

State: New York Filing Company: Empire Health Choice Assurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: SG PPO & SG EPO - 2Q13
 Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 2.300%
 Effective Date of Last Rate Revision: 04/01/2012
 Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Empire Health Choice Assurance, Inc.	Increase	13.700%	13.700%	\$5,713,807	1,099	\$41,706,620	18.100%	13.100%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		4,874	1,955					
Policy Holders:		833	266					

State: New York Filing Company: Empire Health Choice Assurance, Inc.
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: SG PPO & SG EPO - 2Q13
Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

Rate Review Detail

COMPANY:

Company Name: Empire Health Choice Assurance, Inc.
HHS Issuer Id: 44113
Product Names: Small Group PPO and Small Group EPO
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: SOB-EPO-Blue Essential 2011; CR-GR-PPO.A/Rev

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 81,948
Benefit Change: None
Percent Change Requested: Min: 13.1 Max: 18.1 Avg: 13.7

PRIOR RATE:

Total Earned Premium: 41,706,620.00
Total Incurred Claims: 37,149,781.00
Annual \$: Min: 184.56 Max: 666.08 Avg: 508.94

REQUESTED RATE:

Projected Earned Premium: 47,420,427.00
Projected Incurred Claims: 40,539,913.00
Annual \$: Min: 209.84 Max: 757.33 Avg: 578.66

State: New York Filing Company: Empire Health Choice Assurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: SG PPO & SG EPO - 2Q13
 Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
Comments:	Requirements of the checklist are satisfied through the various attachments.		

		Item Status:	Status Date:
Satisfied - Item:	Consumer Disclosure Form		
Comments:	<p>Attached are the Part II documents, as no other location was provided.</p> <p>Amended 11/13: the EPO Consumer Disclosure is here: http://companyprofiles.healthcare.gov/states/NY/companies/44113/products/44113NY024/rate_reviews/986?naic_num=&search_method=company&search_term=empire&tgt_tab=overview</p> <p>and the PPO Disclosure is here: http://companyprofiles.healthcare.gov/states/NY/companies/44113/products/44113NY006/rate_reviews/985?naic_num=&search_method=company&search_term=empire&tgt_tab=overview</p>		

Attachment(s):
 Art42 SG EPO Part II.pdf
 Art42 SG PPO Part II.pdf
 CD-EPO.pdf
 CD-PPO.pdf

		Item Status:	Status Date:
Satisfied - Item:	Final Notice of Proposed Rate Adjustment		
Comments:	We have not yet finalized how the notices will be structured, please see the Options file for a description of the methods under consideration.		
Attachment(s):			

State: New York Filing Company: Empire Health Choice Assurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: SG PPO & SG EPO - 2Q13
 Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

SG_PA_GRP_Renewal Ltr_BCBS.pdf
 SG_PA_Mem_Notice_BCBS.pdf
 SG_Renewal Financial Exhibit_DFS.pdf
 Plan B Sample.pdf
 Options.pdf

		Item Status:	Status Date:
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment		
Comments:	Attached are 2 letters and 4 rate impact grids. Each letter will be accompanied by one grid based on product and whether the group has drug.		

Attachment(s):
 PPO1_2_RateGrid_WOrx_10812.pdf
 BCBS_GRP_Mem_Q2 2013 Notification_EPO.pdf
 BCBS_GRP_Mem_Q2 2013 Notification_PPO.pdf
 Essential_EPO_RateGrid_10812.pdf
 Essential_EPO_RateGrid_WOrx_10812.pdf
 PPO1_2_RateGrid_10812.pdf

		Item Status:	Status Date:
Satisfied - Item:	Rate Summary Worksheet		
Comments:			
Attachment(s):	RateSummaryTemplate - SG EPO.pdf RateSummaryTemplate - SG EPO.xls		

		Item Status:	Status Date:
Satisfied - Item:	Redacted Documents for Web Posting		
Comments:			
Attachment(s):	2Q13 SG EHCA ActMemo - Redact.pdf PA_Standard_Exhibit_1 EHCA - Redact.pdf		

State: New York Filing Company: Empire Health Choice Assurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: SG PPO & SG EPO - 2Q13
 Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses		
Comments:			
Attachment(s):			
PA_Standard_Exhibit_2 EHCA.xls			
PA_Standard_Exhibit_2 EHCA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 3 - Narrative Summary		
Comments:			
Attachment(s):			
PA_Standard_Exhibit_3 EHCA.pdf			
2Q13 Empire CR Rate Narrative approved 11-08-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 4 - Part A - Summary of Proposed Percentage Rate Changes		
Comments:			
Attachment(s):			
PA_Standard_Exhibit_4A EHCA.xls			
PA_Standard_Exhibit_4A EHCA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 4 - Part B - Summary of Proposed Percentage Rate Changes		
Comments:			
Attachment(s):			

State: New York Filing Company: Empire Health Choice Assurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: SG PPO & SG EPO - 2Q13
 Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

PA_Standard_Exhibit_4B EHCA.xls
 PA_Standard_Exhibit_4B EHCA.pdf

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 4 - Part C - Summary of Proposed Percentage Rate Changes		
Comments:			
Attachment(s):			
PA_Standard_Exhibit_4C EHCA.xls			
PA_Standard_Exhibit_4C EHCA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 4 - Part D - Summary of Proposed Percentage Rate Changes		
Comments:			
Attachment(s):			
PA_Standard_Exhibit_4D EHCA.xls			
PA_Standard_Exhibit_4D EHCA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 5 - Part A - Distribution of Contracts Affected by Proposed Rate Adjustments		
Comments:			
Attachment(s):			
PA_Standard_Exhibit_5A EHCA.xls			
PA_Standard_Exhibit_5A EHCA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 5 - Part B - Distribution of Contracts Affected by Proposed Rate Adjustments		
Comments:			

State: New York Filing Company: Empire Health Choice Assurance, Inc.
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: SG PPO & SG EPO - 2Q13
 Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

Attachment(s):
 PA_Standard_Exhibit_5B EHCA.xls
 PA_Standard_Exhibit_5B EHCA.pdf

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 6 - Summary of Policy Form and Product Changes		

Comments:

Attachment(s):
 PA_Standard_Exhibit_6 EHCA.pdf
 PA_Standard_Exhibit_6 EHCA.xls

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 7 - Historical Data		

Comments:

Attachment(s):
 PA_Standard_Exhibit_7 EHCA.pdf
 PA_Standard_Exhibit_7 EHCA.xls

		Item Status:	Status Date:
Satisfied - Item:	Application Filings		

Comments:

Attachment(s):
 PPO Rx Application Filing for 2Q13 Rate Filing.pdf
 EPO Base Application Filing for 2Q13 Rate Filing.pdf
 EPO Rx Application Filing for 2Q13 Rate Filing.pdf
 PPO Base Application Filing for 2Q13 Rate Filing.pdf

		Item Status:	Status Date:
Satisfied - Item:	Rate Summary Worksheet - Part II		

SERFF Tracking #: AWLP-128694812 State Tracking #: 2012110019 Company Tracking #: 2Q13 RATES SG PPO & SG EPO - ART
42

State: New York Filing Company: Empire Health Choice Assurance, Inc.
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: SG PPO & SG EPO - 2Q13
Project Name/Number: 2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

Comments:	These items really belong in the Rate Summary Worksheet above, but SERFF states that "Only one Excel file may be attached to the Rate Summary Worksheet"
-----------	--

Attachment(s):
RateSummaryTemplate - SG PPO.pdf RateSummaryTemplate - SG PPO.xls

Empire HealthChoice Assurance
Consumer Disclosure for Proposed Health Insurance Rate Increase
Small Group EPO
Rate Change Effective April 2013

Scope and Range of the Rate Increase

Empire proposes to increase its rates for Small Group EPO by an average of 15.0% on policyholders renewing between April 1, 2013 and March 31, 2014. This rate increase will impact approximately 2,000 members.

Financial Experience

In 2011 Empire reported a 90.5% Affordable Care Act (ACA) medical loss ratio (MLR) for all SG plans in the same pool as EPO, which far exceeded the MLR requirement of 82%. Empire was not required to issue rebates as more dollars were spent on medical care and quality programs than required by the ACA. We anticipate these proposed rates will produce an MLR of 85.5% for the SG EPO members impacted by this filing. Empire again expects to exceed the MLR requirements, the percentage of premiums spent on medical care and quality programs, for 2013.

Changes in Medical Costs

The primary drivers of premium increases are associated with increases in the unit cost of services primarily from hospitals, physicians and pharmaceutical companies, coupled with changes in consumption of services, or utilization, by members. Increases in unit costs are driven by technology advances, cost shifting to private insurers from underfunded Medicaid and Medicare reimbursement and a variety of other factors. Changes in utilization of services can be driven by the aging of the population, benefit design and many other factors.

These cost and utilization increases are the primary components of this rate request.

Changes in Benefits

The second quarter 2013 annual increase, without benefit changes, is 13.1%. Included in this federal justification are benefit changes required by the ACA and New York mandate. Effective August 1, 2012 the ACA required list of preventive care services was revised to include certain women's preventive care benefits for non-grandfathered members. The impact of this change is an approximate 0.5% increase in PMPM. Similarly, effective November 1, 2012, the New York State Autism Mandate was included into the rates at an approximate increase of 0.7%.

Administrative Costs

Empire continues to manage administrative and selling costs compared to prior years; however as membership drops and costs continue to rise, we must build in slightly more for administrative costs each year.

Administrative costs will also increase across the rating period due to the ACA's insurer and reinsurance fees which will be collective effective January 2014, regardless of a group's renewal date. Since all groups impacted by this filing will have these rates in effect in 2014, the rate request takes these additional costs into account. Additionally, there is a third ACA related tax, the CER fee, which was introduced in 2013.

Underwriting Gain/Loss

The underwriting gain/loss ultimately represents the amount Empire keeps after paying claims and administrative costs. This rate request includes, in our opinion, a reasonable gain/loss, which is slightly higher than the level approved previously.

Empire HealthChoice Assurance
Consumer Disclosure for Proposed Health Insurance Rate Increase
Small Group PPO
Rate Change Effective April 2013

Scope and Range of the Rate Increase

Empire proposes to increase its rates for Small Group PPO by an average of 12.6% on policyholders renewing between April 1, 2013 and March 31, 2014. This rate increase will impact approximately 5,000 members.

Financial Experience

In 2011 Empire reported a 90.5% Affordable Care Act (ACA) medical loss ratio (MLR) for all SG plans in the same pool as PPO, which far exceeded the MLR requirement of 82%. Empire was not required to issue rebates as more dollars were spent on medical care and quality programs than required by the ACA. We anticipate these proposed rates will produce an MLR of 85.5% for the SG PPO members impacted by this filing. Empire again expects to exceed the MLR requirements, the percentage of premiums spent on medical care and quality programs, for 2013.

Changes in Medical Costs

The primary drivers of premium increases are associated with increases in the unit cost of services primarily from hospitals, physicians and pharmaceutical companies, coupled with changes in consumption of services, or utilization, by members. Increases in unit costs are driven by technology advances, cost shifting to private insurers from underfunded Medicaid and Medicare reimbursement and a variety of other factors. Changes in utilization of services can be driven by the aging of the population, benefit design and many other factors.

These cost and utilization increases are the primary components of this rate request.

Changes in Benefits

The second quarter 2013 annual increase, without benefit changes, is 14.6%. Included in this federal justification are benefit changes required by the ACA and New York mandate. Effective August 1, 2012 the ACA required list of preventive care services was revised to include certain women's preventive care benefits for non-grandfathered members. The impact of this change is an approximate 0.5% increase in PMPM. Similarly, effective November 1, 2012, the New York State Autism Mandate was included into the rates at an approximate increase of 0.7%.

Additionally, Empire has separately filed to withdraw some of the drug options currently available to customers with this PPO product. That withdrawal removes the most expensive options and therefore customers with drug, will see a decrease in their drug premium which could substantially offset the increases in this rate request.

Administrative Costs

Empire continues to manage administrative and selling costs compared to prior years; however as membership drops and costs continue to rise, we must build in slightly more for administrative costs each year.

Administrative costs will also increase across the rating period due to the ACA's insurer and reinsurance fees which will be collective effective January 2014, regardless of a group's renewal date. Since all groups impacted by this filing will have these rates in effect in 2014, the rate request takes these additional costs into account. Additionally, there is a third ACA related tax, the CER fee, which was introduced in 2013.

Underwriting Gain/Loss

The underwriting gain/loss ultimately represents the amount Empire keeps after paying claims and administrative costs. This rate request includes, in our opinion, a reasonable gain/loss, which is slightly higher than the level approved previously.

November 13, 2012

Home | Blog | Newsroom | Videos | FAQs | Glossary | Text Size A A



Take health care into your own hands

Search



[Find Insurance Options](#)

[Get Help Using Insurance](#)

[The Health Care Law & You](#)

[Comparing Care Providers](#)

[Prevention & Wellness](#)

[Home](#) > [Get Help Using Insurance](#) > [Your Insurance Company & Costs of Coverage](#) > [Search Results](#) > [Empire HealthChoice Assurance, Inc. Rate Review](#)

Empire HealthChoice Assurance, Inc. Rate Review in New York

Empire HealthChoice Assurance, Inc. has asked for a rate increase* for the following product in New York: EPO-EPO-Small Group-44113NY024.

Review Status: Pending Review

If the increase happens:

- The average rate increase will be 15.00%
- The proposed rate increase is an average rate increase for all covered groups or individuals. The premiums may be higher or lower than this average based on factors such as age, family structure, and health experience of the covered groups and individuals.
- The effective date of the rate increase is 04/01/2013. The actual date of your rate increase may vary based on the anniversary date of your policy and other factors.
- This increase will affect 1955 people

*** This posting does not mean that the requested increase is unreasonable. Either the state or federal reviewer will decide that and the decision will be posted here.**

More Information about this Rate Increase:

- [Why does my insurance company want to raise my premium?](#)
- [What kinds of Medical Services are causing this rate increase?](#)
- [How would my insurance company use my premium?](#)
- [Last three rate increases for this product](#)
- [Who is reviewing this rate increase?](#)
- [Insurer's explanation of the rate increase](#)

Why does my insurance company want to raise my premium?

Your insurer says that costs are going up:

Type of Cost:	Per Member Increase Per Month Increase**	Portion of Increase
Medical Services* - Cost of providing healthcare services to policyholders	\$36.30	56.13%
Administrative Expenses - Marketing, claims processing, and other costs to the company	\$15.39	23.80%

Underwriting Gain/Loss - Amount the company keeps after paying claims and administrative expenses	\$12.98	20.07%
--	---------	--------

* 14.40% of the Medical Services cost increases are due to how many people use the services and how often they use them and 59.80% is due to the cost of services.

** These increases won't add up to the average rate increase if everyone doesn't get the rate increase at the same time.

[Back to top](#)

What kinds of Medical Services are causing this rate increase?

Medical Service	Per Member Per Month Increase	Portion of Increase
Hospital Inpatient - Care in a Hospital	\$11.43	31.48%
Outpatient - Care in a hospital or other facility that doesn't require an overnight stay	\$9.63	26.53%
Professional Services - Payments to doctors and other healthcare professionals	\$14.66	40.37%
Prescription Drugs - Medicines you need a prescription to buy	\$7.77	21.40%
Ancillary Services - Medical supplies, ambulance fees, etc.	\$0.65	1.79%
Capitation - A fixed per person payment the insurer pays to a provider to cover a person's medical costs	\$0.19	0.54%
Cost Sharing - Changes in deductibles, copayments, benefits, etc.	\$8.94	24.63%
Current Medical Cost Adjustment - The difference between what your insurer thought it was going to pay for medical services and what it actually paid during the current year	-\$16.97	-46.74%
Total Medical Service Cost Changes	\$36.30	100.00%

[Back to top](#)

How would my insurance company use my premium?

Type of Cost	How Premium Dollars Will be Spent if the Requested Rate is used	
	Per Member Per Month	Portion of Rate
Medical Services - Cost of providing healthcare services to policyholders	\$442.10	85.50%
Administrative Expenses - Marketing, claims processing, and other costs to the company	\$54.21	10.48%
Underwriting Gain/Loss - Amount the company keeps after paying claims and administrative expenses	\$20.77	4.02%
Total Request Rate	\$517.07	100.00%

[Back to top](#)

Last three rate increases for this product:

Year	Requested	Got
2012	13.50%	9.20%
2011	10.00%	9.40%
2010	14.50%	14.50%

[Back to top](#)

Who is reviewing this rate increase?

The rate increase request is being reviewed by the State.

State laws either:

- Allow the insurance regulator to review rate filings, but do not allow the regulator to stop a rate from being used, or
- Allow the insurance regulator to both review rate filings *and* stop an unreasonable rate from being used.

If a state's laws do not allow the insurance regulator to perform effective rate reviews, the federal government* will review any rate increases at or above 10% in the individual or small group market.

*If the federal government is reviewing, [click here](#) to see the filing.

[Back to top](#)

Insurer's explanation of the rate increase

Empire HealthChoice Assurance, Inc. has prepared the following written explanation of this rate increase.

Empire HealthChoice Assurance
Consumer Disclosure for Proposed Health Insurance Rate Increase
Small Group EPO
Rate Change Effective April 2013

Scope and Range of the Rate Increase

Empire proposes to increase its rates for Small Group EPO by an average of 15.0% on policyholders renewing between April 1, 2013 and March 31, 2014. This rate increase will impact approximately 2,000 members.

Financial Experience

In 2011 Empire reported a 90.5% Affordable Care Act (ACA) medical loss ratio (MLR) for all SG plans in the same pool as EPO, which far exceeded the MLR requirement of 82%. Empire was not required to issue rebates as more dollars were spent on medical care and quality programs than required by the ACA. We anticipate these proposed rates will produce an MLR of 85.5% for the SG EPO members impacted by this filing. Empire again expects to exceed the MLR requirements, the percentage of premiums spent on medical care and quality programs, for 2013.

Changes in Medical Costs

The primary drivers of premium increases are associated with increases in the unit cost of services primarily from hospitals, physicians and pharmaceutical companies, coupled with changes in consumption of services, or utilization, by members. Increases in unit costs are driven by technology advances, cost shifting to private insurers from underfunded Medicaid and Medicare reimbursement and a variety of other factors. Changes in utilization of services can be driven by the aging of the population, benefit design and many other factors.

These cost and utilization increases are the primary components of this rate request.

Changes in Benefits

The second quarter 2013 annual increase, without benefit changes, is 13.1%. Included in this federal justification are benefit changes required by the ACA and New York mandate. Effective August 1, 2012 the ACA required list of preventive care services was revised to include certain women's preventive care benefits for non-grandfathered members. The impact of this change is an approximate 0.5% increase in PMPM. Similarly, effective November 1, 2012, the New York State Autism Mandate was included into the rates at an approximate increase of 0.7%.

Administrative Costs

Empire continues to manage administrative and selling costs compared to prior years; however as membership drops and costs continue to rise, we must build in slightly more for administrative costs each year.

Administrative costs will also increase across the rating period due to the ACA's insurer and reinsurance fees which will be collective effective January 2014, regardless of a group's renewal date. Since all groups impacted by this filing will have these rates in effect in 2014, the rate request takes these additional costs into account. Additionally, there is a third ACA related tax, the CER fee, which was introduced in 2013.

Underwriting Gain/Loss

The underwriting gain/loss ultimately represents the amount Empire keeps after paying claims and administrative costs. This rate request includes, in our opinion, a reasonable gain/loss, which is slightly higher than the level approved previously.

[Back to top](#)

Comment on this rate increase

You may submit your comments about this rate increase to New York on its web site at http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm; by email at PremiumRateIncreases@dfs.ny.gov; and by U.S. mail to the Health Bureau-Premium Rate Adjustments, New York State Department of Financial Services, 25 Beaver Street, New York, NY 10004.



- [Accessibility](#)
- [Privacy Policy](#)
- [Plain Writing](#)
- [Disclaimers](#)
- [Viewers & Players](#)
- [WhiteHouse.gov](#)
- [USA.gov](#)
- [GobiernoUSA.gov](#)

Take Action

- [Find Insurance Options](#)
- [Your Insurance Company & Costs of Coverage](#)
- [Prevention & Wellness](#)
- [Compare Care Providers](#)

Get Help Using Insurance

- [Managing Your Insurance](#)
- [Understanding Insurance](#)
- [Free or Low-Cost Care](#)
- [Medicare & Long-Term Care](#)
- [Employers & Self-Employed](#)

The Health Care Law & You

- [Read the Law](#)
- [Key Features of the Law](#)
- [Timeline: What's Changing & When](#)
- [Information for You](#)
- [Implementation Resources](#)

Stay Connected

- [Email Updates](#)
- [twitter](#)
- [facebook](#)
- [YouTube](#)
- [View all Widgets and Badges](#)
- [HealthCare Blog RSS](#)

November 13, 2012

[Home](#) | [Blog](#) | [Newsroom](#) | [Videos](#) | [F](#)

HealthCare.gov

Take health care into your own hands

Search

**Find Insurance
Options**

**Get Help Using
Insurance**

**The Health Care Law &
You**

**Comparing Care
Providers**

[Home](#) > [Get Help Using Insurance](#) > [Your Insurance Company & Costs of Coverage](#) > [Search Results](#) > Empire HealthChoice Assurance, Inc. Rate Review

Empire HealthChoice Assurance, Inc. Rate Review in New York

Empire HealthChoice Assurance, Inc. has asked for a rate increase* for the following product in New York: PPO-PPO-9 Group-44113NY006.

Review Status: Pending Review

If the increase happens:

- The average rate increase will be 12.60%
- The proposed rate increase is an average rate increase for all covered groups or individuals. The premiums may be higher or lower than this average based on factors such as age, family structure, and health experience of the covered groups and individuals.
- The effective date of the rate increase is 04/01/2013. The actual date of your rate increase may vary based on the anniversary date of your policy and other factors.
- This increase will affect 4874 people

*** This posting does not mean that the requested increase is unreasonable. Either the state or federal reviewer will decide and the decision will be posted here.**

More Information about this Rate Increase:

- [Why does my insurance company want to raise my premium?](#)
- [What kinds of Medical Services are causing this rate increase?](#)
- [How would my insurance company use my premium?](#)
- [Last three rate increases for this product](#)
- [Who is reviewing this rate increase?](#)
- [Insurer's explanation of the rate increase](#)

Why does my insurance company want to raise my premium?

Your insurer says that costs are going up:

Type of Cost:	Per Member Increase Per Month Increase**	Portion o
Medical Services* - Cost of providing healthcare services to policyholders	\$57.83	61.
Administrative Expenses - Marketing, claims processing, and other costs to the company	\$20.53	21.
Underwriting Gain/Loss - Amount the company keeps after paying claims and administrative expenses	\$15.18	16.

* 15.00% of the Medical Services cost increases are due to how many people use the services and how often they use them of services.

** These increases won't add up to the average rate increase if everyone doesn't get the rate increase at the same time.

[Back to top](#)

What kinds of Medical Services are causing this rate increase?

Medical Service	Per Member Per Month Increase	Portion c
Hospital Inpatient - Care in a Hospital	\$19.97	34
Outpatient - Care in a hospital or other facility that doesn't require an overnight stay	\$18.36	31
Professional Services - Payments to doctors and other healthcare professionals	\$32.20	55
Prescription Drugs - Medicines you need a prescription to buy	\$16.69	28
Ancillary Services - Medical supplies, ambulance fees, etc.	\$1.78	3.
Capitation - A fixed per person payment the insurer pays to a provider to cover a person's medical costs	\$0.49	0.
Cost Sharing - Changes in deductibles, copayments, benefits, etc.	\$8.52	14
Current Medical Cost Adjustment - The difference between what your insurer thought it was going to pay for medical services and what it actually paid during the current year	-\$40.19	-69
Total Medical Service Cost Changes	\$57.83	100

[Back to top](#)

How would my insurance company use my premium?

Type of Cost	How Premium Dollars Will be Sp if the Requested Rate is used	
	Per Member Per Month	Portion
Medical Services - Cost of providing healthcare services to policyholders	\$808.32	85.
Administrative Expenses - Marketing, claims processing, and other costs to the company	\$105.67	11.
Underwriting Gain/Loss - Amount the company keeps after paying claims and administrative expenses	\$31.41	3.3
Total Request Rate	\$945.40	100

[Back to top](#)

Last three rate increases for this product:

Year	Requested	G
2012	8.20%	4.1
2011	5.30%	5.3
2010	7.90%	7.9

[Back to top](#)

Who is reviewing this rate increase?

The rate increase request is being reviewed by the State.

State laws either:

- Allow the insurance regulator to review rate filings, but do not allow the regulator to stop a rate from being used, or
- Allow the insurance regulator to both review rate filings *and* stop an unreasonable rate from being used.

If a state's laws do not allow the insurance regulator to perform effective rate reviews, the federal government* will review any rate the individual or small group market.

*If the federal government is reviewing, [click here](#) to see the filing.

[Back to top](#)

Insurer's explanation of the rate increase

Empire HealthChoice Assurance, Inc. has prepared the following written explanation of this rate increase.

Empire HealthChoice Assurance

Consumer Disclosure for Proposed Health Insurance Rate Increase

Small Group PPO

Rate Change Effective April 2013

Scope and Range of the Rate Increase

Empire proposes to increase its rates for Small Group PPO by an average of 12.6% on policyholders renewing between April 1, 2013 and March 31, 2014. The rate increase will impact approximately 5,000 members.

Financial Experience

In 2011 Empire reported a 90.5% Affordable Care Act (ACA) medical loss ratio (MLR) for all SG plans in the same pool as PPO, with a requirement of 82%. Empire was not required to issue rebates as more dollars were spent on medical care and quality programs than required. Empire anticipates these proposed rates will produce an MLR of 85.5% for the SG PPO members impacted by this filing. Empire again expects to meet the ACA requirements, the percentage of premiums spent on medical care and quality programs, for 2013.

Changes in Medical Costs

The primary drivers of premium increases are associated with increases in the unit cost of services primarily from hospitals, physician services, and other providers, coupled with changes in consumption of services, or utilization, by members. Increases in unit costs are driven by technology, changes in reimbursement to private insurers from underfunded Medicaid and Medicare reimbursement and a variety of other factors. Changes in utilization of services are driven by aging of the population, benefit design and many other factors.

These cost and utilization increases are the primary components of this rate request.

Changes in Benefits

The second quarter 2013 annual increase, without benefit changes, is 14.6%. Included in this federal justification are benefit changes required by the ACA and New York mandate. Effective August 1, 2012 the ACA required list of preventive care services was revised to include certain women and children for non-grandfathered members. The impact of this change is an approximate 0.5% increase in PMPM. Similarly, effective November 1, 2012 the Autism Mandate was included into the rates at an approximate increase of 0.7%.

Additionally, Empire has separately filed to withdraw some of the drug options currently available to customers with this PPO product. The most expensive options and therefore customers with drug, will see a decrease in their drug premium which could substantially offset the rate request.

Administrative Costs

Empire continues to manage administrative and selling costs compared to prior years; however as membership drops and costs are slightly more for administrative costs each year.

Administrative costs will also increase across the rating period due to the ACA's insurer and reinsurance fees which will be collected on all policies.

[Back to top](#)

Comment on this rate increase

You may submit your comments about this rate increase to New York on its web site at http://www.dfs.ny.gov/insurance/health/prior_ email at PremiumRateIncreases@dfs.ny.gov; and by U.S. mail to the Health Bureau-Premium Rate Adjustments, New York State Department of Financial Services, 110 Beaver Street, New York, NY 10004.

[Home](#) **HealthCare.gov**

A federal government website managed by the [U.S. Department of Health & Human Services](#)
200 Independence Avenue, S.W. - Washington, D.C. 20201

[Accessibility](#)

[Privacy Policy](#)

[Plain Writing](#)

[Disclaimers](#)

[Viewers & Players](#)

[WhiteHouse.gov](#)

[USA.gov](#)

[GobiernoUSA.gov](#)

Take Action

[Find Insurance Options](#)

[Your Insurance Company &](#)

[Costs of Coverage](#)

[Prevention & Wellness](#)

[Compare Care Providers](#)

Get Help Using Insurance

[Managing Your Insurance](#)

[Understanding Insurance](#)

[Free or Low-Cost Care](#)

[Medicare & Long-Term Care](#)

[Employers & Self-Employed](#)

The Health Care Law & You

[Read the Law](#)

[Key Features of the Law](#)

[Timeline: What's](#)

[Changing & When](#)

[Information for You](#)

[Implementation Resources](#)

<Insert Date>

<Group Contact>

<Group Name>

<Address 1>

<Address 2>

<Address 3>

<City>, <State> <Zip>

Important: Your Group Health Care Plan Renewal

Dear Group Benefits Administrator,

Thank you for letting Empire serve you for the past year, and for giving us the chance to present this proposal to renew your group health benefit program.

We previously sent you a notification of our proposed premium increases that we filed with the New York Department of Financial Services (NYDFS). Since then, the NYDFS has reviewed our rate request and approved the rate changes displayed on the attached financial exhibit 'As Is Renewal' column. These rates are effective on your group's renewal date stated on the financial exhibit.

Why is your group rate changing?

Several factors can impact your group rate, or premium. These factors include:

- increased consumer demand for services
- rising medical and prescription drug costs
- advances in medical technology
- benefits and/or taxes required by state and federal law

What are we doing to keep costs down?

- Pursuing the best rates for health care products and services on your behalf
- Making more tools available to help your employees better manage their health and out-of-pocket costs
- Working to get higher quality health care from our network providers, such as doctors and hospitals

At Empire, we are committed to working with providers, legislators, hospitals and others to find ways to help control rising costs.

Additional information

We have posted a narrative summary about this rate adjustment on empireblue.com/priorapproval, providing more detailed, plain English, summary of the factors which contribute to the rate change. This same summary is also available on the NYDFS website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>. You may also e-mail us at PremiumRateChange@empireblue.com for further information about this rate change.

What should you do now?

Enclosed is a copy of the notice that you are requested to deliver to the employees enrolled in your plan. We recommend providing additional information with the notice, such as any expected changes in employee contribution levels, as this required notice may be confusing to employees without this information.

Please review the enclosed packet with the information needed for your renewal. You don't need to take any action if you want to continue your current coverage. We'll adjust your rates automatically.

Changing to another plan may lower your group's premium. We would be glad to help you find coverage that fits your business needs. If you're interested in learning more, we encourage you to call for information.

We're here to help.

We want you to have the health insurance coverage that makes the most sense for your particular needs. If your needs have changed or you want information about our other plans, please contact:

- Your broker or Empire by calling the GBA Contact Center at 866- 422-2583, Monday through Friday, from 8:30 a.m. to 5:00 p.m.
- Our website, where you can review our group plans, at empireblue.com

Of course, a truly valuable benefits package is about more than numbers. Convenience and personal service are just as important. That's why we work hard every day to remind you why you chose Empire in the first place. We value your trust and the chance to help improve the lives of your employees.

Thank you for choosing Empire for your health benefits plan.

Sincerely,



Mark Wagar
President

Important information for Empire members



One Liberty Plaza
165 Broadway
New York, NY 10006
empireblue.com

Your Upcoming Health Care Plan Premium

We recently shared with you a notification of a premium rate change request that we submitted to the New York State Department of Financial Services (NYDFS). We're writing to you now about the results of this rate change request for your Empire health plan.

Each year, rising medical costs and the growing use of medical goods and services drive health care costs higher. Due to these increasing costs, premium rates for your health plan will be modified on your group's renewal date. The NYDFS has reviewed our submission and approved the rate changes displayed on the attached financial exhibit 'As Is Renewal' column.

These new rates take place on your annual renewal date, which is on or after April 1, 2013. It's important to note that details on premium cost-sharing are between you and your employer. So the percentage of change in your employee contribution may differ from the rates shown in the financial exhibit.

You may visit the Department of Financial Services' website for more information regarding this rate adjustment at dfs.ny.gov. You may also contact Empire by calling the Member Service number on the back of your member ID card, or via e-mail at PremiumRateChange@empireblue.com for further information about this rate change.

Thank you for choosing Empire for your health benefits plan.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Wagar".

Mark L. Wagar
President

Your renewal financial exhibit



Company Name:
Region:

Group #:
Benefit Package

Your group has Calendar Year benefits

Renewal Effective Date: _____	
Current Plan	As Is Renewal
HMO Option 12	HMO Option 12

******Benefit Design******

Cost Share In-Network

Office Visit	\$30/\$50	\$30/\$50
Emergency Room	\$150	\$150
Inpatient	\$1000/\$2500	\$1000/\$2500
Outpatient	\$150	\$150

Deductible

In-Network	Not Applicable	Not Applicable
Out-of-Network	Not Applicable	Not Applicable

Coinsurance

In-Network	100%/0%	100%/0%
Out-of-Network	Not Applicable	Not Applicable

Total Maximum Out-of-Pocket

In-Network	Not Applicable	Not Applicable
Out-of-Network	Not Applicable	Not Applicable

Rx

Rx: RX Retail Copay	Copay \$10/35%/50% Ded. \$100	Copay \$10/35%/50% Ded. \$100
---------------------	-------------------------------	-------------------------------

Vision: Blue View Vision

Frequency - Exam/Lenses/Frames	12/12/12	12/12/12
Eye Exam	\$10 Co-Pay	\$10 Co-Pay
Eyeglass Frames	\$130 allowance then 20% off the remaining balance	\$130 allowance then 20% off the remaining balance
Eyeglass Lenses	\$10 Co-Pay	\$10 Co-Pay
Contact Lenses	\$130 allowance	\$130 allowance

Other Available Riders (Listed below are your current purchased riders. These riders will be applied to your "as is renewal" if available)

Skilled Nursing Facility (SNF); Skilled Nursing Facility (SNF)
--

Your renewal financial exhibit (continued)

Company Name:
Region:

Group #:
Benefit Package

Renewal Effective Date:	
Current Plan	As Is Renewal
HMO Option 12	HMO Option 12

Enrollment Information*

Rates: 4-Tier Structure

Basic Rates

Individual	3
Employee/Spouse	0
Employee/Child(ren)	0
Employee/Family	0
Monthly Total Premium	3
Annual Total Premium	

\$504.02
\$1,008.04
\$887.61
\$1,453.18
\$1,512.06
\$18,144.72

\$544.02
\$1,141.84
\$979.25
\$1,648.20
\$1,632.06
\$19,584.72

*Note: All quotes are based on the number of enrolled subscribers at time of publication. Approval of coverage and final quotes will be based on actual enrollment. Other options may be available for your group. For more information, please talk to your broker or Empire sales representative.



One Liberty Plaza
 165 Broadway
 New York, NY 10006
 empireblue.com

<Insert date>

<Group Contact>
 <Group Name>
 <Address 1>
 <Address 2>
 <Address 3>
 <City>, <State> <Zip>

Dear Group Benefits Administrator,

We're writing to you about the results of Empire's rate change submission for the <Product Name> benefit plan that we submitted to the New York Department of Financial Services (NYDFS). Rising medical costs, the growing use of medical goods and services, and other factors combine to drive health care and plan costs higher.

We previously sent you a notification of these proposed premium increases. Since then, the NYDFS has reviewed this rate request and approved the following rate changes:

New Rates Effective on <Group's Renewal Date>

Small Group Direct HMO / HMO		Current Rates by Tier Structure				New Rates by Tier Structure			
		Individual	Employee/ Spouse	Employee/ Child(ren)	Family	Individual	Employee/ Spouse	Employee/ Child(ren)	Family
Medical	Standard	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>
	Carve-out	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>
Prescription Drug Riders	Standard	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>
	Carve-out	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>

[Internal note: carve-out row will be deleted for non-HMO products. Rx rider section will be deleted if the group doesn't have any Rx coverage]

Many factors are considered in the request and approval of health plan premium rates. You may visit the Insurance Department's website for additional information regarding this rate adjustment at dfs.ny.gov. You may also contact your broker or Empire by calling the GBA Contact Center at 866- 422-2583, or by e-mail at PremiumRateChange@empireblue.com for further information. A rate narrative on this filing can be found at empireblue.com/prior approval.

Enclosed is a copy of the notice that you are requested to deliver to the employees enrolled in your plan. We also recommend providing additional information with the notice, such as any expected changes in employee contribution levels, as this required notice may be confusing to employees without this information.

Thank you for choosing Empire for your group health benefits plan.

Sincerely,

Mark Wagar
 President

Important information for Empire members



One Liberty Plaza
165 Broadway
New York, NY 10006
empireblue.com

<Insert date>

We recently shared with you a notification of a premium rate change request that we submitted to the New York State Department of Financial Services (NYDFS). We're writing to you now about the results of this rate change request for your <Product Name> plan.

Each year, rising medical costs, the growing use of medical goods and services, and other factors drive health care and plan costs higher. Due to these increasing costs, premium rates for your health plan will be modified on your group's renewal date. The NYDFS has reviewed our submission and approved the following rate change:

New Rates Effective on <Group's Renewal Date>

Small Group Direct HMO / HMO		Current Rates by Tier Structure				New Rates by Tier Structure			
		Individual	Employee/ Spouse	Employee/ Child(ren)	Family	Individual	Employee/ Spouse	Employee/ Child(ren)	Family
Medical	Standard	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>
	Carve-out	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>
Prescription Drug Riders	Standard	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>
	Carve-out	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>	<\$>

It's important to note that details on premium cost-sharing are between you and your employer.

Many factors are considered in the request and approval of health plan premium rates. You may visit the Department of Financial Services' website for more information regarding this rate adjustment at dfs.ny.gov. You may also contact Empire by calling the Member Services number on the back of your member ID card, or via e-mail at PremiumRateChange@empireblue.com for further information. A rate narrative on this filing can be found at empireblue.com/prior_approval.

Thank you for choosing Empire for your health benefits plan.

Sincerely,

Mark Wagar
President

Prior Approval Confirmation Notification Options

For non-Healthy NY Business:

Plan A:

- Utilize the annual renewal packet and reference the financial exhibit. The Financial Exhibit currently lists “old” and “new” rates for the groups.

Plan B:

- Mail to GBAs a notification letter with the “old” and “new” premium rates for all renewal dates.

Plan C:

- Use Plan B option 1 for 4/1 & 5/1/13 renewals only
- Then proceed with Plan A for 6/1/13 – 3/31/14 renewals

Plan A is the preferred method; the other plans will be used only if necessary due to timing.

For Healthy NY (Group and Individual) Business:

- Use a method consistent with Plan B; individual business letters will go to the subscriber

<LOGO>

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Group Name: <Group Name>
Group's Renewal Date: <Group's Renewal Date>
Rate Effective Date: April 1, 2013 upon renewal

Small Group PPO Medical - All Regions and Tiers	
Policyholder Anniversary / Renewal Date	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	15.4%
Between 07/01/2013 - 09/30/2013	16.8%
Between 10/01/2013 - 10/31/2013	18.2%
Between 11/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%

November 8, 2012

<Service Contact>
<Group Name>
<Street Address Line 1>
<Street Address Line 2>
<Street Address Line 3>
<City, State, ZIP Code>

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Dear Group Benefits Administrator,

Each year rising medical costs, and the growing use of medical goods and services combine to drive health care costs higher. To cover these increasing costs, we must modify premium rates. We must also comply with a New York State insurance law that requires health insurance carriers to get approval from the New York Department of Financial Services (DFS) before changing premium rates.

What you need to know

New York State law requires that health insurance carriers provide an initial notice to you when we submit requests for premium rate changes to the DFS.

- The enclosed grid shows the requested rate change for the **Empire Essential EPO** product that you offer your employees.
- This submitted rate change request, pending DFS approval, is **effective starting 4/1/2013 upon renewal**.
- This rate change will apply to your <Group's Renewal Date> renewal.
- This rate increase application only impacts your base premium and drug premium rates, therefore, your rate increase may be higher or lower than this general rate, depending on any additional riders you may have chosen and the details of your plan.

Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. Therefore, the actual rate increase will not be available until approval is received. At that time, we will send you another notice. The second notice, which we will send to you at least 60 days prior to the effective date of the rate change, will include the approved rate changes.

What you need to do

Please share the enclosed memo and rate change grid with your employees who are enrolled in the **Empire Essential EPO** health plan. We recommend that you provide any additional information with this notice, such as expected changes in employee contribution levels, that may help your employees better understand this rate change filing notice.

Additional information

We have posted a narrative summary about our rate change request on empireblue.com/priorapproval, providing more detailed, plain English, summary of the factors which contribute to the rate change. This same summary is also available on the DFS website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

Questions and comments

You have 30 days from the date of our filing to contact Empire or the DFS to ask for more information about the rate change or to submit written comments. If you would like to know the dates of the 30 day comment period, or for any other questions, contact Empire via e-mail at premiumratechange@empireblue.com or by calling the GBA Contact Center at (866) 422-2583. Inquiries and comments to the DFS should include that your insurance company is Empire HealthChoice Assurance, Inc. and the line of business. Written comments submitted to the DFS will be posted on the website of the DFS with all personal identifying information removed. Comments may be submitted to the DFS online at www.dfs.ny.gov/insurance/health/prior_app/prior_app.htm or by contacting:

Department of Financial Services
Health Bureau-Premium Rate Adjustments
25 Beaver Street, New York, NY 10004
Email: PremiumRateIncreases@dfs.ny.gov

Your business and your employees' health and well-being are important to us.

Thank you for choosing Empire for your employee health benefits plan.

Sincerely,



Mark Wagar
President

November 8, 2012

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Important news about your Empire health plan

We want to update you on a change we're planning to make to your Empire health plan. We've submitted a rate-change request to the New York Department of Financial Services (DFS) to raise the premium on your plan. If the request is approved, your rate would go up starting April 1, 2013 upon renewal.

We're making this rate change to offset higher health care costs caused by increases both in medical costs and in the demand for medical care. New York State law requires us to tell you when we've asked the DFS for a rate change. The law also says that we need to explain the proposed rate change to you.

What you need to know

- We've enclosed a grid showing the requested rate change for the **Empire Essential EPO** plan offered by your employer.
- This rate change request (if approved by the DFS) takes place on your annual renewal date, **which is on <Group's Renewal Date>**.

Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. Therefore, the actual rate increase will not be available until approval is received. At that time, we will send you another notice. The second notice, which we will send to you at least 60 days prior to the effective date of the rate change, will include the approved rate changes.

Please keep in mind that the details of your plan's cost-sharing are between you and your employer. So, the percentage change in your employee contribution may differ from the percentage listed on the enclosed grid. We'll send you a second notice about this rate-change at least 60 days prior to its start date (which is on or after April 1, 2013). This second notice will have the approved rate change.

Additional information

We have posted a narrative summary about our rate change request on empireblue.com/priorapproval, providing more detailed, plain English, summary of the factors which contribute to the rate change. This same summary is also available on the DFS website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

Questions and comments

You have 30 days from the date of our filing to contact Empire or the DFS to ask for more information about the rate-change filing, or to submit written comments to the DFS. If you would like to know the dates of the 30 day comment period, or for any other questions, you can contact us by sending an email to Empire at premiumratechange@empireblue.com or you can call the customer service number on the back of your member ID card. Inquiries and comments to the DFS should include that your insurance company is Empire HealthChoice Assurance, Inc. and the line of business. Written comments submitted to the DFS will be posted on the website of the DFS with all personal identifying information removed. Comments may be submitted to the DFS online at www.dfs.ny.gov/insurance/health/prior_app/prior_app.htm or by contacting:

Department of Financial Services
Health Bureau-Premium Rate Adjustments
25 Beaver Street, New York, NY 10004

You may also reach the DFS at premiumrateincreases@dfs.ny.gov or (800) 342-3736. Thank you for choosing Empire for your health benefits plan.

Sincerely,



Mark Wagar, President

November 8, 2012

<Service Contact>
<Group Name>
<Street Address Line 1>
<Street Address Line 2>
<Street Address Line 3>
<City, State, ZIP Code>

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Dear Group Benefits Administrator,

Each year rising medical costs, and the growing use of medical goods and services combine to drive health care costs higher. To cover these increasing costs, we must modify premium rates. We must also comply with a New York State insurance law that requires health insurance carriers to get approval from the New York Department of Financial Services (DFS) before changing premium rates.

What you need to know

New York State law requires that health insurance carriers provide an initial notice to you when we submit requests for premium rate changes to the DFS.

- The enclosed grid shows the requested rate change for the **Empire PPO** product that you offer your employees.
- This submitted rate change request, pending DFS approval, is **effective starting 4/1/2013 upon renewal**.
- This rate change will apply to your <Group's Renewal Date> renewal.
- This rate increase application only impacts your base premium and drug premium rates, therefore, your rate increase may be higher or lower than this general rate, depending on any additional riders you may have chosen and the details of your plan.

Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. Therefore, the actual rate increase will not be available until approval is received. At that time, we will send you another notice. The second notice, which we will send to you at least 60 days prior to the effective date of the rate change, will include the approved rate changes.

What you need to do

Please share the enclosed memo and rate change grid with your employees who are enrolled in the **Empire PPO** health plan. We recommend that you provide any additional information with this notice, such as expected changes in employee contribution levels, that may help your employees better understand this rate change filing notice.

Additional information

We have posted a narrative summary about our rate change request on empireblue.com/priorapproval, providing more detailed, plain English, summary of the factors which contribute to the rate change. This same summary is also available on the DFS website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

Questions and comments

You have 30 days from the date of our filing to contact Empire or the DFS to ask for more information about the rate change or to submit written comments. If you would like to know the dates of the 30 day comment period, or for any other questions, contact Empire via e-mail at premiumratechange@empireblue.com or by calling the GBA Contact Center at (866) 422-2583. Inquiries and comments to the DFS should include that your insurance company is Empire HealthChoice Assurance, Inc. and the line of business. Written comments submitted to the DFS will be posted on the website of the DFS with all personal identifying information removed. Comments may be submitted to the DFS online at www.dfs.ny.gov/insurance/health/prior_app/prior_app.htm or by contacting:

Department of Financial Services
Health Bureau-Premium Rate Adjustments
25 Beaver Street, New York, NY 10004
Email: PremiumRateIncreases@dfs.ny.gov

Your business and your employees' health and well-being are important to us.

Thank you for choosing Empire for your employee health benefits plan.

Sincerely,



Mark Wagar
President

November 8, 2012

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Important news about your Empire health plan

We want to update you on a change we're planning to make to your Empire health plan. We've submitted a rate-change request to the New York Department of Financial Services (DFS) to raise the premium on your plan. If the request is approved, your rate would go up starting April 1, 2013 upon renewal.

We're making this rate change to offset higher health care costs caused by increases both in medical costs and in the demand for medical care. New York State law requires us to tell you when we've asked the DFS for a rate change. The law also says that we need to explain the proposed rate change to you.

What you need to know

- We've enclosed a grid showing the requested rate change for the **Empire PPO** plan offered by your employer.
- This rate change request (if approved by the DFS) takes place on your annual renewal date, **which is on <Renewal Date>**.

Please note that the Superintendent may approve the proposed rate adjustment as requested, modify the proposed rate adjustment, or disapprove the proposed rate adjustment in its entirety. Therefore, the actual rate increase will not be available until approval is received. At that time, we will send you another notice. The second notice, which we will send to you at least 60 days prior to the effective date of the rate change, will include the approved rate changes.

Please keep in mind that the details of your plan's cost-sharing are between you and your employer. So, the percentage change in your employee contribution may differ from the percentage listed on the enclosed grid. We'll send you a second notice about this rate-change at least 60 days prior to its start date (which is on or after April 1, 2013). This second notice will have the approved rate change.

Additional information

We have posted a narrative summary about our rate change request on empireblue.com/priorapproval, providing more detailed, plain English, summary of the factors which contribute to the rate change. This same summary is also available on the DFS website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

Questions and comments

You have 30 days from the date of our filing to contact Empire or the DFS to ask for more information about the rate-change filing, or to submit written comments to the DFS. If you would like to know the dates of the 30 day comment period, or for any other questions, you can contact us by sending an email to Empire at premiumratechange@empireblue.com or you can call the customer service number on the back of your member ID card. Inquiries and comments to the DFS should include that your insurance company is Empire HealthChoice Assurance, Inc. and the line of business. Written comments submitted to the DFS will be posted on the website of the DFS with all personal identifying information removed. Comments may be submitted to the DFS online at www.dfs.ny.gov/insurance/health/prior_app/prior_app.htm or by contacting:

Department of Financial Services
Health Bureau-Premium Rate Adjustments
25 Beaver Street, New York, NY 10004

You may also reach the DFS at premiumrateincreases@dfs.ny.gov or (800) 342-3736. Thank you for choosing Empire for your health benefits plan.

Sincerely,



Mark Wagar, President

<LOGO>

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Group Name: <Group Name>
 Group's Renewal Date: <Group's Renewal Date>
 Rate Effective Date: April 1, 2013 upon renewal

Small Group Essential EPO Medical			
Policyholder Anniversary / Renewal Date	Region	Rate Increase Requested by Tier	
		Individual; Husband/Wife	Parent/Child(ren); Family
Between 04/1/2013 - 06/30/2013	All Regions	13.9%	
Between 07/1/2013 - 09/30/2013	All Regions	14.7%	
Between 10/1/2013 - 10/31/2013	Counties: Nassau, New York, Queens, and Suffolk	15.5%	
	Counties: Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	15.5%	15.6%
	All Other Regions	15.6%	
Between 11/1/2013 - 12/31/2013	Counties: Bronx, Kings, Richmond, Rockland, New Jersey, Nassau, New York, Queens, Suffolk, Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	14.7%	
	All Other Regions	14.8%	
Between 01/1/2014 - 03/31/2014	All Regions	15.6%	

Small Group Essential EPO Prescription Drug - All Regions and Tiers		
Policyholder Anniversary	Prescription Plan	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	All Prescription Plans	13.1%
Between 07/01/2013 - 09/30/2013	All Prescription Plans	13.9%
Between 10/01/2013 - 12/31/2013	\$50 Rx Deductible; \$10/\$35/35% w/ \$10,000 Rx Out-of-Pocket Maximum	14.7%
	All Other Prescription Plans	14.8%
Between 01/01/2014 - 03/31/2014	All Prescription Plans	15.6%

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

<LOGO>

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Group Name: <Group Name>
Group's Renewal Date: <Group's Renewal Date>
Rate Effective Date: April 1, 2013 upon renewal

Small Group Essential EPO Medical			
Policyholder Anniversary / Renewal Date	Region	Rate Increase Requested by Tier	
		Individual; Husband/Wife	Parent/Child(ren); Family
Between 04/1/2013 - 06/30/2013	All Regions	13.9%	
Between 07/1/2013 - 09/30/2013	All Regions	14.7%	
Between 10/1/2013 - 10/31/2013	Counties: Nassau, New York, Queens, and Suffolk	15.5%	
	Counties: Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	15.5%	15.6%
	All Other Regions	15.6%	
Between 11/1/2013 - 12/31/2013	Counties: Bronx, Kings, Richmond, Rockland, New Jersey, Nassau, New York, Queens, Suffolk, Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	14.7%	
	All Other Regions	14.8%	
Between 01/1/2014 - 03/31/2014	All Regions	15.6%	

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

<LOGO>

IMPORTANT: Empire HealthChoice Assurance, Inc. Rate Changes Filing Q2 2013

Group Name: <Group Name>
Group's Renewal Date: <Group's Renewal Date>
Rate Effective Date: April 1, 2013 upon renewal

Small Group PPO Medical - All Regions and Tiers	
Policyholder Anniversary / Renewal Date	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	15.4%
Between 07/01/2013 - 09/30/2013	16.8%
Between 10/01/2013 - 10/31/2013	18.2%
Between 11/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%

Small Group PPO All Prescription Drug - All Regions and Tiers	
Policyholder Anniversary	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	14.6%
Between 07/01/2013 - 09/30/2013	16.0%
Between 10/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%

Rate Summary Worksheet

Per the Instructions, health insurance issuers proposing rate increases above the threshold fill in only those cells that are highlighted in GREY. The other cells are auto-populated.

OMB-0938-1141

A. Base Period Data

Start Period: 04/01/2011 End Period: 03/31/2012

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	340,373	\$ 28,926,430.56	\$ 26,939,578.40	\$ 1,986,852.16	\$ 5.84	\$ 79.15	\$ 84.98
Outpatient	340,373	\$ 26,393,419.04	\$ 22,699,750.94	\$ 3,693,668.10	\$ 10.85	\$ 66.69	\$ 77.54
Professional	340,373	\$ 46,949,159.51	\$ 34,546,718.43	\$ 12,402,441.08	\$ 36.44	\$ 101.50	\$ 137.93
Prescription Drugs	340,373	\$ 23,631,810.94	\$ 18,107,769.28	\$ 5,524,041.66	\$ 16.23	\$ 53.20	\$ 69.43
Other	340,373	\$ 2,081,140.67	\$ 1,529,985.82	\$ 551,154.85	\$ 1.62	\$ 4.50	\$ 6.11
Capitation	340,373	\$ 472,926.56	\$ 472,926.56	\$ 0.00	\$ 0.00	\$ 1.39	\$ 1.39
Total	340,373	\$ 128,454,887.28	\$ 104,296,729.43	\$ 24,158,157.85	\$ 70.98	\$ 306.42	\$ 377.39

B. Claim Projections

B1. Adjustment to the Current Rate

Start Period: 04/01/2012 End Period: 03/31/2013

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.2390	\$ 105.30	\$ 100.25	0.0479
Outpatient	1.2390	\$ 96.08	\$ 84.47	0.1207
Professional	1.2390	\$ 170.90	\$ 128.56	0.2477
Prescription Drugs	1.2528	\$ 86.98	\$ 68.14	0.2166
Other	1.2390	\$ 7.58	\$ 5.69	0.2484
Capitation	1.2281	\$ 1.71	\$ 1.71	0.0000
Total		\$ 468.54	\$ 388.83	0.17

B2. Claims Projection for Future Rate

Start Period: 04/01/2013 End Period: 03/31/2014

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1140	\$ 117.30	\$ 114.00	0.0282
Outpatient	1.1140	\$ 107.03	\$ 96.06	0.1025
Professional	1.1140	\$ 190.38	\$ 146.19	0.2321
Prescription Drugs	1.1140	\$ 96.90	\$ 77.48	0.2004
Other	1.1140	\$ 8.44	\$ 6.47	0.2328
Capitation	1.1140	\$ 1.90	\$ 1.90	0.0000
Total		\$ 521.95	\$ 442.10	0.15

B3. Medical Trend Breakout

Factor	Impact
Utilization	14.4000%
Unit Cost	59.8000%
Other Factors	25.8000%

C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 442.10	85.50%	\$ 405.79	89.70%	\$ 36.30	56.13%
2. Administrative Costs	\$ 54.21	10.48%	\$ 38.81	8.58%	\$ 15.39	23.80%
3. Underwriting Gain/Loss	\$ 20.77	4.02%	\$ 7.79	1.72%	\$ 12.98	20.07%
4. Total Rate	\$ 517.07	100.00%	\$ 452.39	100.00%	\$ 64.68	100.00%
5. Overall Rate Increase		14.30%				

D. Components of Rate Increase

	Impact on Rate	Percent
Claims Components		
1. Inpatient	\$ 11.43	31.48%
2. Outpatient	\$ 9.63	26.53%
3. Professional	\$ 14.66	40.37%
4. Prescription Drugs	\$ 7.77	21.40%
5. Other	\$ 0.65	1.79%
6. Capitation	\$ 0.19	0.54%
7. Cost Share	\$ 8.94	24.63%
8. Correction of Prior Net Claims Estimate	\$ (16.97)	-46.74%
9. Total	\$ 36.30	100.00%
Claims Restatement for Current Rate Period		
8.a. Prior Net Claims Estimate for Current Rate Period	\$ 405.79	
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$ 388.83	

E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

Calendar Year	New Form	Requested	Implemented
2012	N	13.5000%	9.2000%
2011	N	10.0000%	9.4000%
2010	N	14.5000%	14.5000%

F. Range and Scope of Proposed Increase

Number of Covered Individuals	1,955	Threshold Rate Increase	15.0000%
-------------------------------	-------	-------------------------	----------

	Range of Rate Increase
Minimum % Increase	14.1000%
Maximum % Increase	16.2000%

Last Updated: 10/19/12 9:58 AM

November 8, 2012

Chief Actuary
New York State Department of Financial Services
25 Beaver Street
New York, NY 10004

Second Quarter 2013 Empire HealthChoice Assurance, Inc. Rate Filing

Empire is submitting rates to become effective April 1, 2013, for our Small Group Essential EPO (SG EPO), and Empire PPO (SG PPO) products (for base medical and prescription drug (Rx)), using the prior approval procedure required by Section 3231(e)(1).

This memorandum is divided into the following sections:

- I. Proposed Rate Changes
- II. Historical Rate Changes
- III. Rate Development
- IV. Expected Non-Claims Expense Components
- V. Exhibits/Attachments
- VI. Actuarial Certification

I. Proposed Rate Changes

The table below summarizes the annual rate changes requested in this filing:

Product	Proposed Annual Rate Change				
	2Q13	3Q13	Oct 2013	Nov & Dec 2013	1Q14
SG EPO Base Medical	+13.9%	+14.7%	15.5% to +15.6%	14.7% to +14.8%	+15.6%
SG EPO Prescription Drug	+13.1%	+13.9%	14.7% to +14.8%	14.7% to +14.8%	+15.6%
SG PPO Base Medical	+15.4%	+16.8%	+18.2%	+17.4%	+18.8%
SG PPO Prescription Drug	+14.6%	+16.0%	+17.4%	+17.4%	+18.8%

These proposed annual rate changes above can be expressed as the following quarter-over-quarter rate changes:

Product	1Q13 to 2Q13	2Q13 to 3Q13	3Q13 to 4Q13	4Q13 to 1Q14
SG EPO Base Medical	+3.5%	+3.75%	+3.75%	+3.75%
SG EPO Prescription Drug	+3.5%	+3.75%	+3.75%	+3.75%
SG PPO Base Medical	+6.4%	+3.75%	+3.75%	+3.75%
SG PPO Prescription Drug	+6.4%	+3.75%	+3.75%	+3.75%

We are not proposing any rate changes to our non-drug riders, therefore customers with non-drug riders will see rate changes slightly below the percentages stated above.

II. Historical Rate Changes

The last Small Group EPO and PPO rate adjustments pursuant to Section 3231(e)(1) were effective April 1, 2012 (State Trackings # 2011110005 and 2011110096, respectively approved December 30, 2011). We have also revised their rates for the New York Autism Mandate (effective November 1, 2012; State Tracking # 2012060090, approved August 10, 2012) and the Women’s Preventative Mandate (effective August 1, 2012; State Tracking # 2012040099, approved May 23, 2012).

As a result, groups impacted by this filing with a policyholder anniversary between April and July 2013 will receive an increase due to the Women’s Preventative Mandate and impacted groups with a policyholder anniversary between April and October 2013 will receive an increase due to the Autism Mandate. Groups with a policyholder anniversary between November 2013 and March 2014 will already have the rate increases due to these mandates. Since the Women’s Preventative Mandate was priced as a rider, it is not included in the proposed annual rate changes. The Autism Mandate was built into the base rates (+0.7%) and therefore is reflected in the proposed annual rate increases for renewal months that have not received the increase.

Below are tables summarizing the annual rate changes for products with rolling rates over the prior two years:

Product	2Q12	3Q12	4Q12	1Q13
SG EPO Base Medical	+9.5%	+9.5%	+9.5%	+12.8%
SG EPO Prescription Drug	+6.3%	+9.5%	+12.8%	+12.8%
SG PPO Base Medical	+0.0%	+0.0%	+0.0%	+0.0%
SG PPO Prescription Drug	-4.3%	-1.9%	-0.5%	+0.0%

Product	2Q11	3Q11	4Q11	1Q12
SG EPO Base Medical	+8.2%	+12.6%	+12.6%	+9.3%
SG EPO Prescription Drug	+8.2%	+4.0%	+0.0%	+3.0%
SG PPO Base Medical	+10.4%	+10.4%	+10.4%	+10.4%
SG PPO Prescription Drug Downstate	-18.9%	-22.0%	-25.0%	+3.0%
SG PPO Prescription Drug Mid Hudson	-9.9%	-13.4%	-16.7%	+3.0%
SG PPO Prescription Drug Upstate	+8.2%	+4.0%	+0.0%	+3.0%

Corresponding quarterly rate changes can be found in the Standardized Earned Premium calculation below.

III. Rate Development

The proposed rate tables were developed by multiplying the current First Quarter 2013 rates, for the various products, by the quarterly rate changes indicated above.

The following table shows the filings that were used for the First Quarter 2013 rates.

Product	State Tracking #	Date Approved
SG EPO Base Medical	2012060090 (rates start Nov 2012)	8/10/2012
SG EPO Prescription Drug	2011110005 (rates start April 2012)	12/30/2011
SG PPO Base Medical	2012060090 (rates start Nov 2012)	8/10/2012
SG PPO Prescription Drug	2011110096 (rates start April 2012)	12/30/11

There is also currently a pending SG PPO Prescription Drug filing (2012090053) which withdraws one drug cost share option.

Data and Assumptions

The premium and claims information were supplied by Empire's Enterprise Group Database (EGD) and Empire's Finance Unit.

Both the experience period premium PMPM and claim PMPM exclude the impact of the Autism Mandate and Women's Preventative Mandate due to the timing of the experience period. The proposed quarterly increase will be applied to 2Q12 rates that do include the Autism Mandate. The proposed quarterly increase will not be applied to Women's Preventative riders.

We believe our data, split by product, is credible. We have included our discontinued Value EPO product's data along with the remaining Essential EPO product's data, as we have done in the past, to ensure credibility.

The 2011 Small Group PPO market stabilization mechanism disbursement of \$633,170 must be credited in the projection period. The PMPM amount was estimated by dividing the 2011 Small Group PPO amount by the projected member months ($\$633,170 / 26,276 = \24.10).

In addition, the Deluxe PPO and DirectShare POS products, which have now been withdrawn, generated a disbursement of \$971,577. Empire would like to also credit this amount to its most similar remaining product participating in the mechanism, Empire PPO, for an additional rate credit of \$36.98 ($\$971,577 / 26,276 = \36.98). Thus, the total market stabilization PMPM amount applied to PPO in the rate development is \$61.08.

For all products, we assumed that the drug rebates will remain flat on a PMPM basis.

Our pricing trend consists of the following components:

- Underlying Trend: We receive the underlying trend data from our Cost of Care Actuaries. This trend excludes the aging, leveraging and selection adjustments, but includes the impact of new technology and cost of care initiatives. The underlying trend for the EPO and PPO products range from 7.1% - 7.7%
- Aging Adjustment: The aging adjustment ranges from 1.6% - 3.4%.
- Cost Sharing Leveraging Adjustment: The cost sharing leveraging adjustment ranges from 1.1% - 2.1%.

- Risk Adjustment: We have consistently underestimated our pricing trend and continuously experience significant losses due to the anti-selective nature of the community rated environment. Thus, we have built in an additional selection adjustment of 0.8%.
- Pricing Trend: The resulting pricing trend ranges from 13.7% - 13.8%.

The renewal target loss ratios were selected to be greater than the minimum allowed loss ratio in New York State. The target loss ratios were selected to keep the Small Group EPO and PPO products at a self-sustaining financial level.

Standardized Earned Premium

The standardized earned premiums were developed in the same manner as in past filings and the calculations for Small Group EPO and PPO are as follows:

Small Group EPO:

Qtr	med	drug	med + drug (82/18 split)	level	standardized prem / actual premium	assumed distribution
1Q10	7.50%	4.00%	6.87%	1.308	1.329	
2Q10	3.00%	4.00%	3.18%	1.349	1.288	3.1%
3Q10	-1.00%	4.00%	-0.10%	1.348	1.289	9.4%
4Q10	3.00%	4.00%	3.18%	1.391	1.250	15.6%
1Q11	3.00%	0.00%	2.46%	1.425	1.220	21.9%
2Q11	3.00%	0.00%	2.46%	1.460	1.190	21.9%
3Q11	3.00%	0.00%	2.46%	1.496	1.162	15.6%
4Q11	3.00%	0.00%	2.46%	1.533	1.134	9.4%
1Q12	0.00%	3.00%	0.54%	1.541	1.128	3.1%
2Q12	3.20%	3.20%	3.20%	1.590	1.093	
3Q12	3.00%	3.00%	3.00%	1.638	1.061	
4Q12	3.00%	3.00%	3.00%	1.687	1.030	
1Q13	3.00%	3.00%	3.00%	1.738	1.000	
Total						100.0%
Average					1.2065	

Small Group PPO:

Qtr	med	drug	med + drug (82/18 split)	level	standardized prem / actual premium	assumed distribution
1Q10	-1.63%	4.00%	-0.61%	1.185	1.157	
2Q10	2.50%	4.00%	2.77%	1.218	1.126	3.1%
3Q10	2.50%	4.00%	2.77%	1.251	1.095	9.4%
4Q10	2.50%	4.00%	2.77%	1.286	1.066	15.6%
1Q11	2.50%	-24.11%	-2.29%	1.256	1.091	21.9%
2Q11	2.50%	0.00%	2.05%	1.282	1.069	21.9%
3Q11	2.50%	0.00%	2.05%	1.309	1.047	15.6%
4Q11	2.50%	0.00%	2.05%	1.335	1.026	9.4%
1Q12	2.50%	3.00%	2.59%	1.370	1.000	3.1%
2Q12	-7.10%	-7.10%	-7.10%	1.273	1.077	
3Q12	2.50%	2.50%	2.50%	1.305	1.051	
4Q12	2.50%	2.50%	2.50%	1.337	1.025	
1Q13	2.50%	2.50%	2.50%	1.371	1.000	
Total						100.0%
Average					1.0680	

Standardized earned premiums were calculated by multiplying the earned premiums by the factors above for restating the premium from the experience period to the 1Q13 level.

For the purpose of the standardized premium calculation, we did not include the impact of the Autism Mandate and the Women's Preventative Mandate.

Quarterly Steps

Consistent with our historical steps and similar to our trend assumptions we are proposing standard steps of 3%.

We further propose that the fees and assessments, effective in 2014, associated with the Affordable Care Act (ACA) be incorporated into the steps.

The ACA imposes an annual insurer fee on fully insured business effective in 2014 regardless of renewal dates. The insurer fee is not tax deductible for federal income tax purposes. Our Tax Department has estimated the fee for New York amounting to 2.46% of the premium.

The ACA also requires a reinsurance program established for the individual market segment effective in 2014. The individual market segment will receive reimbursement for high dollar claims above a certain threshold. The cost for this program will be paid for by fully insured and self insured business starting in January 2014 regardless of renewal date. Empire has estimated the cost of this program to be \$6.35 PMPM. The reinsurance fee PMPM is built from our best estimate as reinsurance program parameters are not yet final.

Since the insurer and reinsurance fees will be paid starting in 2014, regardless of renewal date, the premium of groups renewing after January 1, 2013 should be adjusted. We are not explicitly adjusting the 2nd Quarter 2013 rates, but took these fees into consideration in our choice of target loss ratio. We also have incorporated an additional amount into the three subsequent steps to reflect the incremental increasing impact of these fees.

For example, groups renewing in the 2nd quarter of 2013 (i.e. the months of April 2013, May 2013, and June 2013) will pay three, four, and five months (respectively) of insurer and reinsurance fees in 2014. For simplicity, we are assuming the middle renewal month's adjustment for this quarterly calculation of the addition to steps. In this example, the middle month is May 2013, which would incur fees for four months. The proportional cost of the insurer fee for the entire policy year is 0.82% of the premium (2.46% x (4/12)). Charges for the rest of the quarters are developed using the same pro-ratio method.

Similarly, the reinsurance pro-rated amount for groups renewing in the 2nd Quarter 2013 is \$2.12 PMPM (\$6.35 PMPM x (4/12)). Charges for the rest of the quarters are developed using the same pro-ratio method.

The resulting additional step amounts are:

	2Q13 to 3Q13	3Q13 to 4Q13	4Q13 to 1Q14
SG EPO	+0.98%	+0.97%	+0.64%
SG PPO	+0.81%	+0.80%	+0.53%

For simplicity, we would prefer to use the same value of +0.75% for the three quarterly steps and are therefore requesting consistent steps of 3.75% for both products.

IV. Expected Non-Claims Expense Components

Please see Exhibit 2 for specific components on non-claims expense. For products that have previously been filed using the 3231(e)(1) process the following variations are notable:

- Expenses for activities to improve quality: on a PMPM basis this element has grown slightly, likely due to the drop in membership as well as clarifications of what expenses appropriately belong here.
- Commissions and broker fees: the component has decreased due to our recent implementation of a new commission schedule (State Tracking #2011090012, approved 10/24/2011)
- Premium Taxes: the PMPM has changed only slightly.
- Other taxes and assessments: This category includes ACA related taxes: CER, insurer fee, and reinsurance fee.
- Other administrative expenses: For EPO, this category has grown due mostly to the large decrease in small group membership; while for PPO it has remained more stable as both membership and premium have dropped.

- Underwriting Margin: this item appears to have grown substantially; however, review of the prior data indicates that prior margins were very low.
- Income Taxes: both federal and state income taxes have also grown substantially as the underwriting margin is brought to a more adequate level.

V. Exhibits/Attachments

Please see the attached Standard Exhibits 1 – 7 as well as the requested Year over Year Exhibit.

Also attached are sample copies of the initial and final rate change notices to be sent to policyholders.

VI. Actuarial Certification

I, [REDACTED] of Empire HealthChoice Assurance, Inc. hereby certify that the following statements are true to the best of my knowledge with regards to this filing.

- 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 incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions.
- d. The benefits are reasonable in relation to the premiums charged.
- e. The rates are not unfairly discriminatory.

We request that the actuarial memorandum and any supporting attachments remain confidential, where allowed.

Sincerely,

[REDACTED]

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:	Empire HealthChoice Assurance, Inc. <small>Company submitting the rate adjustment request</small>	A&H - 42 <small>Company Type</small>	For Profit <small>Org. Type</small>	55093 <small>Company NAIC Code</small>
	1 Liberty Plaza, Area NY0A14-0008, New York, NY 10006 <small>Company mailing address</small>			
B. Contact Person:	[REDACTED] <small>Rate filing contact person name, title</small>	[REDACTED] <small>Contact phone number</small>	[REDACTED] <small>Contact Email address</small>	
C. Actuarial Contact (If different from above):	Same as above <small>Actuary name, title</small>	 <small>Actuary phone number</small>	 <small>Actuary Email address</small>	
D. New Rate Information (See Note #1):	April 1, 2013 - March 31, 2014 <small>New rate applicability period</small>	04/01/2013 <small>New rate effective date</small>	AWLP-128694812 <small>SERFF Tracking Number</small>	
E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	Small Group			

	Response
F. Provide responses for the following questions:	
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	No
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	Yes, we requested to withdraw two of the current five PPO Rx options.
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).	Yes. Mailed 11/08/12 to all existing SG EPO and SG PPO policyholders.
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes, all required exhibits have been submitted.
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefilling.	Yes, AWLP-128694522

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 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name: Empire HealthChoice Assurance, Inc.
 NAIC Code: 55093
 SERFF Number: AWLP-128694812

- A. Complete a separate ROW for each market segment/rating pool combination included in the current rate adjustment filing:
- Information should be for medical base plans and associated riders combined.
 - Indicate the market segment the rating pool belongs to by using the drop down list. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of
 - Enter a description of the rating pool within the indicated market segment. If the rating pools vary by rating region, the rating pool description should include a region identifier (eg., SG HMO Downstate, SG HMO Upstate).
 - Use a separate row for each market segment/rating pool combination included in the current rate adjustment filing.
 - 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 market segment/rating pool 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 included in the proposed rates and the average annual claim trend assumed.
- D. Enter the corresponding information requested for the immediately prior rate adjustment filing. This refers to the various expense components included in the proposed rates submitted with the immediately prior rate adjustment filing and the average claim trend assumed. If there is no immediately prior rate adjustment filing, enter the data from the initial form and rate filing.
- E. This form must be submitted as an Excel file and as a PDF file.

Data Item for Specified Rating Pool																															
For the period included in this rate adjustment filing																															
1. Market Segment	2. Description of rating pool within the market segment	3. Period assumed - beginning date (MM/DD/YY)	4. 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	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Supplement	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 assessments) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	12.1 Regulatory authority licenses and fees, including New York State 332 assessment	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Supplement	12.3 Commissions and broker fees - as \$mpm	12.4 Premium Taxes - as \$mpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as \$mpm	12.6 Other administrative expenses - as \$mpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/contribution to surplus) - as \$mpm	14. State income tax component - as \$mpm	15. Federal income tax component - as \$mpm	16. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	17. Subtotal columns 12.7 through 16	
SG	SG PPO	XX	04/01/13	03/31/14	13.8%	0.85%	0.65%	0.23%	2.00%	1.07%	5.25%	13.05%	3.30%	0.00%	0.00%	1.80%	35.27%	0.00%	15.15%	7.71	5.89	2.04	18.13	9.72	47.59	91.08	29.94	0.00	16.32	0.00	137.34
SG	SG EPO	XX	04/01/13	03/31/14	13.7%	0.85%	0.46%	0.53%	2.00%	1.31%	3.75%	8.90%	3.92%	0.00%	0.00%	2.14%	35.27%	0.00%	14.96%	3.98	2.15	2.49	9.37	6.12	17.56	41.67	18.36	0.00	10.02	0.00	70.05
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00
		XX										0.00%							0.00%												0.00

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name: Empire HealthChoice Assurance, Inc.
 NAIC Code: 55093
 SERFF Number: AWLP-128694812

- A. Complete a separate ROW for each market segment/rating pool combination included in the current rate adjustment filing:
- Information should be for medical base plans and associated riders combined.
 - Indicate the market segment the rating pool belongs to by using the drop down list. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of
 - Enter a description of the rating pool within the indicated market segment. If the rating pools vary by rating region, the rating pool description should include a region identifier (eg., SG HMO Downstate, SG HMO Upstate).
 - Use a separate row for each market segment/rating pool combination included in the current rate adjustment filing.
 - 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 market segment/rating pool 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 included in the proposed rates and the average annual claim trend assumed.
- D. Enter the corresponding information requested for the immediately prior rate adjustment filing. This refers to the various expense components included in the proposed rates submitted with the immediately prior rate adjustment filing and the average claim trend assumed. If there is no immediately prior rate adjustment filing, enter the data from the initial form and rate filing.
- E. This form must be submitted as an Excel file and as a PDF file.

		Data Item for Specified Rating Pool																												
		For the rate period included in the immediately prior rate adjustment filing (or initial form & rate filing)																												
1. Market Segment	2. Description of rating pool within the market segment	18. Period assumed - beginning date (MM/DD/YY)	19. Period assumed - ending date (MM/DD/YY)	20. Average annual claim trend assumed	21.1 Regulatory authority licenses and fees, including New York State 332 assessment Care Exhibit - as a % of gross premium	21.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	21.3 Commissions and broker fees - as a % of gross premium	21.4 Premium Taxes - as a % of gross premium	21.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as a % of gross premium	21.6 Other administrative expenses - as a % of gross premium	21.7 Subtotal columns 21.1 through 21.6	22. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	23. State income tax component - as a % of gross premium	24. Federal income tax component - as a % of gross premium	24.1 Federal income tax rate assumed (eg 30%)	25. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	26. Subtotal lines 21.7 + 22 + 23 + 24 + 25	27.1 Regulatory authority licenses and fees, including New York State 332 assessment Care Exhibit - as \$mpm	27.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as \$mpm	27.3 Commissions and broker fees - as \$mpm	27.4 Premium Taxes - as \$mpm	27.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as \$mpm	27.6 Other administrative expenses - as \$mpm	27.7 Subtotal lines 27.1 through 27.6	28. After tax underwriting margin (profit/contribution to surplus) - as \$mpm	29. State income tax component - as \$mpm	30. Federal income tax component - as \$mpm	31. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	32. Subtotal columns 27.7 through 31	
SG	SG PPO	04/01/12	03/31/13	11.60%	1.18%	0.65%	0.30%	2.00%	0.00%	5.42%	9.55%	1.95%	0.00%	0.00%	1.09%	35.99%	0.00%	12.59%	10.52	5.79	2.67	17.83	0.00	48.31	85.12	17.35	0.00	9.75	0.00	112.22
SG	SG EPO	04/01/12	03/31/13	11.60%	0.96%	0.42%	0.80%	2.00%	0.00%	3.42%	7.60%	1.74%	0.00%	0.00%	0.98%	35.99%	0.00%	10.32%	4.11	1.80	3.43	8.57	0.00	14.66	32.57	7.46	0.00	4.20	0.00	44.23
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00
											0.00%							0.00%						0.00						0.00

EXHIBIT 3: NARRATIVE SUMMARY

Company Name: Empire HealthChoice Assurance, Inc.
NAIC Code: 55093
SERFF Tracking #: AWLP-128694812

Submit a Narrative Summary explaining the reason(s) for the proposed rate adjustment. The purpose of this Narrative Summary is to provide a written explanation to the company's policyholders to help them to understand the reason(s) why a rate increase is needed.

- The Narrative Summary will be a public document and will be posted on the Department's website and furnished by the Department to the public upon request.

•

It is strongly encouraged that the company submit the Narrative Summary to the Department ten (10) days before submitting a rate adjustment application. It is recommended that the company include a draft of the narrative summary with a draft of the initial notice in a "Prior Approval Prefiling" submitted to the Department through SERFF.

- It is suggested that once reviewed by the Department, the company post the Narrative Summary to a location on its website that is publicly available, that is, a location that can be viewed without the need for a user ID and password. Links should be provided on key pages of the company's website so that the information may be easily located.

Any change(s) made to the Narrative Summary subsequent to the posting is to be submitted to the Department with the specific change(s) identified.

- The Narrative Summary should include, but not be limited to, the following information:
 - 1) The name of the company submitting the rate adjustment request.
 - 2) A summary of the proposed rate adjustments.
 - 3) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect certain policyholders in a market segment (e.g., Small Group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing mm/dd/yyyy – mm/dd/yyyy).
 - 4) 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).
 - 5) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders.
For example:
 - (a) For a non-guaranteed rate structure: All policyholders will receive the rate adjustment on mm/dd/yyyy.
 - (b) For a rate structure with a 12 month rate guarantee: A policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy.
 - 6) The number of policyholders/members affected by the proposed rate adjustment(s); aggregated across all market segments and products affected by the rate adjustments submission.
 - 7) An explanation, in plain-language, as to why it is necessary to request such rate changes. As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type.
- Each page of the Narrative Summary should be numbered (i.e., [page] of [pages]).

Please see the attached Rate Narrative.



One Liberty Plaza, New York, NY 10006, Telephone (212) 476 1000

Request of:

EMPIRE BLUE CROSS AND BLUE SHIELD

To:

**THE DEPARTMENT OF FINANCIAL
SERVICES of the STATE OF NEW
YORK**

FOR APPROVAL OF COMMUNITY RATE INCREASES

Filed November 8, 2012



One Liberty Plaza, New York, NY 10006, Telephone (212) 476 1000

NARRATIVE SUMMARY

[DFS and policyholder – for public posting]

I. OVERVIEW

Empire Blue Cross and Blue Shield (Empire) has made an application to the Superintendent of Financial Services to adjust premium rates for health insurance available to small groups of 2 to 50 eligible employees; as well as large groups with the HMO product and Healthy New York customers.

These groups' employees and their covered dependents are combined, by long standing New York law, in what is known as a community rated pool. All members enrolled in the pool plans are guaranteed issuance of coverage and are charged the same premium rate as any other member for the health insurance product they select regardless of health status, age, sex, or other demographic factors other than the region of the State where they reside.

All medical, hospital, pharmacy, and other covered care and necessary administrative costs are also combined, by law, for this pool in order to determine appropriate premium rates. These premium rates must support sufficient, sustainable revenue and reserves for both current and future coverage costs related to community pool products on a stand alone basis. Current approved rates for Empire's community pool products are inadequate for the rising costs incurred as provider charges continue to rise and utilization of services increases. In the small group market, the change in utilization is driven increasingly by fewer small group employees being offered or selecting coverage through their employer. Those that continue to purchase coverage are disproportionately in need of covered care causing sharp increases in the overall cost incurred under Empire's and other insurers' community pool products.

In the aggregate, Empire's overall proportion of small group premium revenue paid out in care benefits has historically been well above the State required minimum of 82 percent. However, this historical performance is unsustainable. The more recent rising costs and utilization noted above have produced results that far exceeded the expected claim cost for these products and have driven a significant proportion of the increase needed in premium. Empire pays for care to levels that jeopardize the sustainability of coverage. Moreover, the unexpected state reductions to the subsidy for Healthy New York have led to significant losses in that product as well. Critical changes in the short term include appropriate premium rate adjustments reflecting the actual cost of care of community pool members, and changes in the number of small group plans Empire offers. With these changes, Empire remains committed in the longer term to finding new solutions for the small group market in New York. This will require working with all stakeholders in the development of more affordable plan options for future years, and collaboration on efforts to improve both State and Federal reform initiatives.

For the large group HMO product, experience has not been so dire. The product has run well for some time and we are requesting a more modest increase.

The products specifically impacted by rate increases at this time are the Essential EPO and Empire PPO products sold by Empire HealthChoice Assurance, Inc, (Empire's insurance company; NAIC code number 55093) and BlueChoice HMO, DirectConnection HMO, and Healthy New York products sold by Empire HealthChoice HMO, Inc (Empire's HMO company; NAIC code number 95433). The actual rate increases requested are provided below. Empire's proposed rates are subject to review and approval by the New York Department of Financial Services, with the determination by the Department supported by sound actuarial assumptions and methods. The rate application was filed with the Department on or just after October 12, 2012 (SERFF numbers: AWLP-128690122 for Empire HealthChoice Assurance, Inc and AWLP-128691341 for Empire HealthChoice HMO, Inc). The actual rate increases approved will be communicated to the impacted parties upon completion of the Department's review and are scheduled to be effective beginning on April 1, 2013.

For Essential EPO, Empire PPO, BlueChoice HMO, and Direct Connection HMO, the proposed rates are expected to be implemented for small groups effective between April 1, 2013 and March 31, 2014, upon the group's renewal. The rate for any specific group will vary based on geographic area, renewal date, family tier, and benefit plan selected.

For BlueChoice HMO and Direct Connection HMO, the proposed rates are expected to be implemented for large groups effective between April 1, 2013 and March 31, 2014, upon the group's renewal. The rate for any specific group will vary based on geographic area, renewal date, family tier, and benefit plan selected.

For Healthy New York, the proposed rates are expected to be implemented effective April 1, 2013. The rate for any specific small group or direct payment customer will vary based on geographic area, family tier, and the benefit plan selected.

In conjunction with this rate application, Empire intends to discontinue the Total Blue small group product from the New York market. Discontinuances are generally in response to the above noted disparity between premium revenues and the actual claim costs for the products being discontinued. The members in the discontinued product, who continue with Empire coverage, may select one of the products subject to this rate application. We also anticipate that the migration of these members will trigger some adverse selection and potentially have a further adverse rate impact on the remaining products.

As noted above, Empire is required by New York State law to develop rates that are actuarially sound, assume at least 82% of premium revenue will be spent on health care costs, cover all claim costs, and also contribute to claims reserves. The percent of premium attributable to claims is essentially how much of the premium dollar is used to pay claims and is referred to as the Medical Loss Ratio (MLR). The actual MLR may vary over time based on changes in the amounts charged by hospitals, physicians, and other providers, the increase in health care trend or inflation and health care utilization by

our members. Overall, Empire's MLR for small groups is currently substantially higher than the 82% statutory minimum and its administrative costs are among the lowest of all health insurers in New York. With the proposed rate adjustments, Empire's overall MLR is expected to continue to remain above the 82% minimum allowable ratio. In the event Empire's MLR does not meet the required minimum, Empire will refund the difference to policyholders.

Empire has attempted to limit the rate increases to the lowest increases possible while preserving the financial integrity of the products. Based on the performance of these products, our current rates were set at an inadequate level and are unsustainable. This rate action is expected to move the rates toward an adequate level to compensate for both anticipated utilization and the annual increases in the cost of medical care (*See description of health care costs below*).

Periodic rate adjustments are necessary to secure the ability of Empire, or any insurer, to produce sufficient revenue and surplus for reserves to assure continued coverage and claim payments both for current healthcare needs and potential catastrophic cost situations. Empire's reserves vary from year to year based on actual healthcare costs incurred and typically vary from 3 to 6 months of claims costs above the minimum required by New York State law. Failing to meet the minimum statutory reserves will deem the insurer as "impaired" under the New York Insurance Law. These reserves are the "insurance" that ensures payment even when costs run higher than anticipated or emergencies or disasters occur, and should not be used as an alternative fund to temporarily reduce rate adjustments.

In filing this rate application we are sensitive to the fact that individuals and businesses struggle to afford higher premiums and we are seeking the premium necessary, as determined by our actuaries, to maintain a viable health plan. In our sound actuarial judgment it is clear that an increase in premiums is critical to ensure the viability of these products. Failure to approve these rates will lead to even greater rate increases and fewer product offerings in the future as claim costs will eventually exceed premiums collected.

II. FACTORS CONTRIBUTING TO THE PROPOSED RATE INCREASE

Escalating Health Care Costs

The cost of health care services, equipment and products continues to be the primary reason for rate increases. Nationally, the growth in the cost of medical care continues to significantly outpace consumer inflation. Total medical cost for a typical American family of four increased 6.9% last year (2011/2012 data). The raw number annual increase of \$1,335 is the largest recorded in the previous ten years. Hospital costs continue to rise, with an increase of 7.6% in inpatient care costs in 2011-2012, and an increase of 8.6% in outpatient costs.¹

These trends reflect underlying changes in the demographics and health status of

¹ 2012 Milliman Medical Index

America's population. The aging population is driving some of the increase – as people age they use more health services. Between 2000 and 2050, the population aged 65 and older is expected to grow from 12% to 21%, as the “baby boomer” population ages and life expectancy continues to rise. As this population nears Medicare eligibility the proportion of the insured population at older ages increases, thus increasing average costs. Unfortunately, the country's declining health and the increase in obesity and other health concerns, even at younger ages, forces average costs upward.

In addition, in New York, these increasing costs and the economic pressures on small employers and their workers have caused fewer groups to offer coverage to their employees. These same costs and conditions have caused smaller numbers of the employees to elect to participate in coverage if it is offered. As a result, the remaining community pool of members Empire covers is disproportionately in need of covered care compared to when a larger, more balanced proportion of small company workers were enrolled. This has increased cost substantially for the community pool for Empire, and for other New York insurers who participate in the small employer market.

Hospital

Hospitals (inpatient and outpatient care) account for the largest share (45% to 55%) of the health care premium dollar in New York and their share continues to grow. Factors driving this growth include increasing demand for care, rising costs to hospitals of the goods and services needed to provide care, growing intensity of care needs, and the shifting of costs of Medicaid and Medicare hospital payment cuts to insurers. As hospitals see higher and higher costs, and payments from Medicaid and Medicare do not keep pace, hospitals have demanded higher and higher reimbursement from private insurers.

Nationally, increasing costs to hospitals for the goods and services purchased to provide care accounted for 63% of overall growth in spending on hospital care from 2006 to 2010, while rising demand for care accounted for 29% of the overall growth in spending during the same period². The increase in labor costs is the most important single driver of spending growth for hospitals, accounting for about 35% of overall growth and more than half of the growth in the costs of purchased goods and services.

The increase in cost is also attributed to other factors including increased intensity of hospital care, i.e., hospitals are using more resources to care for each patient. Increased intensity can be attributed to a variety of factors, including sicker patients with more complex conditions.³

The increase in cost for hospital inpatient care in Empire's operating area surpasses the rate for the rest of the country. An approximate 7% to 8% rate of increase due solely to increases in the contracted hospital reimbursement level is currently projected for both 2012 and 2013.

The trend toward higher inpatient costs is tempered somewhat by a projected slowing of

² American Hospital Association, The Cost of Caring, June 2012

³ See, American Hospital Association, The Cost of Caring, June 2012

utilization growth compared to 2009.

For hospital outpatient benefits, utilization increases are expected to slow, but such increases have been high in recent years.

Medical

Costs per member for medical professionals have experienced only moderate increases over the past year and are projected to trend at a rate of 5% to 8% per year over the coming years.

Prescription Drugs

Over the past year, drug cost increases have been tempered by the recent shift of some popular drugs off of patent. With the continued approval and introduction of expensive specialty medications, we expect the cost increase to return to higher levels over the coming years.

Since the reenactment of prior approval in New York effective October 1, 2010, and despite Empire's small group pool results at overall MLR's above 90 percent, requested rates reflecting the actual costs of Empire's plans were reduced materially for both 2011 and 2012 driving significant and continuing overall losses for Empire's small group pool. The resulting significant losses in these products have forced Empire to reduce plan choices available to the market and the cancellation by groups and members who otherwise preferred Empire plans to other insurers.

III. ADMINISTRATIVE SAVINGS

Recognizing the impact the rate increases will have on our customers, Empire has attempted to mitigate their impact by vigilantly reducing selected administrative costs to offset increases that are necessary or beyond our control. Some of these efforts included:

- We are trained and practice Continuous Improvements in all areas of the company for administrative savings and continuous improvement of members and customer services;
- We implemented a cost-saving process improvement and automation of claims payment system;
- We reduced staffing and improved efficiencies; and,
- We reduced real estate expenses.

As a result of these efforts and other cost savings measures, Empire has among the lowest administrative costs in the industry, currently at approximately 10.2% of revenue.

Excluding the amount paid to the State in premium taxes, our administrative costs have been reduced to 8.2% for the small group segment. While we continue to strive to reduce administrative costs further, we want to avoid sacrificing customer service, which we believe would be at risk by further cost reductions.

IV. HISTORICAL FACTORS

New York Health Care Cost

New York stands out as an especially costly state in which to purchase healthcare. New York City remains the second most expensive major metropolitan area in the country with respect to healthcare costs. A 2012 report by Milliman shows the cost of care to be 118.4% of the national average.⁴ New York's dubious distinction as a high cost state is also borne out in Dartmouth Atlas data which shows the State outpacing national average costs in a wide variety of indicators.⁵ As a ratio to national average cost, New York State registered 1.15 in overall Medicaid reimbursements; 1.31 in professional and laboratory reimbursements; and 1.37 in short stay inpatient reimbursements.

Nationally, the cost per inpatient discharge continues to increase. In New York, the cost per inpatient discharge has increased from \$9,178 in 2006 to \$11,463 in 2010. In 2010, New York's cost per inpatient discharge also exceeded the national median value of \$9,136

New York's length of stay (days) is another contributing factor to cost. In 2010, New York's length of stay (days) averaged 474, exceeding the national median value of 3.97.⁶

New York Taxes

New York adds more insurance taxes and assessments than any other state in the country. These consist of both direct taxes and a number of indirect taxes amounting to a total of over \$4.1 billion in taxes passed on to New York healthcare customers in the form of higher premiums. These taxes include:

- NYS Premium Tax – this 1.75% tax is on all HMO and insurance contracts (and there is an additional amount for customers in the MTA service area). For 2011 Empire paid \$104.8 million to the State in premium taxes.
- Covered Lives Assessment – this indirect tax is a charge on all fully and self insured “covered lives” The purpose of the Covered Lives Assessment is to raise funds for a variety of state programs and for the state Budget. The Assessment is included in claims costs for purposes of calculating the MLR. This assessment is a charge of from \$2.76 to \$16.21 per individual contract per month and from \$9.11 to \$53.49 per family contract per month. For 2011, Empire will pay \$308.4 million in covered lives assessment.
- HCRA Surcharge – this is a 9.63% surcharge on all hospital discharges. The purpose of the HCRA Surcharge is to raise funds for a variety of state programs and for the state budget. The Assessment is included in claims costs for purposes of calculating the MLR. For 2011, Empire will pay approximately \$429.2 million in HCRA Surcharges.
- NYS Insurance Department “332” Assessment – while this assessment is appropriately intended to fund the cost of the Department's regulatory activities, there is an indirect tax whereby a large portion of the revenue generated by the assessment is used to fund other programs not directly related to insurance

⁴ See, 2010 Milliman Medical Index and 2009 Milliman Medical Index

⁵ See, Dartmouth Atlas of Health Care, last accessed 9/13/2012

⁶ See, 2010, Ingenix, Almanac of Hospital Financial and Operating Indicators

regulation. This assessment is charged to insurers based on the number of New York insured members they cover. Empire will pay \$42.1 million in 332 assessments for 2011.

- Insurer and reinsurance fees are new assessments that will have impact on the 2013 rate increases

While there were not any tax increases which have contributed to the rates being increased with this application, each of these taxes is increased regularly by the State and has in the past contributed significantly to the need for annual increases in rates.

Other Factors

There are several federal fees that are contributing to the rates being increased within this application.

V. DETAILS OF THE PROPOSED RATE INCREASE

Empire provides health insurance protection to approximately 5 million persons in 28 counties in eastern and southeastern New York State. The proposed premium rates affect approximately:

- 2,000 Essential EPO members
- 44,000 Healthy New York members
- 16,000 Small group Direct HMO / HMO members
- 5,000 Small group PPO members
- 27,000 Large group Direct HMO / HMO members

Premium rates for community-rated customers are regulated by the Superintendent of Financial Services pursuant to Section 4,308 or 3,231 of the Insurance Law. The following tables show proposed annual rate changes for the indicated community rated products:

Small Group Direct HMO / HMO Medical Standard - All Regions and Tiers	
Policyholder Anniversary / Renewal Date	Rate Increase Requested
Between 04/01/2013 - 6/30/2013	26.1%
Between 07/01/2013 - 9/30/2013	27.0%
Between 10/01/2013 - 10/31/2013	27.9%
Between 11/01/2013 - 12/31/2013	27.1%
Between 01/01/2014 - 03/31/2014	28.0%

Small Group Direct HMO / HMO Medical Carve-out - All Regions				
Policyholder Anniversary / Renewal Date	Rate Increase Requested by Tier			
	Individual	Husband/ Wife	Parent / Child(ren)	Family
Between 04/1/2013 - 06/30/2013	36.3%	30.8%	31.6%	29.3%
Between 07/1/2013 - 09/30/2013	37.3%	31.7%	32.5%	30.2%
Between 10/1/2013 - 10/31/2013	38.3%	32.7%	33.5%	31.2%
Between 11/1/2013 - 12/31/2013	37.4%	31.8%	32.6%	30.3%
Between 1/1/2014 - 3/31/2014	28.0%	28.0%	28.0%	28.0%

Small Group Direct HMO / HMO Prescription Drug - All Regions			
Policyholder Anniversary	Prescription Plan	Rate Increase Requested by Tier	
		Individual; Parent/Child(ren); Family	Husband/Wife
Between 04/01/2013 - 6/30/2013	All Prescription Plans	25.2%	
Between 07/01/2013 - 9/30/2013	All Prescription Plans	26.1%	
Between 10/01/2013 - 12/31/2013	\$10 Generic Only Plan	27.1%	27.0%
	All Other Prescription Plans	27.1%	
Between 01/01/2014 - 03/31/2014	All Prescription Plans	28.0%	

Healthy New York Medical and Prescription Drug - All Regions and Tiers	
Policyholder Anniversary	Rate Increase Requested
Effective 4/1/2013	24.9%

Small Group PPO Medical - All Regions and Tiers	
Policyholder Anniversary / Renewal Date	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	15.4%
Between 07/01/2013 - 09/30/2013	16.8%
Between 10/01/2013 - 10/31/2013	18.2%
Between 11/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%

Small Group PPO All Prescription Drug - All Regions and Tiers	
Policyholder Anniversary	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	14.6%
Between 07/01/2013 - 09/30/2013	16.0%
Between 10/01/2013 - 12/31/2013	17.4%
Between 01/01/2014 - 03/31/2014	18.8%

Small Group Essential EPO Medical			
Policyholder Anniversary / Renewal Date	Region	Rate Increase Requested by Tier	
		Individual; Husband/Wife	Parent/Child(ren); Family
Between 04/1/2013 - 06/30/2013	All Regions	13.9%	
Between 07/1/2013 - 09/30/2013	All Regions	14.7%	
Between 10/1/2013 - 10/31/2013	Counties: Nassau, New York, Queens, and Suffolk	15.5%	
	Counties: Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	15.5%	15.6%
	All Other Regions	15.6%	
Between 11/1/2013 - 12/31/2013	Counties: Bronx, Kings, Richmond, Rockland, New Jersey, Nassau, New York, Queens, Suffolk, Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut	14.7%	
	All Other Regions	14.8%	
Between 01/1/2014 - 03/31/2014	All Regions	15.6%	

Small Group Essential EPO Prescription Drug - All Regions and Tiers		
Policyholder Anniversary	Prescription Plan	Rate Increase Requested
Between 04/01/2013 - 06/30/2013	All Prescription Plans	13.1%
Between 07/01/2013 - 09/30/2013	All Prescription Plans	13.9%
Between 10/01/2013 - 12/31/2013	\$50 Rx Deductible; \$10/\$35/35% w/ \$10,000 Rx Out-of-Pocket Maximum	14.7%
	All Other Prescription Plans	14.8%
Between 01/01/2014 - 03/31/2014	All Prescription Plans	15.6%

Large Group Direct HMO / HMO Medical Standard / Carve-Out - All Regions and Tiers	
Policyholder Anniversary / Renewal Date	Rate Increase Requested
Between 04/01/2013 - 6/30/2013	7.0%
Between 07/01/2013 - 9/30/2013	11.1%
Between 10/01/2013 - 10/31/2013	15.2%
Between 11/01/2013 - 12/31/2013	14.4%
Between 01/01/2014 - 03/31/2014	18.7%

Large Group Direct HMO / HMO Prescription Drug - All Regions			
Policyholder Anniversary	Prescription Plan	Rate Increase Requested by Tier	
		Parent/Child(ren)	All Other Tiers
Between 04/01/2013 - 06/30/2013	All Prescription Plans	6.3%	
Between 07/01/2013 - 09/30/2013	\$10 Generic Only Plan	10.2%	
	All Other Prescription Plans	10.3%	
Between 10/01/2013 - 12/31/2013	\$10 Generic Only Plan	14.3%	14.4%
	All Other Prescription Plans	14.4%	
Between 01/01/2014 - 03/31/2014	\$10 Generic Only Plan	18.6%	18.7%
	All Other Prescription Plans	18.7%	

VI. FINANCIAL DATA

Exhibit 1 contains the audited Statement of Financial Condition at December 31, 2011 for Empire HealthChoice Assurance, Inc.

EXHIBIT 4 - PART A: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

-- for Base Medical Plan with NON ROLLING Rate Structure

Empire HealthChoice Assurance, Inc.
Company submitting the rate adjustment request

55093
Company NAIC Code

AWLP-128694812
SERFF tracking number

- => Use this Exhibit for the base medical plan type policy forms/products with NON ROLLING rate structure that are included in the rate adjustment submission.
- => This form must be submitted as an Excel file and as a PDF file.
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => 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).
- => Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
 - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Base Medical Plan Non Rolling Rate Products

SERFF# AWLP-128694812

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
			Intentionally left blank					

EXHIBIT 4 - PART B: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

-- for Base Medical Plan with ROLLING Rate Structure

Empire HealthChoice Assurance, Inc.
Company submitting the rate adjustment request

55093
Company NAIC Code

AWLP-128694812
SERFF tracking number

- => Use this Exhibit for the base medical plan type policy forms/products with ROLLING rate structure that are included in the rate adjustment submission.
- => This form must be submitted as an Excel file and as a PDF file.
- => The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
- =>
- Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2013 for a quarterly rolling rate structure.)
- => 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).
- => Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
 - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Base Medical Plan Rolling Rate Products

SERFF# AWLP-128694812

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
CR-GR-PPO.A/Rev	SG	All Regions	Empire PPO	Empire PPO	April 1, 2013	April - June 2013	15.4%	15.4%	15.4%
CR-GR-PPO.A/Rev	SG	All Regions	Empire PPO	Empire PPO	July 1, 2013	July - September 2013	16.8%	16.8%	16.8%
CR-GR-PPO.A/Rev	SG	All Regions	Empire PPO	Empire PPO	October 1, 2013	October 2013	18.2%	18.2%	18.2%
CR-GR-PPO.A/Rev	SG	All Regions	Empire PPO	Empire PPO	November 1, 2013	November - December 2013	17.4%	17.4%	17.4%
CR-GR-PPO.A/Rev	SG	All Regions	Empire PPO	Empire PPO	January 1, 2014	January - March 2014	18.8%	18.8%	18.8%
R-EPO-Blue Essential 2011	SG	All Regions	Essential EPO	Empire Essential EPO	April 1, 2013	April - June 2013	13.9%	13.9%	13.9%
R-EPO-Blue Essential 2011	SG	All Regions	Essential EPO	Empire Essential EPO	July 1, 2013	July - September 2013	14.7%	14.7%	14.7%
R-EPO-Blue Essential 2011	SG	All Regions	Essential EPO	Empire Essential EPO	October 1, 2013	October 2013	15.5%	15.6%	15.6%
R-EPO-Blue Essential 2011	SG	All Regions	Essential EPO	Empire Essential EPO	November 1, 2013	November - December 2013	14.7%	14.8%	14.8%
R-EPO-Blue Essential 2011	SG	All Regions	Essential EPO	Empire Essential EPO	January 1, 2014	January - March 2014	15.6%	15.6%	15.6%

EXHIBIT 4 - PART C: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

- for Drug Riders Available with Base Medical Products (NON ROLLING Rate Structure)

Empire HealthChoice Assurance, Inc.
 Company submitting the rate adjustment request

55093
 Company NAIC Code

AWLP-128694812
 SERFF tracking number

- => Use this Exhibit for the Drug Riders that are available for the base medical plan type policy forms/products with a NON ROLLING rate structure included in the rate adjustment submission.
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- => This form must be submitted as an Excel file and as a PDF file.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => 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).
- => Provide a list of proposed rate changes for drug riders available with non rolling rate base medical products. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.
 The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.
- => This is for the traditional drug riders, but not for minor drug related riders such as the inclusion of oral contraceptives.

Drug Riders Available With Non Rolling Rate Base Medical Products

SERFF#: AWLP-128694812

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
			Intentionally left blank					

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Empire HealthChoice Assurance, Inc.

NAIC Code: 55093

SERFF Number: AWLP-128694812

Instructions:

- This Exhibit summarizes all benefit/rate changes filed under sections other than §3231(e)(1)/4308(c) that impact the rate tables in this filing.
- 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
- Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
- Extend the worksheet to add more rows as needed. Only use the first tab for data entry.

filing.

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
Approved	AWLP-128386579	2012060090	06/12/2012	R-Autism-42; RX-NOC-42.Rev1112; RX-NOC-42-GEN10.Rev1112;	Empire PPO	Added benefits due to the Autism Mandate	08/10/2012
Approved	AWLP-128386579	2012060090	06/12/2012	R-Autism-42; RX-NOC-42.Rev1112; RX-NOC-42-GEN10.Rev1112;	Essential EPO (Empire Essential EPO)	Added benefits due to the Autism Mandate	08/10/2012
Approved	AWLP-128268308	2012040099	04/15/2012	PPACA-GF-42-WPHC; PPACA-NGF-42-WPHC; R-RX-OC-WPHC-42	Empire PPO	Added benefits due to the Women's Preventative Mandate	05/23/2012
Approved	AWLP-128268308	2012040099	04/15/2012	PPACA-GF-42-WPHC; PPACA-NGF-42-WPHC; R-RX-OC-WPHC-42	Essential EPO (Empire Essential EPO)	Added benefits due to the Women's Preventative Mandate	05/23/2012
Pending	AWLP-128664554	2012090053	09/12/2012	Rate Only	Empire PPO	Withdrawal of PPO Rx rider options: \$10/\$35/35% with \$50 Rx deductible (with and without \$10,000 OOPM)	N/A
Pending	AWLP-128659351	2012090013	09/05/2012	Rate Only	Small Group CDHP (Empire Total Blue)	Withdrawal of base medical plan and associated Rx options	N/A

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

Company Name: Empire HealthChoice Assurance, Inc.

NAIC Code: 55093

SERFF Number: AWLP-128694812

- A. Complete a separate ROW for each base medical policy form included in the rate adjustment filing, even if no rate adjustment is proposed for that base medical policy form.
 - 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 1a. 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. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. 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, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - 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														
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. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	11. Number of policyholders affected by rate change. (For group business this is number of groups.)	12. Number of covered lives affected by rate change	13. Expected NY statewide loss ratio for base medical policy form including associated riders
CR-GR-PPO.A/Rev	Small Group Empire PPO	Empire PPO	SG PPO	04/01/2013	SG	PPO	Yes	No	Open	12	14.6%	833	4,874	85.5%
R-EPO-Blue Essential 2011	Blue Essential EPO	Empire Essential EPO	SG EPO	04/01/2013	SG	EPO	Yes	No	Open	12	13.1%	266	1,955	85.5%

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

		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		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 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) (\$)	14.11 Earned premiums for experience period (\$pmpm)	14.12 Standardiz ed premiums for experience period (\$pmpm)	14.13 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 (\$pmpm)	14.14 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 (\$pmpm)	14.15 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) (\$pmpm)	14.16 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) (\$pmpm)	14.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$pmpm)	14.18 Ratio: Col 14.7/ Col 14.4 (Incurred Claims / Earned Premiums)	14.19 Ratio: Col 14.7/ Col 14.5 (Incurred Claims / Standardiz ed Earned Premiums)
CR-GR- PPO.A/Rev	Small Group Empire PPO	XX	04/01/11	03/31/12	114,482	91,313,133	97,522,637	73,011,616	71,538,657	0	0	7,661,172	797.62	851.86	637.76	624.89	0.00	0.00	66.92	0.783	0.734
R-EPO-Blue Essential 2011	Blue Essential EPO	XX	04/01/11	03/31/12	340,373	127,626,260	153,981,341	92,999,508	98,998,490	0	4,706,356	9,176,328	374.96	452.39	273.23	290.85	0.00	13.83	26.96	0.776	0.643

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

1a. Base medical policy form number	1b. Product Name as in Rate Manual	14.20 Ratio:Col 14.10/ Col 14.4 (Administra tion Expenses / Earned Premiums)	14.21 Ratio: (Col 14.7 + Col 14.8 + Col 14.9 + Col 14.10) / Col 14.4
CR-GR- PPO.A/Rev	Small Group Empire PPO	0.084	0.867
R-EPO-Blue Essential 2011	Blue Essential EPO	0.072	0.884

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

		First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)																				
1a. Base medical policy form number	1b. Product Name as in Rate Manual	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) (\$)	15.11 Earned premiums for experience period (\$mpm)	15.12 Standardiz ed premiums for experience period (\$mpm)	15.13 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 (\$mpm)	15.14 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 (\$mpm)	15.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools from the pool as a negative value) (\$mpm)	15.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter negative value and payments to the pool as a positive value) (\$mpm)	15.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	15.18 Ratio: Col 15.7/ Col 15.4 (Incurred Claims / Earned Premiums)	15.19 Ratio: Col 15.7/ Col 15.5 (Incurred Claims / Standardiz ed Earned Premiums)	15.20 Ratio: Col 15.10/ Col 15.4 (Administra tion Expenses / Earned Premiums)	
CR-GR- PPO.A/Rev	Small Group Empire PPO	XX	04/01/10	03/31/11	113,705	82,502,542	93,458,879	69,133,588	70,495,697	0	(949,340)	13,027,151	725.58	821.94	608.01	619.99	0.00	(8.35)	114.57	0.854	0.754	0.158
R-EPO-Blue Essential 2011	Blue Essential EPO	XX	04/01/10	03/31/11	127,842	44,852,151	59,864,166	30,582,825	34,547,721	0	2,172,353	5,153,512	350.84	468.27	239.22	270.24	0.00	16.99	40.31	0.770	0.577	0.115

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

1a. Base medical policy form number	1b. Product Name as in Rate Manual	15.21 Ratio: (Col 15.7 + Col 15.8 + Col 15.9 + Col 15.10) / Col 15.4
CR-GR- PPO.A/Rev	Small Group Empire PPO	1.001
R-EPO-Blue Essential 2011	Blue Essential EPO	0.934

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

		Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)																			
1a. Base medical policy form number	1b. Product Name as in Rate Manual	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) (\$)	16.11 Earned premiums for experience period (\$mpm)	16.12 Standardiz ed premiums for experience period (\$mpm)	16.13 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 (\$mpm)	16.14 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 (\$mpm)	16.15 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) (\$mpm)	16.16 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) (\$mpm)	16.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	16.18 Ratio: Col 16.7/ Col 16.4 (Incurred Claims / Earned Premiums)	16.19 Ratio: Col 16.7/ Col16.5 (Incurred Claims / Standardiz ed Earned Premiums)	
CR-GR- PPO.A/Rev	Small Group Empire PPO	XX	04/01/09	03/31/10	121,798	96,677,996	117,840,809	75,099,947	72,071,167	0	-3,704,186	9,145,738	793.76	967.51	616.59	591.73	0.00	(30.41)	75.09	0.745	0.612
R-EPO-Blue Essential 2011	Blue Essential EPO	XX	04/01/09	03/31/10	50,391	16,031,904	24,746,847	10,681,862	11,723,211	0	798,298	1,874,130	318.15	491.10	211.98	232.64	0.00	15.84	37.19	0.731	0.474

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

1a. Base medical policy form number	1b. Product Name as in Rate Manual	16.20 Ratio:Col 16.10/ Col16.4 (Administra tion Expenses / Earned Premiums)	16.21 Ratio: (Col 16.7 + Col 16.8 + Col 16.9 +Col 16.10) /Col 16.4
CR-GR- PPO.A/Rev	Small Group Empire PPO	0.095	0.802
R-EPO-Blue Essential 2011	Blue Essential EPO	0.117	0.898

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

		Annualized Medical Trend Factors Assumed in Rate Development (%)					Ratios: Most Recent Experience Period to First Prior Period						Ratios: First Prior Period to Second Prior Period						Ratio: Standard Premium to Earned Premium					
1a. Base medical policy form number	1b. Product Name as in Rate Manual	17.1 All benefits combined, composite	17.2 Due to utilization	17.3 Due to unit cost	17.4 Due to case mix/intensity/other	18.1 Member months	18.2 Earned premiums (\$pmpm)	18.3 Standardized premiums (\$pmpm)	18.4 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 (\$pmpm)	18.5 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 (\$pmpm)	18.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) (\$pmpm)	19.1 Member months	19.2 Earned premiums (\$pmpm)	19.3 Standardized premiums (\$pmpm)	19.4 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 (\$pmpm)	19.5 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 (\$pmpm)	19.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) (\$pmpm)	20.1 Most Recent Experience Period	20.2 First Prior Experience Period	20.3 Second Prior Experience Period				
CR-GR-PPO.A/Rev	Small Group Empire PPO	XX	13.80%	2.00%	6.10%	5.20%	XX	1.007	1.099	1.036	1.049	1.008	0.584	XX	0.934	0.914	0.850	0.986	1.048	1.526	XX	1.068	1.133	1.219
R-EPO-Blue Essential 2011	Blue Essential EPO	XX	13.70%	1.90%	7.90%	3.40%	XX	2.662	1.069	0.966	1.142	1.076	0.669	XX	2.537	1.103	0.954	1.129	1.162	1.084	XX	1.207	1.335	1.544

Small Group PPO Drug - Current Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012**

Quarter 2: April - June 2012

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$164.44	\$328.88	\$295.99	\$493.32
\$10	35%	50%	n/a	\$100	\$128.58	\$257.16	\$231.44	\$385.74
\$10	\$35	35%	\$10,000	\$50	\$165.07	\$330.14	\$297.13	\$495.21
\$10	35%	50%	\$10,000	\$100	\$129.68	\$259.36	\$233.42	\$389.04
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		\$27.24	\$54.48	\$49.03	\$81.72

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - Current Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012**

Quarter 3: July - September 2012

Rider Description					Individual	Four Tier Option		Family
Includes Preferred Generic						H/W	P/Ch(ren)	
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$168.55	\$337.10	\$303.39	\$505.65
\$10	35%	50%	n/a	\$100	\$131.79	\$263.58	\$237.22	\$395.37
\$10	\$35	35%	\$10,000	\$50	\$169.20	\$338.40	\$304.56	\$507.60
\$10	35%	50%	\$10,000	\$100	\$132.92	\$265.84	\$239.26	\$398.76
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic Only, No Deductible				H/W	P/Ch(ren)	
	Generic Co-pay	Brand Coinsurance ***				
Form Number: RX-NOC-42-GEN10.Rev1112**						
	\$10	50%	\$27.92	\$55.84	\$50.26	\$83.76

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - Current Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012**

Quarter 4: October - December 2012

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$172.76	\$345.52	\$310.97	\$518.28
\$10	35%	50%	n/a	\$100	\$135.08	\$270.16	\$243.14	\$405.24
\$10	\$35	35%	\$10,000	\$50	\$173.43	\$346.86	\$312.17	\$520.29
\$10	35%	50%	\$10,000	\$100	\$136.24	\$272.48	\$245.23	\$408.72
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		\$28.62	\$57.24	\$51.52	\$85.86

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - Current Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012**

Quarter 1: January - March 2013

Rider Description					Individual	Four Tier Option		Family
Includes Preferred Generic						H/W	P/Ch(ren)	
<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>OOP Max.</u>	<u>Deductible</u>				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$177.08	\$354.16	\$318.74	\$531.24
\$10	35%	50%	n/a	\$100	\$138.46	\$276.92	\$249.23	\$415.38
\$10	\$35	35%	\$10,000	\$50	\$177.77	\$355.54	\$319.99	\$533.31
\$10	35%	50%	\$10,000	\$100	\$139.65	\$279.30	\$251.37	\$418.95
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic Only, No Deductible				H/W	P/Ch(ren)	
<u>Generic</u>	<u>Brand</u>	<u>Co-pay</u>				
	<u>Co-insurance</u>					
	<u>***</u>					
\$10	50%		\$29.34	\$58.68	\$52.81	\$88.02

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - New Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$147.32	\$294.64	\$265.18	\$441.96
\$10	35%	50%	\$10,000	\$100	\$148.59	\$297.18	\$267.46	\$445.77
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance*				
	\$10	50%**	\$31.22	\$62.44	\$56.20	\$93.66

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - New Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 3: July - September 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$152.84	\$305.68	\$275.11	\$458.52
\$10	35%	50%	\$10,000	\$100	\$154.16	\$308.32	\$277.49	\$462.48
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance*				
	\$10	50%**	\$32.39	\$64.78	\$58.30	\$97.17
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - New Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 4: October - December 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$158.57	\$317.14	\$285.43	\$475.71
\$10	35%	50%	\$10,000	\$100	\$159.94	\$319.88	\$287.89	\$479.82
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance*				
	\$10	50%**	\$33.60	\$67.20	\$60.48	\$100.80

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - New Rates

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$164.52	\$329.04	\$296.14	\$493.56
\$10	35%	50%	\$10,000	\$100	\$165.94	\$331.88	\$298.69	\$497.82
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance*				
	\$10	50%**	\$34.86	\$69.72	\$62.75	\$104.58

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - \$ Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	18.74	37.48	33.74	56.22
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	18.91	37.82	34.04	56.73
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		3.98	7.96	7.17	11.94

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - \$ Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 3: July - September 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	21.05	42.10	37.89	63.15
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	21.24	42.48	38.23	63.72
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		4.47	8.94	8.04	13.41

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - \$ Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 4: October - December 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	23.49	46.98	42.29	70.47
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	23.70	47.40	42.66	71.10
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		4.98	9.96	8.96	14.94

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - \$ Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	26.06	52.12	46.91	78.18
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	26.29	52.58	47.32	78.87
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		5.52	11.04	9.94	16.56

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - % Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	14.6%	14.6%	14.6%	14.6%
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	14.6%	14.6%	14.6%	14.6%
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					n/a	n/a	n/a	n/a

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		14.6%	14.6%	14.6%	14.6%
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			n/a	n/a	n/a	n/a

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - % Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 3: July - September 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	16.0%	16.0%	16.0%	16.0%
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	16.0%	16.0%	16.0%	16.0%
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				
	\$10	50%				
			16.0%	16.0%	16.0%	16.0%

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - % Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 4: October - December 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	17.4%	17.4%	17.4%	17.4%
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	17.4%	17.4%	17.4%	17.4%
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					n/a	n/a	n/a	n/a

Rider Description			Individual	Four Tier Option		Family
Generic Co-pay	Brand Coinsurance ***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
\$10	50%		17.4%	17.4%	17.4%	17.4%
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			n/a	n/a	n/a	n/a

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Drug - % Change

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	18.8%	18.8%	18.8%	18.8%
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	18.8%	18.8%	18.8%	18.8%
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				
	\$10	50%	18.8%	18.8%	18.8%	18.8%

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2012

Quarter 2: April - June 2012

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$274.23	\$575.88	\$493.61	\$830.92
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$292.79	\$614.86	\$527.02	\$887.15
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$285.93	\$600.45	\$514.67	\$866.37
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$221.10	\$464.31	\$397.98	\$669.93
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$245.09	\$514.69	\$441.16	\$742.62
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$318.22	\$668.26	\$572.80	\$964.21

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2012

Quarter 3: July - September 2012

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$282.46	\$593.17	\$508.43	\$855.85
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$301.57	\$633.30	\$542.83	\$913.76
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$294.51	\$618.47	\$530.12	\$892.37
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$227.73	\$478.23	\$409.91	\$690.02
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$252.44	\$530.12	\$454.39	\$764.89
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$327.77	\$688.32	\$589.99	\$993.14

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Current Rates

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2012**

October 2012 Only

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$290.93	\$610.95	\$523.67	\$881.52
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$310.62	\$652.30	\$559.12	\$941.18
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$303.35	\$637.04	\$546.03	\$919.15
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$234.56	\$492.58	\$422.21	\$710.72
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$260.01	\$546.02	\$468.02	\$787.83
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$337.60	\$708.96	\$607.68	\$1,022.93

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Current Rates

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective November 1, 2012**

November - December 2012 Only

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$292.97	\$615.24	\$527.35	\$887.70
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$312.79	\$656.86	\$563.02	\$947.75
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$305.47	\$641.49	\$549.85	\$925.57
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$236.20	\$496.02	\$425.16	\$715.69
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$261.83	\$549.84	\$471.29	\$793.34
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$339.96	\$713.92	\$611.93	\$1,030.08

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective November 1, 2012

Quarter 1: January - March 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$301.76	\$633.70	\$543.17	\$914.33
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$322.17	\$676.56	\$579.91	\$976.18
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$314.63	\$660.72	\$566.33	\$953.33
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$243.29	\$510.91	\$437.92	\$737.17
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$269.68	\$566.33	\$485.42	\$817.13
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$350.16	\$735.34	\$630.29	\$1,060.98

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - New Rates

Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013

Quarter 2: April - June 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$312.32	\$655.87	\$562.18	\$946.33
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$333.45	\$700.25	\$600.21	\$1,010.35
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$325.64	\$683.84	\$586.15	\$986.69
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$251.81	\$528.80	\$453.26	\$762.98
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$279.12	\$586.15	\$502.42	\$845.73
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$362.42	\$761.08	\$652.36	\$1,098.13

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - New Rates

Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013

Quarter 3: July - September 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$324.03	\$680.46	\$583.25	\$981.81
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$345.95	\$726.50	\$622.71	\$1,048.23
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$337.85	\$709.49	\$608.13	\$1,023.69
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$261.25	\$548.63	\$470.25	\$791.59
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$289.59	\$608.14	\$521.26	\$877.46
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$376.01	\$789.62	\$676.82	\$1,139.31

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - New Rates

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 4: October - December 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$336.18	\$705.98	\$605.12	\$1,018.63
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$358.92	\$753.73	\$646.06	\$1,087.53
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$350.52	\$736.09	\$630.94	\$1,062.08
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$271.05	\$569.21	\$487.89	\$821.28
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$300.45	\$630.95	\$540.81	\$910.36
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$390.11	\$819.23	\$702.20	\$1,182.03

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - New Rates

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$348.79	\$732.46	\$627.82	\$1,056.83
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$372.38	\$782.00	\$670.28	\$1,128.31
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$363.66	\$763.69	\$654.59	\$1,101.89
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$281.21	\$590.54	\$506.18	\$852.07
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$311.72	\$654.61	\$561.10	\$944.51
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$404.74	\$849.95	\$728.53	\$1,226.36

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - \$ Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$38.09	\$79.99	\$68.57	\$115.41
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$40.66	\$85.39	\$73.19	\$123.20
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$39.71	\$83.39	\$71.48	\$120.32
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$30.71	\$64.49	\$55.28	\$93.05
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$34.03	\$71.46	\$61.26	\$103.11
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$44.20	\$92.82	\$79.56	\$133.92

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - \$ Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 3: July - September 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$41.57	\$87.29	\$74.82	\$125.96
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$44.38	\$93.20	\$79.88	\$134.47
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$43.34	\$91.02	\$78.01	\$131.32
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$33.52	\$70.40	\$60.34	\$101.57
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$37.15	\$78.02	\$66.87	\$112.57
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$48.24	\$101.30	\$86.83	\$146.17

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - \$ Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

October 2013 Only

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$45.25	\$95.03	\$81.45	\$137.11
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$48.30	\$101.43	\$86.94	\$146.35
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$47.17	\$99.05	\$84.91	\$142.93
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$36.49	\$76.63	\$65.68	\$110.56
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$40.44	\$84.93	\$72.79	\$122.53
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$52.51	\$110.27	\$94.52	\$159.10

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - \$ Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

November - December 2013 Only

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$43.21	\$90.74	\$77.77	\$130.93
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$46.13	\$96.87	\$83.04	\$139.78
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$45.05	\$94.60	\$81.09	\$136.51
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$34.85	\$73.19	\$62.73	\$105.59
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$38.62	\$81.11	\$69.52	\$117.02
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$50.15	\$105.31	\$90.27	\$151.95

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - \$ Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$47.03	\$98.76	\$84.65	\$142.50
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$50.21	\$105.44	\$90.37	\$152.13
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$49.03	\$102.97	\$88.26	\$148.56
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$37.92	\$79.63	\$68.26	\$114.90
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$42.04	\$88.28	\$75.68	\$127.38
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$54.58	\$114.61	\$98.24	\$165.38

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - % Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	13.9%	13.9%	13.9%	13.9%
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	13.9%	13.9%	13.9%	13.9%
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	13.9%	13.9%	13.9%	13.9%
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	13.9%	13.9%	13.9%	13.9%
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	13.9%	13.9%	13.9%	13.9%
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	13.9%	13.9%	13.9%	13.9%

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - % Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 3: July - September 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - % Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

October 2013 Only

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.5%	15.5%	15.5%	15.5%
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.5%	15.5%	15.6%	15.6%
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - % Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

November - December 2013 Only

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.7%	14.7%	14.7%	14.7%
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.8%	14.8%	14.8%	14.8%
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.8%	14.8%	14.8%	14.8%
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	14.8%	14.8%	14.8%	14.8%

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - % Change

**Empire HealthChoice Assurance, Inc.
Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	15.6%	15.6%	15.6%	15.6%

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Rx - Current Rates

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012**

Quarter 2: April - June 2012

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible	H/W	P/Ch(ren)		
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$102.45	\$215.15	\$184.41	\$310.42
\$10	35%	50%	n/a	\$100	\$80.11	\$168.23	\$144.20	\$242.73
\$10	\$35	35%	\$10,000	\$50	\$102.83	\$215.94	\$185.09	\$311.57
\$10	35%	50%	\$10,000	\$100	\$80.80	\$169.68	\$145.44	\$244.82
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					3.0%	3.0%	3.0%	3.0%

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance	H/W	P/Ch(ren)		
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
<u>Co-pay</u>	<u>***</u>					
\$10	50%	\$16.97	\$35.64	\$30.55	\$51.42	
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			7.0%	7.0%	7.0%	7.0%

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - Current Rates

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012

Quarter 3: July - September 2012

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible	H/W	P/Ch(ren)		
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$105.52	\$221.59	\$189.94	\$319.73
\$10	35%	50%	n/a	\$100	\$82.51	\$173.27	\$148.52	\$250.01
\$10	\$35	35%	\$10,000	\$50	\$105.91	\$222.41	\$190.64	\$320.91
\$10	35%	50%	\$10,000	\$100	\$83.22	\$174.76	\$149.80	\$252.16
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					3.0%	3.0%	3.0%	3.0%

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay	H/W	P/Ch(ren)		
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Generic	Brand	Coinsurance				
Co-pay	***	***				
\$10	50%	50%	\$17.48	\$36.71	\$31.46	\$52.96
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			7.0%	7.0%	7.0%	7.0%

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - Current Rates

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012

Quarter 4: October - December 2012

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible	H/W	P/Ch(ren)		
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$108.69	\$228.25	\$195.64	\$329.33
\$10	35%	50%	n/a	\$100	\$84.99	\$178.48	\$152.98	\$257.52
\$10	\$35	35%	\$10,000	\$50	\$109.09	\$229.09	\$196.36	\$330.54
\$10	35%	50%	\$10,000	\$100	\$85.72	\$180.01	\$154.30	\$259.73

- Coinsurance Max/Script : \$350
 - Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance	H/W	P/Ch(ren)		
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
<u>Co-pay</u>	<u>***</u>					
\$10	50%	\$18.00	\$37.80	\$32.40	\$54.54	

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - Current Rates

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012**

Quarter 1: January - March 2013

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$111.95	\$235.10	\$201.51	\$339.21
\$10	35%	50%	n/a	\$100	\$87.54	\$183.83	\$157.57	\$265.25
\$10	\$35	35%	\$10,000	\$50	\$112.36	\$235.96	\$202.25	\$340.45
\$10	35%	50%	\$10,000	\$100	\$88.29	\$185.41	\$158.92	\$267.52
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					3.0%	3.0%	3.0%	3.0%

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				

	\$10	50%	\$18.54	\$38.93	\$33.37	\$56.18
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			7.0%	7.0%	7.0%	7.0%

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - New Rates

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013

Quarter 2: April - June 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible	H/W	P/Ch(ren)		
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$115.87	\$243.33	\$208.57	\$351.09
\$10	35%	50%	n/a	\$100	\$90.60	\$190.26	\$163.08	\$274.52
\$10	\$35	35%	\$10,000	\$50	\$116.29	\$244.21	\$209.32	\$352.36
\$10	35%	50%	\$10,000	\$100	\$91.38	\$191.90	\$164.48	\$276.88

- Coinsurance Max/Script : \$350
 - Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance	H/W	P/Ch(ren)		
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
<u>Co-pay</u>	<u>***</u>					
\$10	50%	\$19.19	\$40.30	\$34.54	\$58.15	

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - New Rates

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013

Quarter 3: July - September 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible	H/W	P/Ch(ren)		
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$120.22	\$252.46	\$216.40	\$364.27
\$10	35%	50%	n/a	\$100	\$94.00	\$197.40	\$169.20	\$284.82
\$10	\$35	35%	\$10,000	\$50	\$120.65	\$253.37	\$217.17	\$365.57
\$10	35%	50%	\$10,000	\$100	\$94.81	\$199.10	\$170.66	\$287.27
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					3.0%	3.0%	3.0%	3.0%

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance	H/W	P/Ch(ren)		
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Co-pay	***					
\$10	50%	\$19.91	\$41.81	\$35.84	\$60.33	
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			7.0%	7.0%	7.0%	7.0%

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - New Rates

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 4: October - December 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$124.73	\$261.93	\$224.51	\$377.93
\$10	35%	50%	n/a	\$100	\$97.53	\$204.81	\$175.55	\$295.52
\$10	\$35	35%	\$10,000	\$50	\$125.17	\$262.86	\$225.31	\$379.27
\$10	35%	50%	\$10,000	\$100	\$98.37	\$206.58	\$177.07	\$298.06

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
--------------------------------	------	------	------	------

Rider Description				Individual	Four Tier Option		Family
Generic	Brand	Co-pay	Coinsurance		H/W	P/Ch(ren)	
Generic Only, No Deductible							
Form Number: RX-NOC-42-GEN10.Rev1112**							
\$10	Brand	***	50%	\$20.66	\$43.39	\$37.19	\$62.60

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
-----------------------------	------	------	------	------

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - New Rates

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$129.41	\$271.76	\$232.94	\$392.11
\$10	35%	50%	n/a	\$100	\$101.19	\$212.50	\$182.14	\$306.61
\$10	\$35	35%	\$10,000	\$50	\$129.86	\$272.71	\$233.75	\$393.48
\$10	35%	50%	\$10,000	\$100	\$102.06	\$214.33	\$183.71	\$309.24
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					3.0%	3.0%	3.0%	3.0%

Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
		Coinsurance				

	\$10	50%	\$21.43	\$45.00	\$38.57	\$64.93
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			7.0%	7.0%	7.0%	7.0%

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - \$ Change

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$13.42	\$28.18	\$24.16	\$40.67
\$10	35%	50%	n/a	\$100	\$10.49	\$22.03	\$18.88	\$31.79
\$10	\$35	35%	\$10,000	\$50	\$13.46	\$28.27	\$24.23	\$40.79
\$10	35%	50%	\$10,000	\$100	\$10.58	\$22.22	\$19.04	\$32.06
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					n/a	n/a	n/a	n/a

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				

	\$10	50%	\$2.22	\$4.66	\$3.99	\$6.73
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			n/a	n/a	n/a	n/a

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - \$ Change

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 3: July - September 2013

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$14.70	\$30.87	\$26.46	\$44.54
\$10	35%	50%	n/a	\$100	\$11.49	\$24.13	\$20.68	\$34.81
\$10	\$35	35%	\$10,000	\$50	\$14.74	\$30.96	\$26.53	\$44.66
\$10	35%	50%	\$10,000	\$100	\$11.59	\$24.34	\$20.86	\$35.11
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					n/a	n/a	n/a	n/a

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				

	\$10	50%	\$2.43	\$5.10	\$4.38	\$7.37
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			n/a	n/a	n/a	n/a

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - \$ Change

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013

Quarter 4: October - December 2013

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$16.04	\$33.68	\$28.87	\$48.60
\$10	35%	50%	n/a	\$100	\$12.54	\$26.33	\$22.57	\$38.00
\$10	\$35	35%	\$10,000	\$50	\$16.08	\$33.77	\$28.95	\$48.73
\$10	35%	50%	\$10,000	\$100	\$12.65	\$26.57	\$22.77	\$38.33

- Coinsurance Max/Script : \$350
 - Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				

	\$10	50%	\$2.66	\$5.59	\$4.79	\$8.06

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - \$ Change

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$17.46	\$36.66	\$31.43	\$52.90
\$10	35%	50%	n/a	\$100	\$13.65	\$28.67	\$24.57	\$41.36
\$10	\$35	35%	\$10,000	\$50	\$17.50	\$36.75	\$31.50	\$53.03
\$10	35%	50%	\$10,000	\$100	\$13.77	\$28.92	\$24.79	\$41.72
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					n/a	n/a	n/a	n/a

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				

	\$10	50%	\$2.89	\$6.07	\$5.20	\$8.75
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			n/a	n/a	n/a	n/a

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - % Change

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	13.1%	13.1%	13.1%	13.1%
\$10	35%	50%	n/a	\$100	13.1%	13.1%	13.1%	13.1%
\$10	\$35	35%	\$10,000	\$50	13.1%	13.1%	13.1%	13.1%
\$10	35%	50%	\$10,000	\$100	13.1%	13.1%	13.1%	13.1%
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								
Form Number: R-ContraRx&Dev42*								
Generic & Brand Contraceptives					n/a	n/a	n/a	n/a

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				

	\$10	50%	13.1%	13.1%	13.1%	13.1%
Form Number: R-ContraRxGen42*						
Generic Only Contraceptives			n/a	n/a	n/a	n/a

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - % Change

Empire HealthChoice Assurance, Inc.
 Small Group Blue Essential EPO Prescription Drug Riders
 Group Monthly Rates Effective April 1, 2013

Quarter 3: July - September 2013

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	13.9%	13.9%	13.9%	13.9%
\$10	35%	50%	n/a	\$100	13.9%	13.9%	13.9%	13.9%
\$10	\$35	35%	\$10,000	\$50	13.9%	13.9%	13.9%	13.9%
\$10	35%	50%	\$10,000	\$100	13.9%	13.9%	13.9%	13.9%

- Coinsurance Max/Script : \$350
 - Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance				

	\$10	50%	13.9%	13.9%	13.9%	13.9%

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - % Change

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 4: October - December 2013

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	14.8%	14.8%	14.8%	14.8%
\$10	35%	50%	n/a	\$100	14.8%	14.8%	14.8%	14.8%
\$10	\$35	35%	\$10,000	\$50	14.7%	14.7%	14.7%	14.7%
\$10	35%	50%	\$10,000	\$100	14.8%	14.8%	14.8%	14.8%

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Generic	Brand	Coinsurance				
Co-pay	***					
\$10		50%	14.8%	14.8%	14.8%	14.8%

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group Essential EPO Rx - % Change

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2013**

Quarter 1: January - March 2014

Rider Description					Four Tier Option			
					Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic								
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible				
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	15.6%	15.6%	15.6%	15.6%
\$10	35%	50%	n/a	\$100	15.6%	15.6%	15.6%	15.6%
\$10	\$35	35%	\$10,000	\$50	15.6%	15.6%	15.6%	15.6%
\$10	35%	50%	\$10,000	\$100	15.6%	15.6%	15.6%	15.6%

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a	n/a	n/a	n/a
--------------------------------	-----	-----	-----	-----

Rider Description			Four Tier Option			
			Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Generic	Brand	Coinsurance				
Co-pay	***					
\$10		50%	15.6%	15.6%	15.6%	15.6%

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a	n/a	n/a	n/a
-----------------------------	-----	-----	-----	-----

* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Small Group PPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2012

Quarter 2: April - June 2012

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$567.77	\$1,135.54	\$1,021.99	\$1,703.31
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$512.98	\$1,025.96	\$923.36	\$1,538.94
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$606.20	\$1,212.40	\$1,091.16	\$1,818.60
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$547.72	\$1,095.44	\$985.90	\$1,643.16
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$592.01	\$1,184.02	\$1,065.62	\$1,776.03
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$534.89	\$1,069.78	\$962.80	\$1,604.67
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$457.74	\$915.48	\$823.93	\$1,373.22
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$413.58	\$827.16	\$744.44	\$1,240.74
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$507.41	\$1,014.82	\$913.34	\$1,522.23
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$458.45	\$916.90	\$825.21	\$1,375.35
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$658.85	\$1,317.70	\$1,185.93	\$1,976.55
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$595.28	\$1,190.56	\$1,071.50	\$1,785.84

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2012

Quarter 3: July - September 2012

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$581.96	\$1,163.92	\$1,047.53	\$1,745.88
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$525.80	\$1,051.60	\$946.44	\$1,577.40
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$621.36	\$1,242.72	\$1,118.45	\$1,864.08
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$561.41	\$1,122.82	\$1,010.54	\$1,684.23
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$606.81	\$1,213.62	\$1,092.26	\$1,820.43
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$548.26	\$1,096.52	\$986.87	\$1,644.78
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$469.18	\$938.36	\$844.52	\$1,407.54
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$423.92	\$847.84	\$763.06	\$1,271.76
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$520.10	\$1,040.20	\$936.18	\$1,560.30
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$469.91	\$939.82	\$845.84	\$1,409.73
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$675.32	\$1,350.64	\$1,215.58	\$2,025.96
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$610.16	\$1,220.32	\$1,098.29	\$1,830.48

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2012

October 2012 Only

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium				
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family	
Downstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$596.51	\$1,193.02	\$1,073.72	\$1,789.53	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$538.95	\$1,077.90	\$970.11	\$1,616.85	
Downstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$636.89	\$1,273.78	\$1,146.40	\$1,910.67	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$575.45	\$1,150.90	\$1,035.81	\$1,726.35	
Mid-Hudson										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$621.98	\$1,243.96	\$1,119.56	\$1,865.94	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$561.97	\$1,123.94	\$1,011.55	\$1,685.91	
Capital										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$480.91	\$961.82	\$865.64	\$1,442.73	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$434.52	\$869.04	\$782.14	\$1,303.56	
Upstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$533.10	\$1,066.20	\$959.58	\$1,599.30	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$481.66	\$963.32	\$866.99	\$1,444.98	
Upstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$692.20	\$1,384.40	\$1,245.96	\$2,076.60	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$625.41	\$1,250.82	\$1,125.74	\$1,876.23	

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Monthly Rates Effective November 1, 2012

November - December 2012 Only

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$600.69	\$1,201.38	\$1,081.24	\$1,802.07
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$542.72	\$1,085.44	\$976.90	\$1,628.16
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$641.35	\$1,282.70	\$1,154.43	\$1,924.05
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$579.48	\$1,158.96	\$1,043.06	\$1,738.44
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$626.33	\$1,252.66	\$1,127.39	\$1,878.99
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$565.90	\$1,131.80	\$1,018.62	\$1,697.70
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$484.28	\$968.56	\$871.70	\$1,452.84
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$437.56	\$875.12	\$787.61	\$1,312.68
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$536.83	\$1,073.66	\$966.29	\$1,610.49
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$485.03	\$970.06	\$873.05	\$1,455.09
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$697.05	\$1,394.10	\$1,254.69	\$2,091.15
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$629.79	\$1,259.58	\$1,133.62	\$1,889.37

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - Current Rates

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Monthly Rates Effective November 1, 2012

Quarter 1: January - March 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium				
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family	
Downstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$615.71	\$1,231.42	\$1,108.28	\$1,847.13	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$556.29	\$1,112.58	\$1,001.32	\$1,668.87	
Downstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$657.38	\$1,314.76	\$1,183.28	\$1,972.14	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$593.97	\$1,187.94	\$1,069.15	\$1,781.91	
Mid-Hudson										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$641.99	\$1,283.98	\$1,155.58	\$1,925.97	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$580.05	\$1,160.10	\$1,044.09	\$1,740.15	
Capital										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$496.39	\$992.78	\$893.50	\$1,489.17	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$448.50	\$897.00	\$807.30	\$1,345.50	
Upstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$550.25	\$1,100.50	\$990.45	\$1,650.75	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$497.16	\$994.32	\$894.89	\$1,491.48	
Upstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$714.48	\$1,428.96	\$1,286.06	\$2,143.44	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$645.53	\$1,291.06	\$1,161.95	\$1,936.59	

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

**Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013**

Quarter 2: April - June 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$655.12	\$1,310.24	\$1,179.22	\$1,965.36
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$591.89	\$1,183.78	\$1,065.40	\$1,775.67
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$699.45	\$1,398.90	\$1,259.01	\$2,098.35
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$631.98	\$1,263.96	\$1,137.56	\$1,895.94
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$683.08	\$1,366.16	\$1,229.54	\$2,049.24
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$617.17	\$1,234.34	\$1,110.91	\$1,851.51
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$528.16	\$1,056.32	\$950.69	\$1,584.48
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$477.20	\$954.40	\$858.96	\$1,431.60
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$585.47	\$1,170.94	\$1,053.85	\$1,756.41
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$528.98	\$1,057.96	\$952.16	\$1,586.94
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$760.21	\$1,520.42	\$1,368.38	\$2,280.63
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$686.84	\$1,373.68	\$1,236.31	\$2,060.52

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

Quarter 3: July - September 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$679.69	\$1,359.38	\$1,223.44	\$2,039.07
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$614.09	\$1,228.18	\$1,105.36	\$1,842.27
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$725.68	\$1,451.36	\$1,306.22	\$2,177.04
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$655.68	\$1,311.36	\$1,180.22	\$1,967.04
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$708.70	\$1,417.40	\$1,275.66	\$2,126.10
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$640.31	\$1,280.62	\$1,152.56	\$1,920.93
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$547.97	\$1,095.94	\$986.35	\$1,643.91
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$495.10	\$990.20	\$891.18	\$1,485.30
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$607.43	\$1,214.86	\$1,093.37	\$1,822.29
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$548.82	\$1,097.64	\$987.88	\$1,646.46
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$788.72	\$1,577.44	\$1,419.70	\$2,366.16
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$712.60	\$1,425.20	\$1,282.68	\$2,137.80

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

Quarter 4: October - December 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$705.18	\$1,410.36	\$1,269.32	\$2,115.54
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$637.12	\$1,274.24	\$1,146.82	\$1,911.36
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$752.89	\$1,505.78	\$1,355.20	\$2,258.67
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$680.27	\$1,360.54	\$1,224.49	\$2,040.81
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$735.28	\$1,470.56	\$1,323.50	\$2,205.84
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$664.32	\$1,328.64	\$1,195.78	\$1,992.96
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$568.52	\$1,137.04	\$1,023.34	\$1,705.56
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$513.67	\$1,027.34	\$924.61	\$1,541.01
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$630.21	\$1,260.42	\$1,134.38	\$1,890.63
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$569.40	\$1,138.80	\$1,024.92	\$1,708.20
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$818.30	\$1,636.60	\$1,472.94	\$2,454.90
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$739.32	\$1,478.64	\$1,330.78	\$2,217.96

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

Quarter 1: January - March 2014

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$731.62	\$1,463.24	\$1,316.92	\$2,194.86
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$661.01	\$1,322.02	\$1,189.82	\$1,983.03
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$781.12	\$1,562.24	\$1,406.02	\$2,343.36
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$705.78	\$1,411.56	\$1,270.40	\$2,117.34
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$762.85	\$1,525.70	\$1,373.13	\$2,288.55
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$689.23	\$1,378.46	\$1,240.61	\$2,067.69
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$589.84	\$1,179.68	\$1,061.71	\$1,769.52
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$532.93	\$1,065.86	\$959.27	\$1,598.79
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$653.84	\$1,307.68	\$1,176.91	\$1,961.52
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$590.75	\$1,181.50	\$1,063.35	\$1,772.25
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$848.99	\$1,697.98	\$1,528.18	\$2,546.97
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$767.04	\$1,534.08	\$1,380.67	\$2,301.12

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - \$ Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

Quarter 2: April - June 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$87.35	\$174.70	\$157.23	\$262.05
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$78.91	\$157.82	\$142.04	\$236.73
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$93.25	\$186.50	\$167.85	\$279.75
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$84.26	\$168.52	\$151.66	\$252.78
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$91.07	\$182.14	\$163.92	\$273.21
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$82.28	\$164.56	\$148.11	\$246.84
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$70.42	\$140.84	\$126.76	\$211.26
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$63.62	\$127.24	\$114.52	\$190.86
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$78.06	\$156.12	\$140.51	\$234.18
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$70.53	\$141.06	\$126.95	\$211.59
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$101.36	\$202.72	\$182.45	\$304.08
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$91.56	\$183.12	\$164.81	\$274.68

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - \$ Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

Quarter 3: July - September 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$97.73	\$195.46	\$175.91	\$293.19
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$88.29	\$176.58	\$158.92	\$264.87
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$104.32	\$208.64	\$187.77	\$312.96
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$94.27	\$188.54	\$169.68	\$282.81
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$101.89	\$203.78	\$183.40	\$305.67
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$92.05	\$184.10	\$165.69	\$276.15
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$78.79	\$157.58	\$141.83	\$236.37
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$71.18	\$142.36	\$128.12	\$213.54
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$87.33	\$174.66	\$157.19	\$261.99
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$78.91	\$157.82	\$142.04	\$236.73
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$113.40	\$226.80	\$204.12	\$340.20
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$102.44	\$204.88	\$184.39	\$307.32

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - \$ Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

October 2013 Only

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$108.67	\$217.34	\$195.60	\$326.01
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$98.17	\$196.34	\$176.71	\$294.51
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$116.00	\$232.00	\$208.80	\$348.00
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$104.82	\$209.64	\$188.68	\$314.46
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$113.30	\$226.60	\$203.94	\$339.90
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$102.35	\$204.70	\$184.23	\$307.05
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$87.61	\$175.22	\$157.70	\$262.83
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$79.15	\$158.30	\$142.47	\$237.45
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$97.11	\$194.22	\$174.80	\$291.33
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$87.74	\$175.48	\$157.93	\$263.22
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$126.10	\$252.20	\$226.98	\$378.30
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$113.91	\$227.82	\$205.04	\$341.73

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - \$ Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Monthly Rates Effective November 1, 2013

November - December 2013 Only

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$104.49	\$208.98	\$188.08	\$313.47
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$94.40	\$188.80	\$169.92	\$283.20
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$111.54	\$223.08	\$200.77	\$334.62
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$100.79	\$201.58	\$181.43	\$302.37
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$108.95	\$217.90	\$196.11	\$326.85
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$98.42	\$196.84	\$177.16	\$295.26
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$84.24	\$168.48	\$151.64	\$252.72
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$76.11	\$152.22	\$137.00	\$228.33
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$93.38	\$186.76	\$168.09	\$280.14
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$84.37	\$168.74	\$151.87	\$253.11
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$121.25	\$242.50	\$218.25	\$363.75
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$109.53	\$219.06	\$197.16	\$328.59

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - \$ Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Monthly Rates Effective November 1, 2013

Quarter 1: January - March 2014

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$115.91	\$231.82	\$208.64	\$347.73
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$104.72	\$209.44	\$188.50	\$314.16
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$123.74	\$247.48	\$222.74	\$371.22
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$111.81	\$223.62	\$201.25	\$335.43
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$120.86	\$241.72	\$217.55	\$362.58
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$109.18	\$218.36	\$196.52	\$327.54
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$93.45	\$186.90	\$168.21	\$280.35
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$84.43	\$168.86	\$151.97	\$253.29
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$103.59	\$207.18	\$186.46	\$310.77
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$93.59	\$187.18	\$168.46	\$280.77
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$134.51	\$269.02	\$242.12	\$403.53
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$121.51	\$243.02	\$218.72	\$364.53

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - % Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

Quarter 2: April - June 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium				
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family	
Downstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	15.4%	15.4%	15.4%	15.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	15.4%	15.4%	15.4%	15.4%	
Downstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	15.4%	15.4%	15.4%	15.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	15.4%	15.4%	15.4%	15.4%	
Mid-Hudson										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	15.4%	15.4%	15.4%	15.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	15.4%	15.4%	15.4%	15.4%	
Capital										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	15.4%	15.4%	15.4%	15.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	15.4%	15.4%	15.4%	15.4%	
Upstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	15.4%	15.4%	15.4%	15.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	15.4%	15.4%	15.4%	15.4%	
Upstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	15.4%	15.4%	15.4%	15.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	15.4%	15.4%	15.4%	15.4%	

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - % Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

Quarter 3: July - September 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium				
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family	
Downstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	16.8%	16.8%	16.8%	16.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	16.8%	16.8%	16.8%	16.8%	
Downstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	16.8%	16.8%	16.8%	16.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	16.8%	16.8%	16.8%	16.8%	
Mid-Hudson										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	16.8%	16.8%	16.8%	16.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	16.8%	16.8%	16.8%	16.8%	
Capital										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	16.8%	16.8%	16.8%	16.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	16.8%	16.8%	16.8%	16.8%	
Upstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	16.8%	16.8%	16.8%	16.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	16.8%	16.8%	16.8%	16.8%	
Upstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	16.8%	16.8%	16.8%	16.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	16.8%	16.8%	16.8%	16.8%	

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - % Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective April 1, 2013

October 2013 Only

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium				
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family	
Downstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.2%	18.2%	18.2%	18.2%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.2%	18.2%	18.2%	18.2%	
Downstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.2%	18.2%	18.2%	18.2%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.2%	18.2%	18.2%	18.2%	
Mid-Hudson										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.2%	18.2%	18.2%	18.2%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.2%	18.2%	18.2%	18.2%	
Capital										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.2%	18.2%	18.2%	18.2%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.2%	18.2%	18.2%	18.2%	
Upstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.2%	18.2%	18.2%	18.2%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.2%	18.2%	18.2%	18.2%	
Upstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.2%	18.2%	18.2%	18.2%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.2%	18.2%	18.2%	18.2%	

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - % Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Monthly Rates Effective November 1, 2013

November - December 2013 Only

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium				
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family	
Downstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	17.4%	17.4%	17.4%	17.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	17.4%	17.4%	17.4%	17.4%	
Downstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	17.4%	17.4%	17.4%	17.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	17.4%	17.4%	17.4%	17.4%	
Mid-Hudson										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	17.4%	17.4%	17.4%	17.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	17.4%	17.4%	17.4%	17.4%	
Capital										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	17.4%	17.4%	17.4%	17.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	17.4%	17.4%	17.4%	17.4%	
Upstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	17.4%	17.4%	17.4%	17.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	17.4%	17.4%	17.4%	17.4%	
Upstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	17.4%	17.4%	17.4%	17.4%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	17.4%	17.4%	17.4%	17.4%	

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Small Group PPO Base - % Change

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Monthly Rates Effective November 1, 2013

Quarter 1: January - March 2014

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium				
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family	
Downstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.8%	18.8%	18.8%	18.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.8%	18.8%	18.8%	18.8%	
Downstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.8%	18.8%	18.8%	18.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.8%	18.8%	18.8%	18.8%	
Mid-Hudson										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.8%	18.8%	18.8%	18.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.8%	18.8%	18.8%	18.8%	
Capital										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.8%	18.8%	18.8%	18.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.8%	18.8%	18.8%	18.8%	
Upstate 1										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.8%	18.8%	18.8%	18.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.8%	18.8%	18.8%	18.8%	
Upstate 2										
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	18.8%	18.8%	18.8%	18.8%	
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	18.8%	18.8%	18.8%	18.8%	

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Rate Summary Worksheet

Per the Instructions, health insurance issuers proposing rate increases above the threshold fill in only those cells that are highlighted in GREY. The other cells are auto-populated.

OMB-0938-1141

A. Base Period Data

Start Period: 04/01/2011 End Period: 03/31/2012

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	114,482	\$ 16,195,719.01	\$ 15,668,414.90	\$ 527,304.11	\$ 4.61	\$ 136.86	\$ 141.47
Outpatient	114,482	\$ 15,402,081.21	\$ 14,405,040.91	\$ 997,040.30	\$ 8.71	\$ 125.83	\$ 134.54
Professional	114,482	\$ 32,196,590.67	\$ 25,259,320.28	\$ 6,937,270.39	\$ 60.60	\$ 220.64	\$ 281.24
Prescription Drugs	114,482	\$ 19,345,071.01	\$ 16,028,676.75	\$ 3,316,394.26	\$ 28.97	\$ 140.01	\$ 168.98
Other	114,482	\$ 1,698,323.94	\$ 1,397,616.37	\$ 300,707.57	\$ 2.63	\$ 12.21	\$ 14.83
Capitation	114,482	\$ 368,162.22	\$ 368,162.22	\$ 0.00	\$ 0.00	\$ 3.22	\$ 3.22
Total	114,482	\$ 85,205,948.06	\$ 73,127,231.43	\$ 12,078,716.63	\$ 105.51	\$ 638.77	\$ 744.27

B. Claim Projections

B1. Adjustment to the Current Rate

Start Period: 04/01/2012 End Period: 03/31/2013

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1459	\$ 162.11	\$ 158.51	0.0222
Outpatient	1.1486	\$ 154.53	\$ 145.73	0.0570
Professional	1.1615	\$ 326.66	\$ 255.53	0.2177
Prescription Drugs	0.9482	\$ 160.23	\$ 132.48	0.1732
Other	1.1582	\$ 17.18	\$ 14.14	0.1771
Capitation	1.2180	\$ 3.92	\$ 3.92	0.0000
Total		\$ 824.62	\$ 710.30	0.14

B2. Claims Projection for Future Rate

Start Period: 04/01/2013 End Period: 03/31/2014

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1260	\$ 182.53	\$ 180.39	0.0117
Outpatient	1.1260	\$ 174.00	\$ 165.85	0.0469
Professional	1.1260	\$ 367.81	\$ 290.81	0.2093
Prescription Drugs	1.1260	\$ 180.41	\$ 150.77	0.1643
Other	1.1260	\$ 19.35	\$ 16.09	0.1683
Capitation	1.1260	\$ 4.41	\$ 4.41	0.0000
Total		\$ 928.52	\$ 808.32	0.13

B3. Medical Trend Breakout

Factor	Impact
Utilization	15.0000%
Unit Cost	45.9000%
Other Factors	39.1000%

C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 808.32	85.50%	\$ 750.49	88.10%	\$ 57.83	61.82%
2. Administrative Costs	\$ 105.67	11.18%	\$ 85.14	9.99%	\$ 20.53	21.95%
3. Underwriting Gain/Loss	\$ 31.41	3.32%	\$ 16.24	1.91%	\$ 15.18	16.22%
4. Total Rate	\$ 945.40	100.00%	\$ 851.86	100.00%	\$ 93.54	100.00%
5. Overall Rate Increase		10.98%				

D. Components of Rate Increase

	Impact on Rate	Percent
Claims Components		
1. Inpatient	\$ 19.97	34.53%
2. Outpatient	\$ 18.36	31.75%
3. Professional	\$ 32.20	55.67%
4. Prescription Drugs	\$ 16.69	28.86%
5. Other	\$ 1.78	3.08%
6. Capitation	\$ 0.49	0.85%
7. Cost Share	\$ 8.52	14.74%
8. Correction of Prior Net Claims Estimate	\$ (40.19)	-69.49%
9. Total	\$ 57.83	100.00%
Claims Restatement for Current Rate Period		
8.a. Prior Net Claims Estimate for Current Rate Period	\$ 750.49	
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$ 710.30	

E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

Calendar Year	New Form	Requested	Implemented
2012	N	8.2000%	4.1000%
2011	N	5.3000%	5.3000%
2010	N	7.9000%	7.9000%

F. Range and Scope of Proposed Increase

Number of Covered Individuals	4,874	Threshold Rate Increase	12.6000%
-------------------------------	-------	-------------------------	----------

	Range of Rate Increase
Minimum % Increase	10.9000%
Maximum % Increase	18.9000%

Last Updated: 10/19/12 9:58 AM