66	$828.66	$828.66	$828.66	$828.66	$828.66
Parent / Child(ren) rate	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72	$1,408.72
Couple rate	$1,657 32	$1,657.32	$1,657 32	$1,657.32	$1,657.32	$1,657.32	$1,657.32	$1,657.32
Family rate	$2,361 68	$2,361.68	$2,361 68	$2,361.68	$2,361.68	$2,361.68	$2,361.68	$2,361.68
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$828 09	$828.09	$828 09	$828.09	$828.09	$828.09	$828.09	$828.09
Parent / Child(ren) rate	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75
Couple rate	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18
Family rate	$2,360 06	$2,360.06	$2,360 06	$2,360.06	$2,360.06	$2,360.06	$2,360.06	$2,360.06
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 F
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$828 09	$828.09	$828 09	$828.09	$828.09	$828.09	$828.09	$828.09
Parent / Child(ren) rate	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75	$1,407.75
Couple rate	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18	$1,656.18
Family rate	$2,360 06	$2,360.06	$2,360 06	$2,360.06	$2,360.06	$2,360.06	$2,360.06	$2,360.06
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/$35/$75 $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$808 09	$808.09	$808 09	$808.09	$808.09	$808.09	$808.09	$808.09
Parent / Child(ren) rate	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75
Couple rate	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18
Family rate	$2,303 06	$2,303.06	$2,303 06	$2,303.06	$2,303.06	$2,303.06	$2,303.06	$2,303.06
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Gold EPO 20/40 L
In Network - $1,250/$2,500 Deductible, $20/$40 Copayment, 90%/10% coinsurance with a $4,000/$8,000 Out-of-Pocket Maximum
Rx Plan - $15/25% (coinsurance maximum $150)/40% (coinsurance maximum $400), $100 deductible T2 and T3

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$808 09	$808.09	$808 09	$808.09	$808.09	$808.09	$808.09	$808.09
Parent / Child(ren) rate	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75	$1,373.75
Couple rate	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18	$1,616.18
Family rate	$2,303 06	$2,303.06	$2,303 06	$2,303.06	$2,303.06	$2,303.06	$2,303.06	$2,303.06
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard EPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$920 90	$920.90	$920 90	$920.90	$920.90	$920.90	$920.90	$920.90
Parent / Child(ren) rate	$1,565 53	$1,565.53	$1,565 53	$1,565.53	$1,565.53	$1,565.53	$1,565.53	$1,565.53
Couple rate	$1,841 80	$1,841.80	$1,841 80	$1,841.80	$1,841.80	$1,841.80	$1,841.80	$1,841.80
Family rate	$2,624 57	$2,624.57	$2,624 57	$2,624.57	$2,624.57	$2,624.57	$2,624.57	$2,624.57
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum NY Standard PPO
In Network - $15/$35 Copayment, $2,000/$4,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
RX Plan - $10/$30/$60

Liberty Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$996 29	$996.29	$996 29	$996.29	$996.29	$996.29	$996.29	$996.29
Parent / Child(ren) rate	$1,693 69	$1,693.69	$1,693 69	$1,693.69	$1,693.69	$1,693.69	$1,693.69	$1,693.69
Couple rate	$1,992 58	$1,992.58	$1,992 58	$1,992.58	$1,992.58	$1,992.58	$1,992.58	$1,992.58
Family rate	$2,839.43	$2,839.43	$2,839.43	$2,839.43	$2,839.43	$2,839.43	$2,839.43	$2,839.43
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$989 97	$989.97	$989 97	$989.97	$989.97	$989.97	$989.97	$989.97
Parent / Child(ren) rate	$1,682 95	$1,682.95	$1,682 95	$1,682.95	$1,682.95	$1,682.95	$1,682.95	$1,682.95
Couple rate	$1,979 94	$1,979.94	$1,979 94	$1,979.94	$1,979.94	$1,979.94	$1,979.94	$1,979.94
Family rate	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$989 97	$989.97	$989 97	$989.97	$989.97	$989.97	$989.97	$989.97
Parent / Child(ren) rate	$1,682 95	$1,682.95	$1,682 95	$1,682.95	$1,682.95	$1,682.95	$1,682.95	$1,682.95
Couple rate	$1,979 94	$1,979.94	$1,979 94	$1,979.94	$1,979.94	$1,979.94	$1,979.94	$1,979.94
Family rate	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41	$2,821.41
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$1,072 34	$1,072.34	$1,072 34	$1,072.34	$1,072.34	$1,072.34	$1,072.34	$1,072.34
Parent / Child(ren) rate	$1,822 98	$1,822.98	$1,822 98	$1,822.98	$1,822.98	$1,822.98	$1,822.98	$1,822.98
Couple rate	$2,144 68	$2,144.68	$2,144 68	$2,144.68	$2,144.68	$2,144.68	$2,144.68	$2,144.68
Family rate	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 10/20
In Network - $10/$20 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $1,000/$2,000 Deductible, 70%/30% Coinsurance with $2,500/$5,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$1,072 34	$1,072.34	$1,072 34	$1,072.34	$1,072.34	$1,072.34	$1,072.34	$1,072.34
Parent / Child(ren) rate	$1,822 98	$1,822.98	$1,822 98	$1,822.98	$1,822.98	$1,822.98	$1,822.98	$1,822.98
Couple rate	$2,144 68	$2,144.68	$2,144 68	$2,144.68	$2,144.68	$2,144.68	$2,144.68	$2,144.68
Family rate	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17	$3,056.17
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$970 99	$970.99	$970 99	$970.99	$970.99	$970.99	$970.99	$970.99
Parent / Child(ren) rate	$1,650 68	$1,650.68	$1,650 68	$1,650.68	$1,650.68	$1,650.68	$1,650.68	$1,650.68
Couple rate	$1,941 98	$1,941.98	$1,941 98	$1,941.98	$1,941.98	$1,941.98	$1,941.98	$1,941.98
Family rate	$2,767 32	$2,767.32	$2,767 32	$2,767.32	$2,767.32	$2,767.32	$2,767.32	$2,767.32
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum EPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$970 99	$970.99	$970 99	$970.99	$970.99	$970.99	$970.99	$970.99
Parent / Child(ren) rate	$1,650 68	$1,650.68	$1,650 68	$1,650.68	$1,650.68	$1,650.68	$1,650.68	$1,650.68
Couple rate	$1,941 98	$1,941.98	$1,941 98	$1,941.98	$1,941.98	$1,941.98	$1,941.98	$1,941.98
Family rate	$2,767 32	$2,767.32	$2,767 32	$2,767.32	$2,767.32	$2,767.32	$2,767.32	$2,767.32
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/$30/$60 $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$1,045 57	$1,045.57	$1,045 57	$1,045.57	$1,045.57	$1,045.57	$1,045.57	$1,045.57
Parent / Child(ren) rate	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47
Couple rate	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14
Family rate	$2,979 87	$2,979.87	$2,979 87	$2,979.87	$2,979.87	$2,979.87	$2,979.87	$2,979.87
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Platinum PPO 20/30
In Network - $20/$30 Copayment, $3,000/$6,000 Out-of-Pocket Maximum
Out of Network - $2,000/$4,000 Deductible, 70%/30% Coinsurance with $5,000/$10,000 Out-of-Pocket Maximum
Rx Plan - $10/20% (coinsurance maximum $150)/35% (coinsurance maximum $400), $100 deductible T2 and T3

Freedom Network	Manhattan/ Richmond/ Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Duchess/ Orange/ Putnam	Ulster/ Sullivan
4th Quarter 2014 Rates:								
Single rate	$1,045 57	$1,045.57	$1,045 57	$1,045.57	$1,045.57	$1,045.57	$1,045.57	$1,045.57
Parent / Child(ren) rate	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47	$1,777.47
Couple rate	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14	$2,091.14
Family rate	$2,979 87	$2,979.87	$2,979 87	$2,979.87	$2,979.87	$2,979.87	$2,979.87	$2,979.87
4th Quarter 2013 Rates:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Dollar Amount Change								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA
Percent Change:								
Single rate	NA	NA	NA	NA	NA	NA	NA	NA
Parent / Child(ren) rate	NA	NA	NA	NA	NA	NA	NA	NA
Couple rate	NA	NA	NA	NA	NA	NA	NA	NA
Family rate	NA	NA	NA	NA	NA	NA	NA	NA

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

1st Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$69.08	$69.08	$69.08	$69.08	$69.08	$69.08	$69.08	$69.08
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$74.64	$74.64	$74.64	$74.64	$74.64	$74.64	$74.64	$74.64

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)	($2.93)
Parent / Child(ren) rate	($4.97)	($4.97)	($4.97)	($4.97)	($4.97)	($4.97)	($4.97)	($4.97)
Couple rate	($5.85)	($5.85)	($5.85)	($5.85)	($5.85)	($5.85)	($5.85)	($5.85)
Family rate	($8.34)	($8.34)	($8.34)	($8.34)	($8.34)	($8.34)	($8.34)	($8.34)

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

2nd Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$70.81	$70.81	$70.81	$70.81	$70.81	$70.81	$70.81	$70.81
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$76.51	$76.51	$76.51	$76.51	$76.51	$76.51	$76.51	$76.51

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($3.00)	($3.00)	($3.00)	($3.00)	($3.00)	($3.00)	($3.00)	($3.00)
Parent / Child(ren) rate	($5.09)	($5.09)	($5.09)	($5.09)	($5.09)	($5.09)	($5.09)	($5.09)
Couple rate	($6.00)	($6.00)	($6.00)	($6.00)	($6.00)	($6.00)	($6.00)	($6.00)
Family rate	($8.55)	($8.55)	($8.55)	($8.55)	($8.55)	($8.55)	($8.55)	($8.55)

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

3rd Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$72.58	$72.58	$72.58	$72.58	$72.58	$72.58	$72.58	$72.58
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$78.42	$78.42	$78.42	$78.42	$78.42	$78.42	$78.42	$78.42

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($3.08)	($3.08)	($3.08)	($3.08)	($3.08)	($3.08)	($3.08)	($3.08)
Parent / Child(ren) rate	($5.22)	($5.22)	($5.22)	($5.22)	($5.22)	($5.22)	($5.22)	($5.22)
Couple rate	($6.15)	($6.15)	($6.15)	($6.15)	($6.15)	($6.15)	($6.15)	($6.15)
Family rate	($8.76)	($8.76)	($8.76)	($8.76)	($8.76)	($8.76)	($8.76)	($8.76)

Domestic Partner

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Dependent Age Cut-off 29

4th Quarter 2014 Rates:	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parent / Child(ren) rate	$74.39	$74.39	$74.39	$74.39	$74.39	$74.39	$74.39	$74.39
Couple rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family rate	$80.38	$80.38	$80.38	$80.38	$80.38	$80.38	$80.38	$80.38

Woman's Contraceptive

	Manhattan/Richmond/Bronx	Kings/Queens	Rockland	Nassau	Suffolk	Westchester	Dutchess/Orange/Putnam	Ulster/Sullivan
Single rate	($3.16)	($3.16)	($3.16)	($3.16)	($3.16)	($3.16)	($3.16)	($3.16)
Parent / Child(ren) rate	($5.35)	($5.35)	($5.35)	($5.35)	($5.35)	($5.35)	($5.35)	($5.35)
Couple rate	($6.30)	($6.30)	($6.30)	($6.30)	($6.30)	($6.30)	($6.30)	($6.30)
Family rate	($8.98)	($8.98)	($8.98)	($8.98)	($8.98)	($8.98)	($8.98)	($8.98)

Oxford Health Plans (NY), Inc.
Oxford Health Insurance, Inc.
New York Small Group Commercial
Deloitte Risk Adjustment Modeling Results - Further Analysis

	Deloitte Risk Score	Oxford ERG Retro Risk Score	Oxford Wakely Risk Score	Deloitte Risk Score Split by ERG	Deloitte Risk Score Split by Wakely	Estimated Downstate Results *Assumed NYC Risk 2.5% Less Than Statewide Average **			>0 Dx Codes	Dx / Member	Assumed Increase in Risk Score **	Adjusted Deloitte Risk Score	Normalized Adjusted Deloitte Risk Score
						Assumed Downstate % Members	Deloitte Risk Score Split by ERG	Deloitte Risk Score Split by Wakely					
HMO		1.158	0.883	0.889	0.934		0.889	0.934				0.934	0.891
POS		1.995	1.292	1.531	1.366		1.531	1.366				1.366	1.304
OHP	0.994	1.295	0.940	0.994	0.994		0.994	0.994	19.4%	0.409		0.994	0.949
OHI	1.075	1.393	1.010	1.075	1.075		1.075	1.075	19.9%	0.429		1.075	1.026
Oxford Total	1.045	1.359	0.987	1.045	1.045	60%	1.045	1.045	19.7%	0.422		1.045	0.998
Non-Oxford	0.968			0.968	0.968	40%	0.870	0.870	18.2%	0.383	8.4%	1.049	1.002
Total	1.000			1.000	1.000		0.975	0.975	19.1%	0.399		1.047	1.000
OHI/OHP	8.1%	7.6%	7.5%										
Oxford/Non-Oxford				8.0%	8.0%		20.1%	20.1%	8.5%	10.1%		-0.4%	-0.4%
HMO/Non-Oxford				-8.2%	-3.5%		2.2%	7.3%				-11.0%	-11.0%

* From Deloitte Uninsured Study

** The 4.9% difference in Dx/Member between OHI and OHP results in an 8.1% difference in risk score. Oxford Dx/Member is 10.1% higher than Non-Oxford. If we assume 50% of this is due to underreporting of Dx codes, then Non-Oxford risk factor would be 8.4% higher [8.4% = 50% * (10.1% / 4.9%) * 8.1%].