

SERFF Tracking Number: AWLP-127621857 State: New York
Filing Company: Empire Health Choice Assurance, Inc. State Tracking Number: 2011110005
Company Tracking Number: 2Q12 RATES ESSENTIAL EPO - ART 42
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: Essential EPO - 2Q12
Project Name/Number: 2Q12 RATE FILING - NON HMO ARTICLE 42/

Filing at a Glance

Company: Empire Health Choice Assurance, Inc.

Product Name: Essential EPO - 2Q12 SERFF Tr Num: AWLP-127621857 State: New York
TOI: H15G Group Health - SERFF Status: Assigned State Tr Num: 2011110005
Hospital/Surgical/Medical Expense
Sub-TOI: H15G.003 Small Group Only Co Tr Num: 2Q12 RATES State Status:
ESSENTIAL EPO - ART 42

Filing Type: Rate Adjustment pursuant to
Section 4308(c)

Reviewer(s): [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]:
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date Submitted: 10/31/2011 Disposition Status:
Implementation Date:

Implementation Date Requested: 04/01/2012

State Filing Description:

General Information

Project Name: 2Q12 RATE FILING - NON HMO ARTICLE 42

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 11/01/2011

State Status Changed:

Created By: [REDACTED]

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: [REDACTED]

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PPACA Notes: null

Filing Description:

Empire is filing 2Q12 rates for our Essential EPO product. We are also changing our rating tier factors for this product.

Company and Contact

Filing Contact Information

[REDACTED]

One Liberty Plaza
 New York, NY 10006

Filing Company Information

Empire Health Choice Assurance, Inc.
 1 Liberty Plaza

[REDACTED]

[REDACTED]

CoCode: 55093
 Group Code: 671

State of Domicile: New York
 Company Type: Life, Accident,
 Health

Group Name: WellPoint Inc Group State ID Number:
 FEIN Number: 23-7391136

[REDACTED]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Health Choice Assurance, Inc.	\$0.00		

State Specific

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): yes; Empire HealthChoice HMO, Inc; 10/31; AWLP-127621762
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New

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York? Yes/No (If Yes, enter which one.): no

4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only

5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, "File and Use" Rate Adjustment, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes; Other: 3231(e)(1)

6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.): no

7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): no

8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): no

9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): no

SERFF Tracking Number: AWLP-127621857 State: New York
 Filing Company: Empire Health Choice Assurance, Inc. State Tracking Number: 2011110005
 Company Tracking Number: 2Q12 RATES ESSENTIAL EPO - ART 42
 TOI: H15G Group Health - Hospital/Surgical/Medical Expense Sub-TOI: H15G.003 Small Group Only
 Product Name: Essential EPO - 2Q12
 Project Name/Number: 2Q12 RATE FILING - NON HMO ARTICLE 42/

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
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Empire Health Choice Assurance, Inc.	Increase	%	%				%	%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:			1,740					
Policy Holders:			220					

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Product Name: Essential EPO - 2Q12
Project Name/Number: 2Q12 RATE FILING - NON HMO ARTICLE 42/

Rate Review Details

COMPANY:

Company Name: Empire Health Choice Assurance, Inc.
HHS Issuer Id: 44113
Product Names: Essential EPO
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: R-EPO-Blue Essential 2011

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Quarterly
Member Months: 127,842
Benefit Change: None
Percent Change Requested: Min: 14.3 Max: 23.6 Avg: 14.9

PRIOR RATE:

Total Earned Premium: 50,308,384.00
Total Incurred Claims: 40,247,218.00
Annual \$: Min: 393.52 Max: 393.52 Avg: 393.52

REQUESTED RATE:

Projected Earned Premium: 57,803,760.00
Projected Incurred Claims: 49,132,237.00
Annual \$: Min: 452.15 Max: 452.15 Avg: 452.15

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Manuals		New		Essential EPO Base Rate Manual April 2012.pdf Essential EPO Rx Rate Manual April 2012.pdf EEPO Benefit Description October 2011.pdf Essential EPO Non-Drug Rider Rate Manual April 2012.pdf

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

Downstate 1*									
Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
	Co-pay	Co-pay					H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	289.38	607.70	520.88	876.82

Downstate 2*									
Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
	Co-pay	Co-pay					H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	308.96	648.82	556.13	936.15

Mid-Hudson*									
Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
	Co-pay	Co-pay					H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	301.72	633.61	543.10	914.21

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

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

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

**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

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	233.31	489.95	419.96	706.93

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	258.63	543.12	465.53	783.65

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	335.79	705.16	604.42	1,017.44

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

**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

Downstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	298.06	625.93	536.51	903.12

Downstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	318.23	668.28	572.81	964.24

Mid-Hudson*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	310.77	652.62	559.39	941.63

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

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

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

**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

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	240.31	504.65	432.56	728.14

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	266.39	559.42	479.50	807.16

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	345.86	726.31	622.55	1,047.96

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

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

Quarter 4: October - December 2012

Downstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	307.00	644.70	552.60	930.21

Downstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	327.78	688.34	590.00	993.17

Mid-Hudson*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	320.09	672.19	576.16	969.87

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

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

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

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

Quarter 4: October - December 2012

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	247.52	519.79	445.54	749.99

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	274.38	576.20	493.88	831.37

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	356.24	748.10	641.23	1,079.41

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

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

Quarter 1: January - March 2013

Downstate 1*									
Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max	Individual	Four Tier Option		Family
	Co-pay	Co-pay			(incl. ded)		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	316.21	664.04	569.18	958.12

Downstate 2*									
Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max	Individual	Four Tier Option		Family
	Co-pay	Co-pay			(incl. ded)		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	337.61	708.98	607.70	1,022.96

Mid-Hudson*									
Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max	Individual	Four Tier Option		Family
	Co-pay	Co-pay			(incl. ded)		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	329.69	692.35	593.44	998.96

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

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

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

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

Quarter 1: January - March 2013

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	254.95	535.40	458.91	772.50

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	282.61	593.48	508.70	856.31

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	366.93	770.55	660.47	1,111.80

*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 Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective April 1, 2012**

Quarter 2: April - June 2012

<u>Rider Description</u>					<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>OOP Max.</u>	<u>Deductible</u>		<u>H/W</u>	<u>P/Ch(ren)</u>	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1011**								
\$10	\$35	35%	n/a	\$50	108.11	227.03	194.60	327.57
\$10	35%	50%	n/a	\$100	84.54	177.53	152.17	256.16
\$10	\$35	35%	\$10,000	\$50	108.51	227.87	195.32	328.79
\$10	35%	50%	\$10,000	\$100	85.26	179.05	153.47	258.34

- 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%
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<u>Rider Description</u>			<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Generic</u>	<u>Brand</u>			<u>H/W</u>	<u>P/Ch(ren)</u>	
<u>Co-pay</u>	<u>Coinsurance***</u>					
\$10	50%		17.90	37.59	32.22	54.24

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

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

Quarter 3: July - September 2012

<u>Rider Description</u>					<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>OOP Max.</u>	<u>Deductible</u>		<u>H/W</u>	<u>P/Ch(ren)</u>	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1011**								
\$10	\$35	35%	n/a	\$50	111.35	233.84	200.43	337.39
\$10	35%	50%	n/a	\$100	87.08	182.87	156.74	263.85
\$10	\$35	35%	\$10,000	\$50	111.77	234.72	201.19	338.66
\$10	35%	50%	\$10,000	\$100	87.82	184.42	158.08	266.09

- 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%
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<u>Rider Description</u>			<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Generic</u>	<u>Brand</u>			<u>H/W</u>	<u>P/Ch(ren)</u>	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1011**						
<u>Co-pay</u>	<u>Coinsurance***</u>					
\$10	50%		18.44	38.72	33.19	55.87

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

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

Quarter 4: October - December 2012

<u>Rider Description</u>					<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>OOP Max.</u>	<u>Deductible</u>		<u>H/W</u>	<u>P/Ch(ren)</u>	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1011**								
\$10	\$35	35%	n/a	\$50	114.69	240.85	206.44	347.51
\$10	35%	50%	n/a	\$100	89.69	188.35	161.44	271.76
\$10	\$35	35%	\$10,000	\$50	115.12	241.75	207.22	348.81
\$10	35%	50%	\$10,000	\$100	90.45	189.95	162.81	274.06

- 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%
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<u>Rider Description</u>			<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Generic</u>	<u>Brand</u>			<u>H/W</u>	<u>P/Ch(ren)</u>	
<u>Co-pay</u>	<u>Coinsurance***</u>					
\$10	50%		18.99	39.88	34.18	57.54

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

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

Quarter 1: January - March 2013

<u>Rider Description</u>					<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>OOP Max.</u>	<u>Deductible</u>		<u>H/W</u>	<u>P/Ch(ren)</u>	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1011**								
\$10	\$35	35%	n/a	\$50	118.13	248.07	212.63	357.93
\$10	35%	50%	n/a	\$100	92.38	194.00	166.28	279.91
\$10	\$35	35%	\$10,000	\$50	118.57	249.00	213.43	359.27
\$10	35%	50%	\$10,000	\$100	93.16	195.64	167.69	282.27

- 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%
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<u>Rider Description</u>			<u>Individual</u>	<u>Four Tier</u>		<u>Family</u>
<u>Generic</u>	<u>Brand</u>			<u>H/W</u>	<u>P/Ch(ren)</u>	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1011**						
<u>Co-pay</u>	<u>Coinsurance***</u>					
\$10	50%		19.56	41.08	35.21	59.27

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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____ Rider rate is multiplied by prescription drug rate.
 ____ Excludes coverage for contraceptives.
 ____ For mandated drugs only.



Benefits Summary

Blue Essential EPO

For Groups with 2-50 Eligible Employees (Non-grandfathered plans)

Cost Sharing Options	Deductible	Coinsurance	Total Out-of-Pocket Maximum (Includes Deductible)
Option 10	\$4,000 / \$12,000	20%	\$10,000 / \$30,000
Benefit	In-Network	Options	
Lifetime Maximum	Unlimited	To age 30	
Dependent Children (covered to end of calendar month)	To age 26		
4th Quarter Deductible Carryover	Rider available		
Covered Preventive Care	Member Pays	Options	
Covered Adult Preventive Care	\$0		
Annual Physical Exam	\$0		
Mammography Screenings	\$0		
Well-Child Care (up to age 19; including covered immunizations)	\$0		
Preventive Well-Woman Care	\$0		
Home/Office/Outpatient Care	Member Pays	Options	
Home/Office Visits	\$30/\$50 co-pay		
Emergency Room/Facility	\$150 co-pay		
Presurgical Testing within 7 days of surgery	Cost sharing option selected		
Ambulatory/Outpatient Surgery	Cost sharing option selected		
Anesthesia (when part of a covered surgery if rendered by a doctor who is not the surgeon or an assistant)	Cost sharing option selected		
Office Surgery	Cost sharing option selected		
Chemotherapy, Radiation Therapy	Cost sharing option selected		
Routine Maternity Care (Initial Office Visit)			
- Office Visit	\$30 co-pay		
- Lab/X-ray	Deductible and 50% coinsurance		
- Other Covered Services	50% coinsurance		
Physician Global Fee (prenatal, delivery, postpartum)	Cost sharing option selected		
Laboratory Tests, X-rays	Deductible and 50% coinsurance		
MRI/MRA, PET, CAT Scan, Nuclear Cardiology	Deductible and 50% coinsurance		
Allergy Care			
- Office	\$30/\$50 co-pay		
- Testing	Deductible and 50% coinsurance		
- Treatment	Deductible and 50% coinsurance		
Chiropractic Care			
- Exam/Evaluation	\$30 co-pay		
- X-ray	Deductible and 50% coinsurance		
- Other Covered Services	Subject to 50% coinsurance		
Home Healthcare (up to 60 visits per calendar/plan year)	Cost sharing option selected (no deductible)		
Home Infusion Therapy	Cost sharing option selected		
Hospice Care (unlimited based on medical necessity)	Cost sharing option selected		
Physical Therapy, Speech/Language, Occupational, Vision Therapies			
- Exam/Evaluation	\$50 co-pay		
- Lab/X-ray	Deductible and 50% coinsurance		
- Other Covered Services	Subject to 50% coinsurance		
(up to 30 visits per calendar/plan year combined in home, office, or outpatient facility)			
Cardiac Rehabilitation	Cost sharing option selected		
Kidney Dialysis	Cost sharing option selected		
Second Surgical Opinion			
- Exam/Evaluation	\$30/\$50 co-pay		
- Lab/X-ray	Deductible and 50% coinsurance		
- Other Covered Services	Subject to 50% coinsurance		
Infertility Services			
- Exam/Evaluation	\$30/\$50 co-pay		
- Other Covered Services	Subject to 50% coinsurance		

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

Rider Description			Form Number	Individual	Four Tier Option		Family
Exam Copay	Exam Frequency	Benefit Level			H/W	P/C	
\$5	24 months	Low	R-42 VISION EXAM	\$1.00	\$2.10	\$1.80	\$3.03
\$5	24 months	High	R-42 VISION	\$3.52	\$7.39	\$6.34	\$10.67
\$5	12 months	Low	R-42 VISION EXAM	\$1.12	\$2.35	\$2.02	\$3.39
\$5	12 months	High	R-42 VISION	\$4.05	\$8.51	\$7.29	\$12.27
\$10	24 months	Low	R-42 VISION EXAM	\$0.97	\$2.04	\$1.75	\$2.94
\$10	24 months	High	R-42 VISION	\$3.41	\$7.16	\$6.14	\$10.33
\$10	12 months	Low	R-42 VISION EXAM	\$1.08	\$2.27	\$1.94	\$3.27
\$10	12 months	High	R-42 VISION	\$3.95	\$8.30	\$7.11	\$11.97
Alcohol/Substance Abuse 30 days rehabilitation			PPO/POS-95: I/N I/P REHAB - Rev. 6/98	\$2.34	\$4.91	\$4.21	\$7.09
Skilled Nursing Facility 365 days			SOB-EPO-Blue Essential 2011	\$0.38	\$0.80	\$0.68	\$1.15
Biologically Based Mental Illnesses & Serious Emotional Disturbances in Children			EHCA, Inc. (Small-Make Available)	\$2.08	\$4.37	\$3.74	\$6.30
Domestic Partner			R-SG Dom Part 42	n/a	\$0.00	n/a	\$0.00
Rider Description			Form Number	Individual	Four Tier Option		Family
Region					H/W	P/C	
Deductible Carryover Rates							
	Downstate 1		R-Ded.CarryO.SG	\$7.13	\$14.97	\$12.83	\$21.60
	Downstate 2		R-Ded.CarryO.SG	\$7.13	\$14.97	\$12.83	\$21.60
	Mid-Hudson		R-Ded.CarryO.SG	\$7.42	\$15.58	\$13.36	\$22.48
	Capitol		R-Ded.CarryO.SG	\$6.06	\$12.73	\$10.91	\$18.36
	Upstate 1		R-Ded.CarryO.SG	\$6.06	\$12.73	\$10.91	\$18.36
	Upstate 2		R-Ded.CarryO.SG	\$6.06	\$12.73	\$10.91	\$18.36
Dependent Age Limit: To age 30 All rating areas			R-Age 29-Make Available Option-42	N/A	N/A	\$45.69	\$76.15
Federal Mental Health Parity Compliance Rider			R-FMHP-MH/SA-42 2009	\$1.58	\$3.32	\$2.84	\$4.79
\$400 Annual Gym Rider (\$200 per 6 months, must visit gym 50 times in each 6 month period)			R-FIT-CTR-42 2011	\$1.16	\$1.16	\$1.16	\$1.16
Durable Medical Equipment Rider			SOB-EPO-Blue Essential 2011	\$4.24	\$8.90	\$7.63	\$12.85

SERFF Tracking Number: AWLP-127621857 State: New York
 Filing Company: Empire Health Choice Assurance, Inc. State Tracking Number: 2011110005
 Company Tracking Number: 2Q12 RATES ESSENTIAL EPO - ART 42
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: Essential EPO - 2Q12
 Project Name/Number: 2Q12 RATE FILING - NON HMO ARTICLE 42/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
Comments:		
Attachment: PA_Rate_Adjustment_Filing_Checklist.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum/Actuarial Certification		
Comments:		
Attachment: 2Q12 SG EHCA Rate Filing.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 1 - General Information		
Comments:		
Attachment: Exhibit 1_Art42.xls		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 2 - FOIL Exemption Request		
Comments:		
Attachment: Exhibit 2_Art42.xls		

SERFF Tracking Number: AWLP-127621857 State: New York
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 Expense
 Product Name: Essential EPO - 2Q12
 Project Name/Number: 2Q12 RATE FILING - NON HMO ARTICLE 42/

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 3 - Narrative Summary

Comments:

Attachments:

Exhibit 3_Art42.xls
 2Q12 Empire SG Rate Narrative 10-30.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes

Comments:

Attachment:

Exhibit 4_Art42.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 5 - Distribution of Contracts Affected by Proposed Rate Adjustments

Comments:

Attachment:

Exhibit 5_Art42.xls

Item Status: **Status Date:**

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

Comments:

Attachment:

SERFF Tracking Number: AWLP-127621857 State: New York
 Filing Company: Empire Health Choice Assurance, Inc. State Tracking Number: 2011110005
 Company Tracking Number: 2Q12 RATES ESSENTIAL EPO - ART 42
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: Essential EPO - 2Q12
 Project Name/Number: 2Q12 RATE FILING - NON HMO ARTICLE 42/
 Exhibit 6_Art42.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 7 - Historical Data
Comments:
Attachment:
 Exhibit 7_Art42.xls

Item Status: **Status Date:**

Satisfied - Item: Initial Notice of Proposed Rate Adjustment
Comments:
Attachment:
 c2_EBS_EPO_opt10.zip

Item Status: **Status Date:**

Satisfied - Item: Final Notice of Proposed Rate Adjustment
Comments:
Attachment:
 Sample Final Notice.pdf

Item Status: **Status Date:**

Satisfied - Item: Rate Summary Worksheet
Comments:
Attachment:
 SG EPO - RateSummaryTemplate.xls

Item Status: **Status Date:**

SERFF Tracking Number: AWLP-127621857 State: New York
Filing Company: Empire Health Choice Assurance, Inc. State Tracking Number: 2011110005
Company Tracking Number: 2Q12 RATES ESSENTIAL EPO - ART 42
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: Essential EPO - 2Q12
Project Name/Number: 2Q12 RATE FILING - NON HMO ARTICLE 42/
Bypassed - Item: Consumer Disclosure Form
Bypass Reason: The required documentation is not yet available.
Comments:

Item Status:

**Status
Date:**

Satisfied - Item: Application Filings

Comments:

Attachments:

Essential EPO Base Application Filing April 2012.pdf
Essential EPO Drug Application Filing April 2012.pdf
Essential EPO Rider Application Filing April 2012.pdf

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 5/24/2011

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

Rate Adjustment Pursuant to Section 3231(e)(1): This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

Rate Adjustment Pursuant to Section 4308(c): This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure as described in Section 4317(a) of the Insurance Law. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates as described in Section 4317(a) of the Insurance Law. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department's approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the "Normal Pre-Approval" SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the "Normal Pre-Approval" SERFF filing type code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot 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. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The "Normal Pre-Approval" SERFF filing type code triggers the traditional Department review (generally by the Albany Health Bureau unit) and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section 3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c). The "Normal Pre-Approval" SERFF filing type

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

code would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A “Normal Pre-Approval” SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recent approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2011; a benefit revision is submitted January 2011 to be effective July 1, 2011; this form and rate filing can include rolling rate tables for third and fourth quarter 2011, but not beyond fourth quarter 2011).

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a “Normal Pre-Approval” SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission 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. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2012 renewal cohort, deferring the rate change to August 2012, while retaining the next rate change date as July 2013), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2012 renewal cohort using the previously approved second quarter 2012 rate tables, and implementing the newly approved rates with the August 2012 renewal cohort).

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2003, Microsoft Excel 2003, or Adobe Acrobat 9.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DEFINITIONS		<ul style="list-style-type: none"> a. Company refers to the licensed entity providing the insurance coverage reflected in the rate adjustment filing. b. A company’s commercial book of business includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplemental. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus. c. Loss ratio refers to incurred claims divided by earned premiums for a given period of time. Incurred claims <u>includes</u> the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered 	See Actuarial Memorandum

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses. Earned premiums <u>do not include</u> any adjustment for assessments or taxes.</p> <p>d. Market segment refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc.</p> <p>e. Product street name refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department.</p> <p>f. Rate applicability period refers to the length of time in which the rates in a rate table are assumed to remain in effect.</p> <p>(i) Example 1: A non-rolling rate table is developed to be effective January 1, 2012 and is expected to be revised January 1, 2013. The rate applicability period for this table is January 1, 2012 through December 31, 2012.</p> <p>(ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2012 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2012 (mid renewal date) through February 14, 2013. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as February 1, 2012 through January 31, 2013.</p> <p>g. Standardized earned premium is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective).</p> <p>(i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarters 2011 and 1st and 2nd quarters 2012. The 2nd quarter 2011 rates have already been approved. Therefore, the 2nd quarter 2011 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2nd quarter 2011 rate level. If the 2nd quarter 2011 rate table included a 2% increase due to the addition of a new benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2011 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit.</p> <p>(ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2010 rate for plan design A is \$100, the first quarter 2011 rate is \$116.99, and the second quarter 2011 rate is \$121.67. These increases reflect</p>	
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NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>no revision to the underlying covered benefits. The second quarter 2011 rate table is the standard rate level. Contract X was paying \$100 per month for January-December 2010. At renewal January 1, 2011, the premium was scheduled to increase to \$116.99 but a change to plan design B occurred that reduced the premium by 5% to \$111.14 for January 2011 and later. The second quarter 2011 rate for plan design A is \$121.67 and the second quarter 2011 rate for plan design B is \$115.58 (\$121.67 x 0.95). The earned premium for this contract for each month from January through December 2010 is standardized to the second quarter 2011 level by adjusting by 121.67/100.00, and the January 2011 earned premium is standardized to the second quarter 2011 level by adjusting by 115.58/111.14.</p>	
<p>ROLLING RATE STRUCTURE</p>		<ul style="list-style-type: none"> a. Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates). b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period. c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates). 	<p>See Rate Manual pages</p>
<p>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</p>		<ul style="list-style-type: none"> a. Beginning with rate adjustment filings that include rate tables to be effective January 1, 2012 or later, the rate adjustment filing must include all community rated policy forms within a given market segment (such as all small group products) whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days. b. A company can revise a previously approved non-rolling rate table provided that: <ul style="list-style-type: none"> (i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or (ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing. c. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) 	<p>See Actuarial Memorandum</p>

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Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year’s worth of rates as discussed in the “Rolling Rate Structure” section above. (Example: A rolling rate filing was submitted and approved that included quarterly rolling rate tables for 1st, 2nd, 3rd and 4th quarter of 2011. The company can not revise the 1st and 2nd quarter 2011 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012.) The Department may waive these requirements if the company can demonstrate to the Superintendent’s satisfaction that the solvency of the corporation is threatened.</p>	
<p>STANDARD EXHIBITS 1 - 7</p>	<p>Introduction</p>	<p>Exhibits 1 through 7 must be submitted as part of each rate adjustment application. For some of the exhibits the format is defined, while for other exhibits the format is illustrative and the company will need to tailor the material included for the specific rate submission.</p>	<p>See Standard Exhibits</p>
<p>Exhibit 1</p>		<p>General information about the rate adjustment submission.</p> <ol style="list-style-type: none"> a. The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit. b. For Type of Insurer, select from the drop down list (HMO, Article 42, Article 43) or make an entry. c. For “For Profit” or “Non Profit” click on the applicable box and a check mark will appear. d. Item D – the “new rate effective date” must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day final rate notice. This date would usually be the first date the proposed rates would affect renewing policyholders. So a 1/1/2012 effective date would imply that the first renewal cohort affected by the rate submission would be January 2012. e. Item F.1 – a rate adjustment filing that also includes rate adjustments for unapproved contract language changes will be rejected. f. This exhibit may be submitted as an Adobe PDF file or as an Excel file. 	<p>See Standard Exhibits</p>
<p>Exhibit 2</p>		<p>FOIL Exemption Request.</p> <ol style="list-style-type: none"> a. A request that the Department exempt from public disclosure any information included in this rate submission, pursuant to New York Public Officers Law Section 87(2)(d) (the “Trade Secret/Competitive Injury Exemption”), must be made by completing this exhibit. b. A request that the Department apply the Trade Secret/Competitive Injury 	<p>See Standard Exhibits</p>

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.</p> <p>c. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. The Department will accept the redacted version of the original document within one week after the original rate filing was submitted.</p> <p>d. The exhibit format is illustrative but the company must include the information indicated in sections A, B, C, D and E. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <p>e. Enter in section A the insurer information requested.</p> <p>f. Enter in section B the information requested regarding the FOIL contact person at the company.</p> <p>g. Enter in section C the list of documents, exhibits and attachments separately, including the file names of the computer files that are included with the application. Indicate with an asterisk (*) those documents that the company believes contains information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.</p> <p>h. Enter in section D the list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.</p> <p>i. Enter in section E the statement of necessity. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:</p> <ul style="list-style-type: none"> (i) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied; (ii) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and (iii) where applicable, indicates where redactions would suffice to protect the exempt information. 	
Exhibit 3		<p>Narrative Summary.</p> <p>a. The format of the exhibit is illustrative, but must include the required material. The</p>	See Standard Exhibits

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		<p>exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <p>b. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company’s policyholders and subscribers to help them understand why a rate increase is needed.</p> <p>c. The narrative summary will be a public document.</p> <p>d. It is suggested that once reviewed by the Department, the company post the narrative summary on its website. Any changes to the narrative summary subsequent to the posting are to be submitted to the Department.</p> <p>e. The narrative summary should include, but not be limited to, the following information:</p> <p>(i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application.</p> <p>(ii) A summary of the proposed rate adjustments. This can be a range as long as the range is consistent with the range(s) stated in the initial notice to policyholders for the various products and rating regions. A range can be no wider than five percentage points.</p> <p>(iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain 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 from period mm/dd/yyyy – mm/dd/yyyy).</p> <p>(iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples:</p> <p>(a) Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy.</p> <p>(b) 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.</p> <p>(v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission.</p> <p>(vi) An explanation, in plan language, as to why it is necessary to request such rate change(s). 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.</p> <p>Each page of the narrative summary should be numbered (i.e., [page] of [pages]).</p>	
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<p>Exhibit 4</p>		<p>Summary of Proposed Percentage Rate Change to Existing Rate.</p> <ul style="list-style-type: none"> a. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. b. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but additional rows can be inserted as needed or additional tabs for several such exhibits can be added to the workbook. c. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber’s next rate change date according to the new rate application. Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2012 issues and renewals. The rate change would be the percentage change from the second quarter 2011 rates to proposed second quarter 2012 rates. Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2012. The prior rate application included quarterly rolling rates for each quarter of 2011. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2011 before all the third and fourth quarter 2011 renewals have taken place. The proposed percentage change for fourth quarter 2012 would be the change from the fourth quarter 2011 rates to the proposed fourth quarter 2012 rates. d. If the subscriber will need to change to a different plan design at renewal (i.e., a required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be included. The supplemental exhibit is to indicate (i) a high level summary of the difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file. e. The weighted averages may be based on membership instead of premium volume. f. The values entered in Sections A and B should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Section A. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Section A and 	<p>See Standard Exhibits</p>
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		<p>the drug rider changes are shown in Section B.</p> <p>g. Section A summarizes the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product. Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of contracts by plan design and rating tier.</p> <p>h. Section B summarizes the proposed changes just for the traditional drug riders. <u>Exclude</u> minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row. Example 1: Drug riders D1 to D99 are available with the PPO product. The proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the distribution of contracts by plan design and rating tier. Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted average changes among the HD1-HD19 drug riders.</p> <p>i. A separate exhibit should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported.</p> <p>j. Where rate changes differ by rating region within a market segment, separate exhibits are to be submitted by market segment/rating region combination.</p> <p>k. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2012, separate information should be submitted for section A and section B for the impact of the first quarter 2012 rate changes, the impact of the second quarter 2012 rate changes, the impact of the third quarter 2012 rate</p>	
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		changes, and the impact of the fourth quarter 2012 rate changes.	
Exhibit 5		<p>Distribution of Contracts Affected by the Proposed Rate Adjustments.</p> <ul style="list-style-type: none"> a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but the company can edit the worksheet to add more rows or tabs as needed. b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. c. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined. d. The distribution basis can be by number of contracts or by number of members. The same basis is to be used for all products within a given rate adjustment submission. The company should indicate the distribution basis used (number of contracts or number of members). The weighted averages can be calculated using the distribution basis chosen instead of on premium volume. e. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder's next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder's next rate change date according to the new rate application. The rate change reflects the impact of the base medical plans and all riders applicable to that contract. f. Enter in section A the information for the various products that do not use a rolling rate structure. g. Enter in section B the information for the various products that use a rolling rate structure. Separate exhibits are to be prepared and submitted for each rolling rate cohort. For example, if the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2012, then separate section B information would be entered for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter. 	See Standard Exhibits
Exhibit 6		<p>Summary of Policy Form and Product Changes.</p> <ul style="list-style-type: none"> a. This exhibit summarizes all rate changes filed pursuant to sections of the New 	See Standard Exhibits

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		<p>York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment submission and which affect the percentage changes shown on Exhibits 4 or 5.</p> <p>b. The format of the exhibit is essentially fixed. Extend the worksheet to add more rows as needed. This exhibit must be submitted as a Word document file or an Excel file, even if it is submitted as an Adobe PDF file.</p> <p>c. In section A, list all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment submission. The actuarial memorandum should include a brief description of such changes, when the changes were implemented, and the impact on the rate changes in Exhibits 4 and 5.</p> <p>d. In section B, list all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy form, product, or plan design option.</p> <p>e. In section C, list any “file and use” rate submissions which impact the rate tables in this filing. If the current rates were implemented by a file and use rate filing, and these current rates are being revised with this Section 3231(e)(1) or Section 4308(c) rate filing, or if the percentage changes reported in Exhibits 4 or 5 are impacted by a file and use filing, then list the applicable file and use rate filing(s).</p>	
<p>Exhibit 7</p>		<p>Historical Data by Each Policy Form Included in the Rate Adjustment Filing (formerly the Summary Template).</p> <p>a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is fixed; add more columns to the right as needed; copy to additional tabs in the Excel workbook as needed to create additional exhibits.</p> <p>b. A separate exhibit is to be submitted for each rating pool (i.e., permitted aggregation of base medical policy forms). Create additional tabs as needed. Data is to be submitted 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.</p> <p>c. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated.</p> <p>d. Indicate for each base medical policy form the form number, the product name as in the rate manual, and the street product name. Also indicate the other base medical policy forms this form is aggregated with for rate setting. Add additional columns as needed. Add a rightmost column with aggregate values for the entire rating pool (for the appropriate rows). Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar</p>	<p>See Standard Exhibits</p>

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		<p>policy forms for small group policy forms and for individual policy forms.</p> <p>e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form.</p> <p>f. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the first rolling rate period of a rolling rate structure.</p> <p>g. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.)</p> <p>h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application] to the proposed rate to be charged to that same cohort of policyholders) for the indicated base medical policy form, including all associated riders. The weighting should be based on members. For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for the 1st, 2nd, 3rd, and 4th quarters of 2012. Rates are for a 12 month period. Indicate the average rate change percentage from the 1st quarter of 2011 rate tables to the 1st quarter 2012 rate tables.)</p> <p>i. For the number of policyholders affected and the number of covered lives affected, indicate the effect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). For group business, “policyholders” is referring to the number of groups, not the number of subscribers or contracts.</p> <p>j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the expected loss ratio incorporated into the rate tables of the first rolling rate period of the rolling rate structure.</p> <p>k. The experience entered for the two indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders.</p>	
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		<ul style="list-style-type: none"> (i) Each experience period is to be for 12 months (or shorter if a new form). (ii) The ending date of the recent experience period cannot be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2012. The recent experience period cannot have an ending date earlier than June 30, 2011, i.e., 12 months prior to July 1, 2012.). (iii) The prior period is the immediately prior 12 month experience period (or shorter period if a new form). (iv) The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience period and how many months of claim run-out were reflected in the development of the incurred claims. l. Enter the annual composite medical trend assumption used for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown. m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology is to be included as part of the actuarial memorandum. The same standard rate level is used for both of the experience periods. n. If the rating differential between the New York rating regions is being revised with this rate filing, separate versions of Exhibit 7 are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined. 	
ACTUARIAL MEMORANDUM	11NYCRR 52.40(a)(1)	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	See Actuarial Memorandum
Justification of Rates	§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42 (HMOs) 11NYCRR 52.45 11NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Description of proposed changes in rates, including the following: <ul style="list-style-type: none"> (i) The member weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be 	See Actuarial Memorandum

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	<p>11NYCRR 360.11</p>	<p>shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Exhibit 5.) Include comparable information for percentage rate changes implemented during the prior 24 months.</p> <p>(ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2011. The change from each of the 2nd quarter 2011 rolling rate tables to the corresponding 3rd quarter 2011 rolling rate table is to be indicated.) The proposed percentage change between each succeeding rolling rate table is also to be indicated.</p> <p>(iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment submission, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables. For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive quarterly rate tables).</p> <p>(iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio.</p> <p>(v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vi) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage</p>	
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		<p>changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an exhibit showing how this variance and the percentage impact of this variance were developed.</p> <p>(viii) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition.</p> <p>b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department’s approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table.</p> <p>c. Include the following:</p> <p>(i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission.</p> <p>(ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2011 and first and second quarter 2012. Rates are for 12 month periods. Show the rates for the third quarter 2010, the proposed rates for the third quarter 2011, and the dollar and percentage change from third quarter 2010 to the proposed third quarter 2011 rates. Show a similar table for the proposed fourth quarter 2011, and first and second quarter 2012 rates as well.)</p> <p>d. Discuss the standard premium development used in Exhibit 7. See discussion above on Exhibit 7.</p> <p>e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period.</p> <p>(i) If the source data is actual claims experience, the experience period is to be at</p>	
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		<p>least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period.</p> <ul style="list-style-type: none">(ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data.(iii) Discuss the credibility of such source data. Since the NAIC and HHS have adopted for the federal MLR rebate calculation 75,000 life years (900,000 member months) as required for full credibility and less than 1,000 life years (12,000 member months) as non credible, the credibility of the source data should be discussed consistent with these parameters.(iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment. <p>f. Indicate the assumed annualized claim trend projection factors used to project the source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure) for each product within each permitted policy form aggregation (i.e., rating pool).</p> <ul style="list-style-type: none">(i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend.(ii) Provide justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components.(iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period. <p>g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission.</p> <ul style="list-style-type: none">(i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for	
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		<p>a rolling rate structure, how the percentage change from the existing 2nd quarter 2011 rate table to the proposed 3rd quarter 2011 rate table was developed for each rating element in the proposed rate table.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed.</p> <p>(ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3rd quarter 2011 rate table to the 4th quarter 2011 rate table). Provide justification for these changes between the rolling rate tables.</p> <p>(iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed.</p> <p>(iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g).</p> <p>h. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>i. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within</p>	
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		<p>the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and cannot be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms.</p> <p>j. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions.</p> <p>k. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the current premium rates and into the proposed premium rates as a percentage of gross premiums and as \$pmpm. This is to be shown for the non-rolling rate tables and/or the first rate table of each rolling rate structure. Include the following components:</p> <ul style="list-style-type: none"> (i) Regulatory authority licenses and fees, including New York State 332 assessment expenses; (ii) Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplemental Health Care Exhibit; (iii) Commissions and broker fees; (iv) Premium taxes; (v) Other administrative expenses; (vi) After-tax underwriting margin (profit/contribution to surplus); (vii) State income taxes (and applicable state income tax rate); (viii) Federal income taxes (and applicable federal income tax rate); (ix) Reduction for net investment income, if any; and (x) Net of the above. <p>Discuss how administrative expenses are allocated to the various market segments and product lines.</p>	
<p>Minimum Loss Ratio Requirements</p>	<p>§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010.</p> <p>b. The minimum loss ratio for the official Medicare Supplemental products is:</p> <ul style="list-style-type: none"> (i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance 	<p>See Actuarial Memorandum</p>

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		Law, as amended by Chapter 107 of the Laws of 2010; and (ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).	
Actuarial Certification	11NYCRR 52.40(a)(1)	<ul style="list-style-type: none"> 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. Specify the expected loss ratio incorporated into the proposed rate tables for each 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. 	See Actuarial Memorandum
REVISED RATE MANUAL PAGES	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	<p>Rate Manual.</p> <ul style="list-style-type: none"> a. Table of contents. b. Rate pages, including a page indicating the composition of each rating region. c. Insurer/corporation name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts, as applicable. g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual, to the extent applicable. j. Expected loss ratio(s). 	See Rate Manual pages
NOTICES TO POLICYHOLDERS Initial & Final Circular Letter No. XX (2011) Pending	§3231(e)(1)(A) §4308(c)(2)	<ul style="list-style-type: none"> a. A sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Insurance Department. <ul style="list-style-type: none"> (i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Insurance Department. (ii) A range can be used to indicate the rate change provided that the range is no wider than 5 percentage points. (iii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region. 	See Notice Letters

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.	
RATE FILINGS THAT ARE SUBJECT TO REVIEW	PPACA §1003	HHS has defined a “rate filing that is subject to review” as any rate filing where the rate increase over the prior 12 months equals or exceeds a stated threshold. For rate filings that HHS has defined to be a “rate filing that is subject to review”, submit a copy of all documentation required to be submitted to HHS for such rate filing.	See HIOS files



October 31, 2011

Supervising Actuary
Health Bureau
New York State Department of Financial Services
One Commerce Plaza
Albany, New York 12257

Re: Second Quarter 2012 Empire HealthChoice Assurance, Inc. Rate Filing using the Prior Approval Procedure

Small Group Products Affected by this Filing

- Essential EPO Base Medical Rates
- Essential EPO Prescription Drug Rates
- Essential EPO non-Drug Rider Rates

Empire is submitting rates to become effective April 1, 2012, for our Essential EPO product (base medical, some optional riders and prescription drug (RX)), using the prior approval procedure.

As discussed later, we plan to change the rating tier factors for the Essential EPO product. We will not change the current Dependent through Age 29 rider rates.

In addition, we plan to eliminate the two tier (Individual, Family) and three tier (Individual, 2-party, Family) rating tier options for the Essential EPO product. Going forward, the four tier (Individual, Husband/wife, Parent/child(ren), Family) will be the only rating tier option available for the Essential EPO product.

The proposed rate tables for Essential EPO are to be applicable for issues and renewals in the April 2012 – March 2013 period (four quarterly renewal periods using a quarterly rolling rate structure).

The following table shows the proposed Second Quarter 2012 rate changes, for the various products, over the current First Quarter 2012 rates, and the proposed quarterly rate changes for the next three quarters. The quarterly rate changes shown below are the average rate increases for Essential EPO.

Proposed Quarterly Rate Changes by Product

Product	1Q12 to 2Q12 Rate Change	2Q12 to 3Q12 Rate Change	3Q12 to 4Q12 Rate Change	4Q12 to 1Q13 Rate Change
Essential EPO Base Medical	+8.9%	+3.0%	+3.0%	+3.0%
Essential EPO RX	+8.9%	+3.0%	+3.0%	+3.0%

Essential EPO rate changes after 2Q12 use Empire's usual step increase assumptions.

Based on the proposed quarterly rate changes above, the following table shows the proposed annual rate change for groups renewing in each quarter starting with Second Quarter 2012 through First Quarter 2013, for the various products.

Proposed Annual Rate Changes by Product by Renewal Cohort

Product	2Q12 Annual Rate Change	3Q12 Annual Rate Change	4Q12 Annual Rate Change	1Q13 Annual Rate Change
Essential EPO Base Medical	+15.5%	+15.5%	+15.5%	+19.0%
Essential EPO RX	+12.2%	+15.5%	+19.0%	+19.0%

Past annual rate increases were the following for the various products, for groups renewing in the indicated quarter:

Past Annual Rate Changes by Product by Renewal Cohort

Product	2Q11 Annual Rate Change	3Q11 Annual Rate Change	4Q11 Annual Rate Change	1Q12 Annual Rate Change
Essential EPO Base Medical	n/a	n/a	n/a	+9.3% (product introduced 1/1/11)
Essential EPO RX	n/a	n/a	n/a	+3.0% (product introduced 1/1/11)

Product	2Q10 Annual Rate Change	3Q10 Annual Rate Change	4Q10 Annual Rate Change	1Q11 Annual Rate Change
Essential EPO Base Medical	n/a	n/a	n/a	n/a
Essential EPO RX	n/a	n/a	n/a	n/a

Actuarial Memorandum Describing How the Proposed Rate Tables were Developed

The proposed rate tables were developed by multiplying the current First Quarter 2012 rates by the quarterly rate changes indicated in the table above and then by the revenue neutral adjustment for the rating tier change (Essential EPO). The revenue neutral adjustment for the rating tier change is described below:

Rating Tier Change

As a result of a recent study, Empire is filing to revise the contract type rate ratio structure for the Essential EPO product to align the current ratios closer to the actual cost difference by contract type. The rates for the new proposed tier ratios are normalized to yield the same overall premium as the current rate ratios.

Below is a summary of our claims experience and relativities by contract type incurred between October 1, 2009 and September 30, 2010, paid through March 31, 2011. The

The following table shows the SERFF filings that were used for the First Quarter 2012 rates:

Product	SERFF Tracking # for 1Q12 Rates	Date Approved
Essential EPO Base Medical	2010030118 (rates start Jan 2011)	06/17/2010
Essential EPO RX	2011040090 (rates start Nov 2011)	07/29/2011
Essential EPO non-RX Riders	2010080138 (rates start Jan 2011)	10/05/2010

Premium and Claim Development Exhibit

	Essential EPO
Experience Period	4/01/2010-3/31/2011, paid thru June 2011
Projection Period	4/01/2012-3/31/2013
Premium PMPM	350.84
Claim PMPM	287.44
Incurred Loss ratio	0.819
Claim Development	
Claim PMPM (from above) (1)	287.44
Annual Composite trend (2)	11.6%
Months to trend (3)	25.5
Deductible Seasonality Adjustment (4)	1.035
Federal Mandates (Health Care reform) (5)	1.0235
Annual Benefit Changes (6)	1.00
Projected Claim expense (a)= [(1) x {[1 + (2)] ^ ((3)/12)} x (4) x (5) x (6)]	384.32
Renewal Target loss ratio (b)	0.850
Needed Premium (c) = (a) / (b)	452.15
Experience Period Premium Restated to 1Q12 – Increase Factor	1.18361
Premium restated to 1Q12 level (d)	415.26 (350.84 x 1.18361)
Needed Quarterly increase from 1Q12 to 2Q12 [(c) / (d)]	+8.9%

The premium and claims information were supplied by Empire’s Finance Unit. The composite trend information (medical and RX combined) was supplied by Empire’s Cost of Care Analysis Unit and then adjusted for leveraging, aging, and other minor components.

Essential EPO is a new product implemented effective 01/01/2011. Its experience is not credible to develop rates on its own. Therefore, Empire is pooling experience of Value and Essential EPO to develop rates for the Essential EPO product⁴. However, membership for these products grew significantly during the experience period. The

⁴ The Value EPO product will no longer be offered as of April 1, 2012.

design of these products has deductible and coinsurance applied to inpatient and outpatient services. The experience is artificially low due to deductible seasonality where members must pay for the deductible first before Empire is liable for the claim liability. Empire is adjusting the experience by 3.5% to account for this impact.

Federal health care reform expands dependent coverage to age 26. This requirement effectively increases the number of dependents per subscribers. The increase in dependents changes the conversion factor, converting per member per month (PMPM) premium to a single rate. The change in conversion factor equates to 2.35%. This impact is incorporated in the rate development under Health Care Reform.

Per the New York State Department of Financial Services (NYDFS) guidelines, we assumed no benefit changes in the rate calculation, other than the previously noted federally mandated benefits shown above.

The renewal target loss ratio was selected to be greater than the minimum allowed loss ratio in New York State. The target loss ratio was selected to maintain the Essential EPO product at a self-sustaining financial level.

For Essential EPO, the factor for restating the premium from the experience period to the 1Q12 level of 1.18361 was derived by using the NYDFS' recommended approach. Please see the table below:

Essential EPO							
qtr	med	rx	combined 82/18 split	level	standardized prem (sp) / actual premium (p)	Insurance Dept distribution	avg sp/p
1Q08				1.0000	1.5410		
2Q08	2.50%	4.00%	2.77%	1.0277	1.4995		
3Q08	0.00%	0.00%	0.00%	1.0277	1.4995		
4Q08	0.00%	0.00%	0.00%	1.0277	1.4995		
1Q09	7.80%	18.30%	9.69%	1.1273	1.3670		
2Q09	2.50%	4.00%	2.77%	1.1585	1.3302	3.1%	
3Q09	2.50%	4.00%	2.77%	1.1906	1.2943	9.4%	
4Q09	2.50%	4.00%	2.77%	1.2236	1.2594	15.6%	
1Q10	7.50%	4.00%	6.87%	1.3076	1.1785	21.9%	
2Q10	3.00%	4.00%	3.18%	1.3492	1.1421	21.9%	
3Q10	-1.00%	4.00%	-0.10%	1.3479	1.1433	15.6%	
4Q10	3.00%	4.00%	3.18%	1.3907	1.1080	9.4%	
1Q11	3.00%	0.00%	2.46%	1.4249	1.0814	3.1%	
2Q11	3.00%	0.00%	2.46%	1.4600	1.0555		
3Q11	3.00%	0.00%	2.46%	1.4959	1.0301		
4Q11	3.00%	0.00%	2.46%	1.5327	1.0054		
1Q12	0.00%	3.00%	0.54%	1.5410	1.0000		
						100.0%	1.18361

Expected Non-Claims Expense Components as a Percentage of Gross Premium

The following table summarizes Empire's expected non-claims expense components after the proposed quarterly rate increases are implemented, as a percentage of gross premium:

Estimates Financial Percentages	Essential EPO
Gross Premium	100.0%
Renewal Target Loss Ratio (see table above)	85.0%
Underwriting Margin (a)	15.0%
Administrative expenses (1)	4.8%
Commissions (2)	0.8%
Premium taxes (3)	2.0%
Subtotal- Admin, comm, premium taxes (b) = [(1) + (2) + (3)]	7.6%
Pre-tax profit/risk contribution to surplus (4) = (a) - (b)	7.4%
State income taxes (5)	0.0%
Federal income taxes (6)	2.7%
After-tax profit/risk contribution to surplus (4) - (5) - (6)	4.7%

Further breakdown of the administrative expenses noted above are as follows:

Components of Administrative Expenses	% of Premium
Regulatory authority licenses & fees (e.g., New York State 332 assessment expenses)	0.96%
Admin expenses for activities that improve health care quality	0.42%
Other administrative expenses	3.42%
Total Administrative Expenses (as shown above)	4.80%

After the proposed rate increases, Essential EPO is expected to have a positive pre-tax profit/risk contribution to surplus.

The estimated commission percentages assume Empire's recently approved 2012 Small Group Commission Schedule (SERFF State tracking #2011090012, approved 10/24/2011).

Exhibit Comparing the Proposed Rates to the Prior Year Rates

Please see the attachment which shows all of the following (a) current rates [i.e., the rates applicable to April 2011 – March 2012 issues and renewals], (b) revised rates [i.e., the rates applicable to April 2012 – March 2013 issues and renewals], (c) dollar change in rates [i.e., the revised rates less the current rates], and (d) percentage change in rates [i.e., the percentage change from the current rates to the revised rates]. The attachment includes this information for:

Essential EPO Base Medical Rates;
Essential EPO Prescription Drug Rates; and
Essential EPO non-Drug Rider Rates

Sample Copy of Initial and Final Rate Change Notice to be sent to Policyholders

Please see the attachment for sample copies of the initial and final rate change notice to be sent to policyholders.

Twelve Months ending March 2011 Experience Exhibit for the Essential EPO Product

The following table shows selected items from the twelve months ending March 2011 experience template (Standard Exhibit 7) that is attached to this filing for the selected Essential EPO product. The attached summary template also contains information for the twelve months ending March 2010.

Essential EPO standardized earned premiums for the experience period was calculated by multiplying the earned premiums by the factor for restating the premium from the experience period to the 1Q12 level of 1.18361 (mentioned above).

12 Months Ending March 2011 Essential EPO Business Experience Exhibit

Item	Essential EPO
Member months	127,842
Ratio: Incurred claims divided by earned premiums	0.819
Ratio: (Incurred claims + admin expenses) divided by earned premiums	0.934

Standard Exhibits 1 – 7

Please see the attached Standard Exhibits 1 – 7:

- Exhibit 1 – General information about the rate adjustment submission
- Exhibit 2 – FOIL Exemption Request
- Exhibit 3 – Narrative Summary
- Exhibit 4 – Summary of Proposed Percentage Rate Change to Existing Rate
- Exhibit 5 – Distribution of Contracts Affected by the Proposed Rate Adjustments
- Exhibit 6 – Summary of Policy Form and Product Changes
- Exhibit 7 – Historical Data by each Policy Form included in Rate Adjustment Filing

Actuarial Certification

- a. The filing is in compliance with all applicable laws and regulations of the State of New York.
- b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.

- c. The expected loss ratio meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions.

Expected Loss Ratio for each Permitted Aggregation of Policy Forms

The expected loss ratio for the April – June 2012 rate table rate applicability period is greater than or equal to the applicable minimum loss ratio requirement for each permitted policy form aggregation within each permitted regional aggregation.

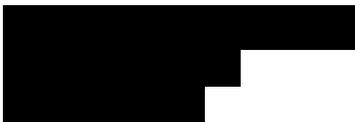
The following table shows the expected loss ratios for each permitted aggregation of policy forms:

Product	Expected 2Q12 to 1Q13 Loss Ratio
Essential EPO	85.0%

- 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, where allowed, be treated as confidential pursuant to article 6 of the New York Public Officers Law (FOIL).

Sincerely,





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 SMALL GROUP COMMUNITY RATE INCREASES

Filed October 31, 2011



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

NARRATIVE SUMMARY
[DOI 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.

These small 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 for small groups are inadequate for the rising costs incurred as provider charges continue to rise, and utilization of services increases. 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 by Empire's and other insurers' community pool products even while general medical cost trends have abated slightly this year due to economic conditions in the overall New York market.

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, and 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.

The products specifically impacted by rate increases at this time are the Essential EPO product 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 October 31, 2011 (SERFF numbers: AWLP-127621857 for Empire HealthChoice Assurance, Inc and AWLP-127621762 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, 2012.

In addition, the Empire PPO sold by Empire HealthChoice Assurance, Inc will experience a small rate change. The rate change was filed with the Department on October 31, 2011 (SERFF#AWLP-127781790).

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, 2012 and March 31, 2013. The rate for any individual small 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, 2012. 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 several other small group products from the New York market including the Prism, Value and Stepped EPO products and the PPO Plus and Total Blue products. The discontinuances are generally in response to the above noted disparity between premium revenues and the actual claim costs for the products being discontinued. We anticipate that many, if not most, of the members in the discontinued products who continue with Empire coverage will select one of the products subject to this rate application. We also anticipate that the migration of these members will trigger adverse selection and have potential further adverse rate impact of 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 significantly 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 were sensitive to the fact that individuals and small 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 7.8% last year (2009/2010 data), up from 7.4% in 2008/2009. The raw number annual increase of \$1,303 is the largest recorded in the previous ten years. The country experienced a significant increase in the hospital inpatient annual rate of increase, which rose from 7.7% in 2009 to 9.8% in 2010. The hospital outpatient annual rate of increase rose from 10.2% to 11.6% over the same time period.¹

These trends reflect underlying changes in the demographics and health status of America's population. The aging population is driving some of the increase – as people

¹ See, 2010 Milliman Medical Index

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 64% of overall growth in spending on hospital care from 2004 to 2008². 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 8% rate of increase due solely to increases in the contracted hospital reimbursement level is currently projected for both 2011 and 2012.

The trend toward higher inpatient costs is tempered somewhat by a projected slowing of utilization growth compared to 2009.

For hospital outpatient benefits, utilization increases are expected to slow, but such

² See, 2010 American Hospital Association

³ See, 2010 American Hospital Association

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 moderate rate of 4-5% per year over the coming years.

Prescription Drugs

Over the past year, drug cost increases have been tempered by the favorable financial arrangement between WellPoint, the parent company of Empire, and ExpressScripts. We expect a modest cost increase over the coming years.

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:

- From 2008 to 2010, we have optimized our distribution channels and methods. During this period we reduced those distribution costs by 25-30% and will continue to look for additional efficiencies;
- 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 10.8% of revenue. Excluding the amount paid to the State in premium taxes, our administrative costs have been reduced to 8.9% 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 2010 report by Milliman shows the cost of care to be 118.8% of the national average, up from 117.4% in 2009.⁴ 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

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

⁵ See, Dartmouth Atlas, last accessed 12/15/2010

stay inpatient reimbursements.

Nationally, the cost per inpatient discharge continues to increase. In New York, the cost per inpatient discharge has increased from \$5,910 in 2005 to \$9,833 in 2009. In 2009, New York's cost per inpatient discharge also exceeded the national median value of \$8,638.

New York's length of stay (days) is another contributing factor to cost. In 2009, New York's length of stay (days) averaged 4.3, exceeding the national median value of 4.15 days.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 2010 Empire paid \$103.9 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 \$2.67 to \$15.36 per individual contract per month and from \$8.80 to \$50.70 per family contract per month. For 2010, Empire will pay \$301.9 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 2010, Empire will pay approximately \$381.0 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 regulation. This assessment is charged to insurers based on the number of New York insured members they cover. Empire will pay \$54.8 million in 332 assessments for 2010.

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.

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

V. DETAILS OF THE PROPOSED RATE INCREASE

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

- 2,000 Essential EPO members
- 51,000 Healthy New York members
- 32,000 small group Direct HMO / HMO members
- 10,000 small group PPO members

Small group community-rated customers are those who have coverage through an employer-sponsored group of between 2-50 eligible employees. Premium rates for small group contracts are regulated by the Superintendent of Financial Services pursuant to Section 4308 or 3231 of the Insurance Law. The following tables show proposed annual rate changes for the indicated community rated products:

Essential EPO Medical - ALL Regions	
Next policyholder anniversary between 4/1/2012 - 3/31/2013	
Individual, Parent/Child(ren), Family	+14.0% - 19.0%
Husband/Wife	+19.0% - 24.0%

Essential EPO Prescription Drug - ALL Regions	
Next policyholder anniversary between 4/1/2012 - 3/31/2013 #	
Individual, Parent/Child(ren), Family	+14.0% - 19.0%
Husband/Wife	+19.0% - 24.0%
Healthy New York Medical and Prescription Drug- ALL Regions	
Effective 4/1/2012	
Individual, Parent/Child(ren), Family	+16.0% - 21.0%
Husband/Wife	+21.0% - 26.0%

Direct HMO / HMO Medical - Standard			
Next policyholder anniversary between 4/1/2012 - 3/31/2013 *			
	Downstate 1 & 2 Regions	Mid-Hudson Region	Capital, Upstate 1 & 2 Regions
Individual	+14.0% - 19.0%	+14.0% - 19.0%	+14.0% - 19.0%
Husband/Wife	+19.0% - 24.0%	+19.0% - 24.0%	+19.0% - 24.0%
Parent/Child(ren)	+14.0% - 19.0%	+20.0% - 25.0%	+18.0% - 23.0%
Family	+15.0% - 20.0%	+19.0% - 24.0%	+22.0% - 27.0%

Direct HMO / HMO Medical - Carve-out			
Next policyholder anniversary between 4/1/2012 - 3/31/2013 *			
	Downstate 1 & 2 Regions	Mid-Hudson Region	Capital, Upstate 1 & 2 Regions
Individual	+24.0% - 29.0%	+24.0% - 29.0%	+24.0% - 29.0%
Husband/Wife	+25.0% - 29.9%	+25.0% - 29.9%	+25.0% - 29.9%
Parent/Child(ren)	+20.0% - 25.0%	+27.0% - 29.9%	+23.0% - 28.0%
Family	+19.0% - 24.0%	+23.0% - 28.0%	+25.0% - 29.9%

Direct HMO / HMO Prescription Drug - ALL Regions	
Next policyholder anniversary between 4/1/2012 - 3/31/2013 * #	
Individual, Parent/Child(ren), Family	+15.0% - 20.0%
Husband/Wife	+20.0% - 25.0%

PPO Medical - ALL Regions	
Next policyholder anniversary between 4/1/2012 - 3/31/2013	
Individual, Husband/Wife, Parent/Child(ren), Family	+0.0% - 5.5%

PPO Prescription Drug - ALL Regions	
Next policyholder anniversary between 4/1/2012 - 3/31/2013 #	
Individual, Husband/Wife, Parent/Child(ren), Family	+3.0% - 6.1%

The New York Department of Financial Services previously approved Empire's request to replace the current prescription drug riders with a new set of prescription drug riders effective November 1, 2011. Therefore, to avoid confusion, rate increases are only shown for policyholder anniversaries between 11/1/2012 – 3/31/2013, when the plan designs before and after the policyholder anniversary are the same.

*The total increase for April 2012 groups will reflect the requested 2012 increase in the rate grid plus the 2011 2nd Quarter increase of 6.3% approved by the Department but not implemented due to the timing of the Department's approval of the rate increase.

Note: For those small group HMO members who are eligible for Medicare and thus receive lower "carve-out rates" (approximately 5% of small group HMO members), their annual renewal increase will be higher than those small group HMO members who are not eligible for Medicare (members who receive standard rates).

The New York Department of Financial Services previously approved Empire's request to eliminate the discount in rates that we had granted those members who were eligible for Medicare. Effective January 2013 for small group HMO members, members who are eligible for Medicare and those that are not will pay the same rate.



SAMPLE RATE CHANGE
NOTICE

May 23, 2010



Dear Group Benefits Administrator:

Important Notice About Your Empire Total BlueSM with HSA Renewal

At Empire, we value your business and are pleased to have the opportunity to help your company meet its health coverage needs.

Enclosed please find important renewal information for your plan.

The back of this letter contains information about your new monthly rates and your riders. Please take this opportunity to review your plan options. Changes, additions or deletions to your plan can only be made prior to your renewal date.

Empire Total Blue offers access to the largest provider networks in the country.

With more than 70,000 local providers and 668,000 providers participating in the BlueCard® PPO Program through local Blue Cross and/or Blue Shield plans across the country, Empire Total Blue offers access to more network doctors than any other health plan in our service area.

Enhanced online services help you manage your health plan 24/7.

As part of our ongoing commitment to provide you with unparalleled assistance in managing your health plan, Empire offers special online services tailored just for you. When you register or log onto Employer Online Services at www.empireblue.com you can view coverage details, obtain up-to-date billing summaries, and download or print documents and forms.

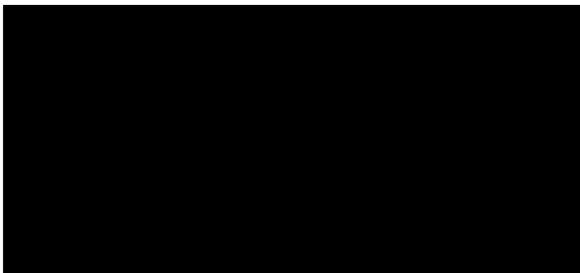
Are your employees enjoying the benefits of Empire's Dental plans?

Offering a broad spectrum of competitively priced products, it's a totally integrated solution when paired with your Empire medical plan.

If you'd like to learn more about the value of adding Empire Dental to your current product offering or if you have any questions about your renewal, please call your broker, your Empire representative or the GBA Contact Center at 1-866-422-2583 Monday - Friday, 8:30 a.m. - 5:00 p.m.

Empire values your business and we look forward to continuing our relationship with you.

Sincerely,



Small Group Essential EPO Base - Current Rates

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

Quarter 2: April - June 2011

Downstate 1*

Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	326.37	848.56	326.37	636.42	946.47	326.37	652.74	587.47	979.11
2	\$30	\$50	\$1,000	80%	\$6,000	317.04	824.30	317.04	618.23	919.42	317.04	634.08	570.67	951.12
3	\$30	\$50	\$1,500	80%	\$4,500	312.79	813.25	312.79	609.94	907.09	312.79	625.58	563.02	938.37
4	\$30	\$50	\$2,000	80%	\$4,000	306.83	797.76	306.83	598.32	889.81	306.83	613.66	552.29	920.49
5	\$30	\$50	\$2,000	80%	\$6,000	295.86	769.24	295.86	576.93	857.99	295.86	591.72	532.55	887.58
6	\$30	\$50	\$2,000	80%	\$8,000	289.14	751.76	289.14	563.82	838.51	289.14	578.28	520.45	867.42
7	\$30	\$50	\$3,000	80%	\$6,000	279.57	726.88	279.57	545.16	810.75	279.57	559.14	503.23	838.71
8	\$30	\$50	\$3,000	80%	\$8,000	271.95	707.07	271.95	530.30	788.66	271.95	543.90	489.51	815.85
9	\$30	\$50	\$3,000	80%	\$10,000	266.88	693.89	266.88	520.42	773.95	266.88	533.76	480.38	800.64
10	\$30	\$50	\$4,000	80%	\$10,000	253.26	658.48	253.26	493.86	734.45	253.26	506.52	455.87	759.78

Downstate 2*

Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	348.46	906.00	348.46	679.50	1,010.53	348.46	696.92	627.23	1,045.38
2	\$30	\$50	\$1,000	80%	\$6,000	338.51	880.13	338.51	660.09	981.68	338.51	677.02	609.32	1,015.53
3	\$30	\$50	\$1,500	80%	\$4,500	333.96	868.30	333.96	651.22	968.48	333.96	667.92	601.13	1,001.88
4	\$30	\$50	\$2,000	80%	\$4,000	327.59	851.73	327.59	638.80	950.01	327.59	655.18	589.66	982.77
5	\$30	\$50	\$2,000	80%	\$6,000	315.88	821.29	315.88	615.97	916.05	315.88	631.76	568.58	947.64
6	\$30	\$50	\$2,000	80%	\$8,000	308.71	802.65	308.71	601.98	895.26	308.71	617.42	555.68	926.13
7	\$30	\$50	\$3,000	80%	\$6,000	298.49	776.07	298.49	582.06	865.62	298.49	596.98	537.28	895.47
8	\$30	\$50	\$3,000	80%	\$8,000	290.36	754.94	290.36	566.20	842.04	290.36	580.72	522.65	871.08
9	\$30	\$50	\$3,000	80%	\$10,000	284.95	740.87	284.95	555.65	826.36	284.95	569.90	512.91	854.85
10	\$30	\$50	\$4,000	80%	\$10,000	270.40	703.04	270.40	527.28	784.16	270.40	540.80	486.72	811.20

Mid-Hudson*

Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	340.30	884.78	340.30	663.59	986.87	340.30	680.60	612.54	1,020.90
2	\$30	\$50	\$1,000	80%	\$6,000	330.59	859.53	330.59	644.65	958.71	330.59	661.18	595.06	991.77
3	\$30	\$50	\$1,500	80%	\$4,500	326.14	847.96	326.14	635.97	945.81	326.14	652.28	587.05	978.42
4	\$30	\$50	\$2,000	80%	\$4,000	319.93	831.82	319.93	623.86	927.80	319.93	639.86	575.87	959.79
5	\$30	\$50	\$2,000	80%	\$6,000	308.50	802.10	308.50	601.58	894.65	308.50	617.00	555.30	925.50
6	\$30	\$50	\$2,000	80%	\$8,000	301.49	783.87	301.49	587.91	874.32	301.49	602.98	542.68	904.47
7	\$30	\$50	\$3,000	80%	\$6,000	291.51	757.93	291.51	568.44	845.38	291.51	583.02	524.72	874.53
8	\$30	\$50	\$3,000	80%	\$8,000	283.57	737.28	283.57	552.96	822.35	283.57	567.14	510.43	850.71
9	\$30	\$50	\$3,000	80%	\$10,000	278.28	723.53	278.28	542.65	807.01	278.28	556.56	500.90	834.84
10	\$30	\$50	\$4,000	80%	\$10,000	264.06	686.56	264.06	514.92	765.77	264.06	528.12	475.31	792.18

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

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

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

Small Group Essential EPO Base - Current Rates

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

Quarter 2: April - June 2011

Capital*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	263.12	684.11	263.12	513.08	763.05	263.12	526.24	473.62	789.36
2	\$30	\$50	\$1,000	80%	\$6,000	255.60	664.56	255.60	498.42	741.24	255.60	511.20	460.08	766.80
3	\$30	\$50	\$1,500	80%	\$4,500	252.17	655.64	252.17	491.73	731.29	252.17	504.34	453.91	756.51
4	\$30	\$50	\$2,000	80%	\$4,000	247.36	643.14	247.36	482.35	717.34	247.36	494.72	445.25	742.08
5	\$30	\$50	\$2,000	80%	\$6,000	238.53	620.18	238.53	465.13	691.74	238.53	477.06	429.35	715.59
6	\$30	\$50	\$2,000	80%	\$8,000	233.11	606.09	233.11	454.56	676.02	233.11	466.22	419.60	699.33
7	\$30	\$50	\$3,000	80%	\$6,000	225.39	586.01	225.39	439.51	653.63	225.39	450.78	405.70	676.17
8	\$30	\$50	\$3,000	80%	\$8,000	219.26	570.08	219.26	427.56	635.85	219.26	438.52	394.67	657.78
9	\$30	\$50	\$3,000	80%	\$10,000	215.17	559.44	215.17	419.58	623.99	215.17	430.34	387.31	645.51
10	\$30	\$50	\$4,000	80%	\$10,000	204.18	530.87	204.18	398.15	592.12	204.18	408.36	367.52	612.54

Upstate 1*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	291.71	758.45	291.71	568.83	845.96	291.71	583.42	525.08	875.13
2	\$30	\$50	\$1,000	80%	\$6,000	283.37	736.76	283.37	552.57	821.77	283.37	566.74	510.07	850.11
3	\$30	\$50	\$1,500	80%	\$4,500	279.56	726.86	279.56	545.14	810.72	279.56	559.12	503.21	838.68
4	\$30	\$50	\$2,000	80%	\$4,000	274.24	713.02	274.24	534.77	795.30	274.24	548.48	493.63	822.72
5	\$30	\$50	\$2,000	80%	\$6,000	264.43	687.52	264.43	515.64	766.85	264.43	528.86	475.97	793.29
6	\$30	\$50	\$2,000	80%	\$8,000	258.44	671.94	258.44	503.96	749.48	258.44	516.88	465.19	775.32
7	\$30	\$50	\$3,000	80%	\$6,000	249.88	649.69	249.88	487.27	724.65	249.88	499.76	449.78	749.64
8	\$30	\$50	\$3,000	80%	\$8,000	243.07	631.98	243.07	473.99	704.90	243.07	486.14	437.53	729.21
9	\$30	\$50	\$3,000	80%	\$10,000	238.54	620.20	238.54	465.15	691.77	238.54	477.08	429.37	715.62
10	\$30	\$50	\$4,000	80%	\$10,000	226.35	588.51	226.35	441.38	656.42	226.35	452.70	407.43	679.05

Upstate 2*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	378.73	984.70	378.73	738.52	1,098.32	378.73	757.46	681.71	1,136.19
2	\$30	\$50	\$1,000	80%	\$6,000	367.92	956.59	367.92	717.44	1,066.97	367.92	735.84	662.26	1,103.76
3	\$30	\$50	\$1,500	80%	\$4,500	362.97	943.72	362.97	707.79	1,052.61	362.97	725.94	653.35	1,088.91
4	\$30	\$50	\$2,000	80%	\$4,000	356.05	925.73	356.05	694.30	1,032.55	356.05	712.10	640.89	1,068.15
5	\$30	\$50	\$2,000	80%	\$6,000	343.33	892.66	343.33	669.49	995.66	343.33	686.66	617.99	1,029.99
6	\$30	\$50	\$2,000	80%	\$8,000	335.53	872.38	335.53	654.28	973.04	335.53	671.06	603.95	1,006.59
7	\$30	\$50	\$3,000	80%	\$6,000	324.43	843.52	324.43	632.64	940.85	324.43	648.86	583.97	973.29
8	\$30	\$50	\$3,000	80%	\$8,000	315.59	820.53	315.59	615.40	915.21	315.59	631.18	568.06	946.77
9	\$30	\$50	\$3,000	80%	\$10,000	309.70	805.22	309.70	603.92	898.13	309.70	619.40	557.46	929.10
10	\$30	\$50	\$4,000	80%	\$10,000	293.88	764.09	293.88	573.07	852.25	293.88	587.76	528.98	881.64

*Capital: ALBANY, RENSSLAER, 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 January 1, 2011

Quarter 3: July - September 2011

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	336.16	874.02	336.16	655.51	974.86	336.16	672.32	605.09	1,008.48
2	\$30	\$50	\$1,000	80%	\$6,000	326.55	849.03	326.55	636.77	947.00	326.55	653.10	587.79	979.65
3	\$30	\$50	\$1,500	80%	\$4,500	322.17	837.64	322.17	628.23	934.29	322.17	644.34	579.91	966.51
4	\$30	\$50	\$2,000	80%	\$4,000	316.03	821.68	316.03	616.26	916.49	316.03	632.06	568.85	948.09
5	\$30	\$50	\$2,000	80%	\$6,000	304.74	792.32	304.74	594.24	883.75	304.74	609.48	548.53	914.22
6	\$30	\$50	\$2,000	80%	\$8,000	297.81	774.31	297.81	580.73	863.65	297.81	595.62	536.06	893.43
7	\$30	\$50	\$3,000	80%	\$6,000	287.96	748.70	287.96	561.52	835.08	287.96	575.92	518.33	863.88
8	\$30	\$50	\$3,000	80%	\$8,000	280.11	728.29	280.11	546.21	812.32	280.11	560.22	504.20	840.33
9	\$30	\$50	\$3,000	80%	\$10,000	274.89	714.71	274.89	536.04	797.18	274.89	549.78	494.80	824.67
10	\$30	\$50	\$4,000	80%	\$10,000	260.86	678.24	260.86	508.68	756.49	260.86	521.72	469.55	782.58

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	358.91	933.17	358.91	699.87	1,040.84	358.91	717.82	646.04	1,076.73
2	\$30	\$50	\$1,000	80%	\$6,000	348.67	906.54	348.67	679.91	1,011.14	348.67	697.34	627.61	1,046.01
3	\$30	\$50	\$1,500	80%	\$4,500	343.98	894.35	343.98	670.76	997.54	343.98	687.96	619.16	1,031.94
4	\$30	\$50	\$2,000	80%	\$4,000	337.42	877.29	337.42	657.97	978.52	337.42	674.84	607.36	1,012.26
5	\$30	\$50	\$2,000	80%	\$6,000	325.36	845.94	325.36	634.45	943.54	325.36	650.72	585.65	976.08
6	\$30	\$50	\$2,000	80%	\$8,000	317.97	826.72	317.97	620.04	922.11	317.97	635.94	572.35	953.91
7	\$30	\$50	\$3,000	80%	\$6,000	307.44	799.34	307.44	599.51	891.58	307.44	614.88	553.39	922.32
8	\$30	\$50	\$3,000	80%	\$8,000	299.07	777.58	299.07	583.19	867.30	299.07	598.14	538.33	897.21
9	\$30	\$50	\$3,000	80%	\$10,000	293.50	763.10	293.50	572.33	851.15	293.50	587.00	528.30	880.50
10	\$30	\$50	\$4,000	80%	\$10,000	278.51	724.13	278.51	543.09	807.68	278.51	557.02	501.32	835.53

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	350.51	911.33	350.51	683.49	1,016.48	350.51	701.02	630.92	1,051.53
2	\$30	\$50	\$1,000	80%	\$6,000	340.51	885.33	340.51	663.99	987.48	340.51	681.02	612.92	1,021.53
3	\$30	\$50	\$1,500	80%	\$4,500	335.92	873.39	335.92	655.04	974.17	335.92	671.84	604.66	1,007.76
4	\$30	\$50	\$2,000	80%	\$4,000	329.53	856.78	329.53	642.58	955.64	329.53	659.06	593.15	988.59
5	\$30	\$50	\$2,000	80%	\$6,000	317.76	826.18	317.76	619.63	921.50	317.76	635.52	571.97	953.28
6	\$30	\$50	\$2,000	80%	\$8,000	310.53	807.38	310.53	605.53	900.54	310.53	621.06	558.95	931.59
7	\$30	\$50	\$3,000	80%	\$6,000	300.26	780.68	300.26	585.51	870.75	300.26	600.52	540.47	900.78
8	\$30	\$50	\$3,000	80%	\$8,000	292.08	759.41	292.08	569.56	847.03	292.08	584.16	525.74	876.24
9	\$30	\$50	\$3,000	80%	\$10,000	286.63	745.24	286.63	558.93	831.23	286.63	573.26	515.93	859.89
10	\$30	\$50	\$4,000	80%	\$10,000	271.98	707.15	271.98	530.36	788.74	271.98	543.96	489.56	815.94

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

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

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

Small Group Essential EPO Base - Current Rates

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

Quarter 3: July - September 2011

Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	271.01	704.63	271.01	528.47	785.93	271.01	542.02	487.82	813.03
2	\$30	\$50	\$1,000	80%	\$6,000	263.27	684.50	263.27	513.38	763.48	263.27	526.54	473.89	789.81
3	\$30	\$50	\$1,500	80%	\$4,500	259.74	675.32	259.74	506.49	753.25	259.74	519.48	467.53	779.22
4	\$30	\$50	\$2,000	80%	\$4,000	254.78	662.43	254.78	496.82	738.86	254.78	509.56	458.60	764.34
5	\$30	\$50	\$2,000	80%	\$6,000	245.69	638.79	245.69	479.10	712.50	245.69	491.38	442.24	737.07
6	\$30	\$50	\$2,000	80%	\$8,000	240.10	624.26	240.10	468.20	696.29	240.10	480.20	432.18	720.30
7	\$30	\$50	\$3,000	80%	\$6,000	232.15	603.59	232.15	452.69	673.24	232.15	464.30	417.87	696.45
8	\$30	\$50	\$3,000	80%	\$8,000	225.84	587.18	225.84	440.39	654.94	225.84	451.68	406.51	677.52
9	\$30	\$50	\$3,000	80%	\$10,000	221.63	576.24	221.63	432.18	642.73	221.63	443.26	398.93	664.89
10	\$30	\$50	\$4,000	80%	\$10,000	210.31	546.81	210.31	410.10	609.90	210.31	420.62	378.56	630.93

Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	300.46	781.20	300.46	585.90	871.33	300.46	600.92	540.83	901.38
2	\$30	\$50	\$1,000	80%	\$6,000	291.87	758.86	291.87	569.15	846.42	291.87	583.74	525.37	875.61
3	\$30	\$50	\$1,500	80%	\$4,500	287.95	748.67	287.95	561.50	835.06	287.95	575.90	518.31	863.85
4	\$30	\$50	\$2,000	80%	\$4,000	282.47	734.42	282.47	550.82	819.16	282.47	564.94	508.45	847.41
5	\$30	\$50	\$2,000	80%	\$6,000	272.36	708.14	272.36	531.10	789.84	272.36	544.72	490.25	817.08
6	\$30	\$50	\$2,000	80%	\$8,000	266.19	692.09	266.19	519.07	771.95	266.19	532.38	479.14	798.57
7	\$30	\$50	\$3,000	80%	\$6,000	257.38	669.19	257.38	501.89	746.40	257.38	514.76	463.28	772.14
8	\$30	\$50	\$3,000	80%	\$8,000	250.36	650.94	250.36	488.20	726.04	250.36	500.72	450.65	751.08
9	\$30	\$50	\$3,000	80%	\$10,000	245.70	638.82	245.70	479.12	712.53	245.70	491.40	442.26	737.10
10	\$30	\$50	\$4,000	80%	\$10,000	233.14	606.16	233.14	454.62	676.11	233.14	466.28	419.65	699.42

Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	390.09	1,014.23	390.09	760.68	1,131.26	390.09	780.18	702.16	1,170.27
2	\$30	\$50	\$1,000	80%	\$6,000	378.96	985.30	378.96	738.97	1,098.98	378.96	757.92	682.13	1,136.88
3	\$30	\$50	\$1,500	80%	\$4,500	373.86	972.04	373.86	729.03	1,084.19	373.86	747.72	672.95	1,121.58
4	\$30	\$50	\$2,000	80%	\$4,000	366.73	953.50	366.73	715.12	1,063.52	366.73	733.46	660.11	1,100.19
5	\$30	\$50	\$2,000	80%	\$6,000	353.63	919.44	353.63	689.58	1,025.53	353.63	707.26	636.53	1,060.89
6	\$30	\$50	\$2,000	80%	\$8,000	345.60	898.56	345.60	673.92	1,002.24	345.60	691.20	622.08	1,036.80
7	\$30	\$50	\$3,000	80%	\$6,000	334.16	868.82	334.16	651.61	969.06	334.16	668.32	601.49	1,002.48
8	\$30	\$50	\$3,000	80%	\$8,000	325.06	845.16	325.06	633.87	942.67	325.06	650.12	585.11	975.18
9	\$30	\$50	\$3,000	80%	\$10,000	318.99	829.37	318.99	622.03	925.07	318.99	637.98	574.18	956.97
10	\$30	\$50	\$4,000	80%	\$10,000	302.70	787.02	302.70	590.27	877.83	302.70	605.40	544.86	908.10

*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 January 1, 2011

Quarter 4: October - December 2011

Downstate 1*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	346.24	900.22	346.24	675.17	1,004.10	346.24	692.48	623.23	1,038.72
2	\$30	\$50	\$1,000	80%	\$6,000	336.35	874.51	336.35	655.88	975.42	336.35	672.70	605.43	1,009.05
3	\$30	\$50	\$1,500	80%	\$4,500	331.84	862.78	331.84	647.09	962.34	331.84	663.68	597.31	995.52
4	\$30	\$50	\$2,000	80%	\$4,000	325.51	846.33	325.51	634.74	943.98	325.51	651.02	585.92	976.53
5	\$30	\$50	\$2,000	80%	\$6,000	313.88	816.09	313.88	612.07	910.25	313.88	627.76	564.98	941.64
6	\$30	\$50	\$2,000	80%	\$8,000	306.74	797.52	306.74	598.14	889.55	306.74	613.48	552.13	920.22
7	\$30	\$50	\$3,000	80%	\$6,000	296.60	771.16	296.60	578.37	860.14	296.60	593.20	533.88	889.80
8	\$30	\$50	\$3,000	80%	\$8,000	288.51	750.13	288.51	562.59	836.68	288.51	577.02	519.32	865.53
9	\$30	\$50	\$3,000	80%	\$10,000	283.14	736.16	283.14	552.12	821.11	283.14	566.28	509.65	849.42
10	\$30	\$50	\$4,000	80%	\$10,000	268.69	698.59	268.69	523.95	779.20	268.69	537.38	483.64	806.07

Downstate 2*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	369.68	961.17	369.68	720.88	1,072.07	369.68	739.36	665.42	1,109.04
2	\$30	\$50	\$1,000	80%	\$6,000	359.13	933.74	359.13	700.30	1,041.48	359.13	718.26	646.43	1,077.39
3	\$30	\$50	\$1,500	80%	\$4,500	354.30	921.18	354.30	690.89	1,027.47	354.30	708.60	637.74	1,062.90
4	\$30	\$50	\$2,000	80%	\$4,000	347.54	903.60	347.54	677.70	1,007.87	347.54	695.08	625.57	1,042.62
5	\$30	\$50	\$2,000	80%	\$6,000	335.12	871.31	335.12	653.48	971.85	335.12	670.24	603.22	1,005.36
6	\$30	\$50	\$2,000	80%	\$8,000	327.51	851.53	327.51	638.64	949.78	327.51	655.02	589.52	982.53
7	\$30	\$50	\$3,000	80%	\$6,000	316.66	823.32	316.66	617.49	918.31	316.66	633.32	569.99	949.98
8	\$30	\$50	\$3,000	80%	\$8,000	308.04	800.90	308.04	600.68	893.32	308.04	616.08	554.47	924.12
9	\$30	\$50	\$3,000	80%	\$10,000	302.31	786.01	302.31	589.50	876.70	302.31	604.62	544.16	906.93
10	\$30	\$50	\$4,000	80%	\$10,000	286.87	745.86	286.87	559.40	831.92	286.87	573.74	516.37	860.61

Mid-Hudson*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	361.03	938.68	361.03	704.01	1,046.99	361.03	722.06	649.85	1,083.09
2	\$30	\$50	\$1,000	80%	\$6,000	350.73	911.90	350.73	683.92	1,017.12	350.73	701.46	631.31	1,052.19
3	\$30	\$50	\$1,500	80%	\$4,500	346.00	899.60	346.00	674.70	1,003.40	346.00	692.00	622.80	1,038.00
4	\$30	\$50	\$2,000	80%	\$4,000	339.42	882.49	339.42	661.87	984.32	339.42	678.84	610.96	1,018.26
5	\$30	\$50	\$2,000	80%	\$6,000	327.29	850.95	327.29	638.22	949.14	327.29	654.58	589.12	981.87
6	\$30	\$50	\$2,000	80%	\$8,000	319.85	831.61	319.85	623.71	927.57	319.85	639.70	575.73	959.55
7	\$30	\$50	\$3,000	80%	\$6,000	309.27	804.10	309.27	603.08	896.88	309.27	618.54	556.69	927.81
8	\$30	\$50	\$3,000	80%	\$8,000	300.84	782.18	300.84	586.64	872.44	300.84	601.68	541.51	902.52
9	\$30	\$50	\$3,000	80%	\$10,000	295.23	767.60	295.23	575.70	856.17	295.23	590.46	531.41	885.69
10	\$30	\$50	\$4,000	80%	\$10,000	280.14	728.36	280.14	546.27	812.41	280.14	560.28	504.25	840.42

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

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

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

Small Group Essential EPO Base - Current Rates

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

Quarter 4: October - December 2011

Capital*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	279.14	725.76	279.14	544.32	809.51	279.14	558.28	502.45	837.42
2	\$30	\$50	\$1,000	80%	\$6,000	271.17	705.04	271.17	528.78	786.39	271.17	542.34	488.11	813.51
3	\$30	\$50	\$1,500	80%	\$4,500	267.53	695.58	267.53	521.68	775.84	267.53	535.06	481.55	802.59
4	\$30	\$50	\$2,000	80%	\$4,000	262.42	682.29	262.42	511.72	761.02	262.42	524.84	472.36	787.26
5	\$30	\$50	\$2,000	80%	\$6,000	253.06	657.96	253.06	493.47	733.87	253.06	506.12	455.51	759.18
6	\$30	\$50	\$2,000	80%	\$8,000	247.30	642.98	247.30	482.24	717.17	247.30	494.60	445.14	741.90
7	\$30	\$50	\$3,000	80%	\$6,000	239.11	621.69	239.11	466.26	693.42	239.11	478.22	430.40	717.33
8	\$30	\$50	\$3,000	80%	\$8,000	232.62	604.81	232.62	453.61	674.60	232.62	465.24	418.72	697.86
9	\$30	\$50	\$3,000	80%	\$10,000	228.28	593.53	228.28	445.15	662.01	228.28	456.56	410.90	684.84
10	\$30	\$50	\$4,000	80%	\$10,000	216.62	563.21	216.62	422.41	628.20	216.62	433.24	389.92	649.86

Upstate 1*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	309.47	804.62	309.47	603.47	897.46	309.47	618.94	557.05	928.41
2	\$30	\$50	\$1,000	80%	\$6,000	300.63	781.64	300.63	586.23	871.83	300.63	601.26	541.13	901.89
3	\$30	\$50	\$1,500	80%	\$4,500	296.59	771.13	296.59	578.35	860.11	296.59	593.18	533.86	889.77
4	\$30	\$50	\$2,000	80%	\$4,000	290.94	756.44	290.94	567.33	843.73	290.94	581.88	523.69	872.82
5	\$30	\$50	\$2,000	80%	\$6,000	280.53	729.38	280.53	547.03	813.54	280.53	561.06	504.95	841.59
6	\$30	\$50	\$2,000	80%	\$8,000	274.18	712.87	274.18	534.65	795.12	274.18	548.36	493.52	822.54
7	\$30	\$50	\$3,000	80%	\$6,000	265.10	689.26	265.10	516.95	768.79	265.10	530.20	477.18	795.30
8	\$30	\$50	\$3,000	80%	\$8,000	257.87	670.46	257.87	502.85	747.82	257.87	515.74	464.17	773.61
9	\$30	\$50	\$3,000	80%	\$10,000	253.07	657.98	253.07	493.49	733.90	253.07	506.14	455.53	759.21
10	\$30	\$50	\$4,000	80%	\$10,000	240.13	624.34	240.13	468.25	696.38	240.13	480.26	432.23	720.39

Upstate 2*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	401.79	1,044.65	401.79	783.49	1,165.19	401.79	803.58	723.22	1,205.37
2	\$30	\$50	\$1,000	80%	\$6,000	390.33	1,014.86	390.33	761.14	1,131.96	390.33	780.66	702.59	1,170.99
3	\$30	\$50	\$1,500	80%	\$4,500	385.08	1,001.21	385.08	750.91	1,116.73	385.08	770.16	693.14	1,155.24
4	\$30	\$50	\$2,000	80%	\$4,000	377.73	982.10	377.73	736.57	1,095.42	377.73	755.46	679.91	1,133.19
5	\$30	\$50	\$2,000	80%	\$6,000	364.24	947.02	364.24	710.27	1,056.30	364.24	728.48	655.63	1,092.72
6	\$30	\$50	\$2,000	80%	\$8,000	355.97	925.52	355.97	694.14	1,032.31	355.97	711.94	640.75	1,067.91
7	\$30	\$50	\$3,000	80%	\$6,000	344.18	894.87	344.18	671.15	998.12	344.18	688.36	619.52	1,032.54
8	\$30	\$50	\$3,000	80%	\$8,000	334.81	870.51	334.81	652.88	970.95	334.81	669.62	602.66	1,004.43
9	\$30	\$50	\$3,000	80%	\$10,000	328.56	854.26	328.56	640.69	952.82	328.56	657.12	591.41	985.68
10	\$30	\$50	\$4,000	80%	\$10,000	311.78	810.63	311.78	607.97	904.16	311.78	623.56	561.20	935.34

*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 January 1, 2011

Quarter 1: January - March 2012

Downstate 1*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	346.24	900.22	346.24	675.17	1,004.10	346.24	692.48	623.23	1,038.72
2	\$30	\$50	\$1,000	80%	\$6,000	336.35	874.51	336.35	655.88	975.42	336.35	672.70	605.43	1,009.05
3	\$30	\$50	\$1,500	80%	\$4,500	331.84	862.78	331.84	647.09	962.34	331.84	663.68	597.31	995.52
4	\$30	\$50	\$2,000	80%	\$4,000	325.51	846.33	325.51	634.74	943.98	325.51	651.02	585.92	976.53
5	\$30	\$50	\$2,000	80%	\$6,000	313.88	816.09	313.88	612.07	910.25	313.88	627.76	564.98	941.64
6	\$30	\$50	\$2,000	80%	\$8,000	306.74	797.52	306.74	598.14	889.55	306.74	613.48	552.13	920.22
7	\$30	\$50	\$3,000	80%	\$6,000	296.60	771.16	296.60	578.37	860.14	296.60	593.20	533.88	889.80
8	\$30	\$50	\$3,000	80%	\$8,000	288.51	750.13	288.51	562.59	836.68	288.51	577.02	519.32	865.53
9	\$30	\$50	\$3,000	80%	\$10,000	283.14	736.16	283.14	552.12	821.11	283.14	566.28	509.65	849.42
10	\$30	\$50	\$4,000	80%	\$10,000	268.69	698.59	268.69	523.95	779.20	268.69	537.38	483.64	806.07

Downstate 2*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	369.68	961.17	369.68	720.88	1,072.07	369.68	739.36	665.42	1,109.04
2	\$30	\$50	\$1,000	80%	\$6,000	359.13	933.74	359.13	700.30	1,041.48	359.13	718.26	646.43	1,077.39
3	\$30	\$50	\$1,500	80%	\$4,500	354.30	921.18	354.30	690.89	1,027.47	354.30	708.60	637.74	1,062.90
4	\$30	\$50	\$2,000	80%	\$4,000	347.54	903.60	347.54	677.70	1,007.87	347.54	695.08	625.57	1,042.62
5	\$30	\$50	\$2,000	80%	\$6,000	335.12	871.31	335.12	653.48	971.85	335.12	670.24	603.22	1,005.36
6	\$30	\$50	\$2,000	80%	\$8,000	327.51	851.53	327.51	638.64	949.78	327.51	655.02	589.52	982.53
7	\$30	\$50	\$3,000	80%	\$6,000	316.66	823.32	316.66	617.49	918.31	316.66	633.32	569.99	949.98
8	\$30	\$50	\$3,000	80%	\$8,000	308.04	800.90	308.04	600.68	893.32	308.04	616.08	554.47	924.12
9	\$30	\$50	\$3,000	80%	\$10,000	302.31	786.01	302.31	589.50	876.70	302.31	604.62	544.16	906.93
10	\$30	\$50	\$4,000	80%	\$10,000	286.87	745.86	286.87	559.40	831.92	286.87	573.74	516.37	860.61

Mid-Hudson*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	361.03	938.68	361.03	704.01	1,046.99	361.03	722.06	649.85	1,083.09
2	\$30	\$50	\$1,000	80%	\$6,000	350.73	911.90	350.73	683.92	1,017.12	350.73	701.46	631.31	1,052.19
3	\$30	\$50	\$1,500	80%	\$4,500	346.00	899.60	346.00	674.70	1,003.40	346.00	692.00	622.80	1,038.00
4	\$30	\$50	\$2,000	80%	\$4,000	339.42	882.49	339.42	661.87	984.32	339.42	678.84	610.96	1,018.26
5	\$30	\$50	\$2,000	80%	\$6,000	327.29	850.95	327.29	638.22	949.14	327.29	654.58	589.12	981.87
6	\$30	\$50	\$2,000	80%	\$8,000	319.85	831.61	319.85	623.71	927.57	319.85	639.70	575.73	959.55
7	\$30	\$50	\$3,000	80%	\$6,000	309.27	804.10	309.27	603.08	896.88	309.27	618.54	556.69	927.81
8	\$30	\$50	\$3,000	80%	\$8,000	300.84	782.18	300.84	586.64	872.44	300.84	601.68	541.51	902.52
9	\$30	\$50	\$3,000	80%	\$10,000	295.23	767.60	295.23	575.70	856.17	295.23	590.46	531.41	885.69
10	\$30	\$50	\$4,000	80%	\$10,000	280.14	728.36	280.14	546.27	812.41	280.14	560.28	504.25	840.42

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

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

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

Small Group Essential EPO Base - Current Rates

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

Quarter 1: January - March 2012

Capital*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	279.14	725.76	279.14	544.32	809.51	279.14	558.28	502.45	837.42
2	\$30	\$50	\$1,000	80%	\$6,000	271.17	705.04	271.17	528.78	786.39	271.17	542.34	488.11	813.51
3	\$30	\$50	\$1,500	80%	\$4,500	267.53	695.58	267.53	521.68	775.84	267.53	535.06	481.55	802.59
4	\$30	\$50	\$2,000	80%	\$4,000	262.42	682.29	262.42	511.72	761.02	262.42	524.84	472.36	787.26
5	\$30	\$50	\$2,000	80%	\$6,000	253.06	657.96	253.06	493.47	733.87	253.06	506.12	455.51	759.18
6	\$30	\$50	\$2,000	80%	\$8,000	247.30	642.98	247.30	482.24	717.17	247.30	494.60	445.14	741.90
7	\$30	\$50	\$3,000	80%	\$6,000	239.11	621.69	239.11	466.26	693.42	239.11	478.22	430.40	717.33
8	\$30	\$50	\$3,000	80%	\$8,000	232.62	604.81	232.62	453.61	674.60	232.62	465.24	418.72	697.86
9	\$30	\$50	\$3,000	80%	\$10,000	228.28	593.53	228.28	445.15	662.01	228.28	456.56	410.90	684.84
10	\$30	\$50	\$4,000	80%	\$10,000	216.62	563.21	216.62	422.41	628.20	216.62	433.24	389.92	649.86

Upstate 1*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	309.47	804.62	309.47	603.47	897.46	309.47	618.94	557.05	928.41
2	\$30	\$50	\$1,000	80%	\$6,000	300.63	781.64	300.63	586.23	871.83	300.63	601.26	541.13	901.89
3	\$30	\$50	\$1,500	80%	\$4,500	296.59	771.13	296.59	578.35	860.11	296.59	593.18	533.86	889.77
4	\$30	\$50	\$2,000	80%	\$4,000	290.94	756.44	290.94	567.33	843.73	290.94	581.88	523.69	872.82
5	\$30	\$50	\$2,000	80%	\$6,000	280.53	729.38	280.53	547.03	813.54	280.53	561.06	504.95	841.59
6	\$30	\$50	\$2,000	80%	\$8,000	274.18	712.87	274.18	534.65	795.12	274.18	548.36	493.52	822.54
7	\$30	\$50	\$3,000	80%	\$6,000	265.10	689.26	265.10	516.95	768.79	265.10	530.20	477.18	795.30
8	\$30	\$50	\$3,000	80%	\$8,000	257.87	670.46	257.87	502.85	747.82	257.87	515.74	464.17	773.61
9	\$30	\$50	\$3,000	80%	\$10,000	253.07	657.98	253.07	493.49	733.90	253.07	506.14	455.53	759.21
10	\$30	\$50	\$4,000	80%	\$10,000	240.13	624.34	240.13	468.25	696.38	240.13	480.26	432.23	720.39

Upstate 2*														
Option	PCP		NonPCP		OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay	Deductible	Coinsurance		Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
1	\$30	\$50	\$1,000	80%	\$4,000	401.79	1,044.65	401.79	783.49	1,165.19	401.79	803.58	723.22	1,205.37
2	\$30	\$50	\$1,000	80%	\$6,000	390.33	1,014.86	390.33	761.14	1,131.96	390.33	780.66	702.59	1,170.99
3	\$30	\$50	\$1,500	80%	\$4,500	385.08	1,001.21	385.08	750.91	1,116.73	385.08	770.16	693.14	1,155.24
4	\$30	\$50	\$2,000	80%	\$4,000	377.73	982.10	377.73	736.57	1,095.42	377.73	755.46	679.91	1,133.19
5	\$30	\$50	\$2,000	80%	\$6,000	364.24	947.02	364.24	710.27	1,056.30	364.24	728.48	655.63	1,092.72
6	\$30	\$50	\$2,000	80%	\$8,000	355.97	925.52	355.97	694.14	1,032.31	355.97	711.94	640.75	1,067.91
7	\$30	\$50	\$3,000	80%	\$6,000	344.18	894.87	344.18	671.15	998.12	344.18	688.36	619.52	1,032.54
8	\$30	\$50	\$3,000	80%	\$8,000	334.81	870.51	334.81	652.88	970.95	334.81	669.62	602.66	1,004.43
9	\$30	\$50	\$3,000	80%	\$10,000	328.56	854.26	328.56	640.69	952.82	328.56	657.12	591.41	985.68
10	\$30	\$50	\$4,000	80%	\$10,000	311.78	810.63	311.78	607.97	904.16	311.78	623.56	561.20	935.34

*Capital: ALBANY, RENSSLAER, 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, 2012

Quarter 2: April - June 2012

Downstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	289.38	607.70	520.88	876.82

Downstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	308.96	648.82	556.13	936.15

Mid-Hudson*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	301.72	633.61	543.10	914.21

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

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

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

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, 2012

Quarter 2: April - June 2012

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	233.31	489.95	419.96	706.93

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	258.63	543.12	465.53	783.65

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	335.79	705.16	604.42	1017.44

*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, 2012

Quarter 3: July - September 2012

Downstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	298.06	625.93	536.51	903.12

Downstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	318.23	668.28	572.81	964.24

Mid-Hudson*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	310.77	652.62	559.39	941.63

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

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

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

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, 2012

Quarter 3: July - September 2012

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	240.31	504.65	432.56	728.14

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	266.39	559.42	479.50	807.16

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	345.86	726.31	622.55	1047.96

*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, 2012

Quarter 4: October - December 2012

Downstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	307.00	644.70	552.60	930.21

Downstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	327.78	688.34	590.00	993.17

Mid-Hudson*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	320.09	672.19	576.16	969.87

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

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

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

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, 2012

Quarter 4: October - December 2012

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	247.52	519.79	445.54	749.99

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	274.38	576.20	493.88	831.37

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	356.24	748.10	641.23	1079.41

*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, 2012

Quarter 1: January - March 2013

Downstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	316.21	664.04	569.18	958.12

Downstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	337.61	708.98	607.70	1022.96

Mid-Hudson*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	329.69	692.35	593.44	998.96

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

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

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

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, 2012

Quarter 1: January - March 2013

Capital*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	254.95	535.40	458.91	772.50

Upstate 1*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	282.61	593.48	508.70	856.31

Upstate 2*									
Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	366.93	770.55	660.47	1111.80

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Dollar Change in 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

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	36.12	101.18	65.01	117.04

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	38.56	108.02	69.41	124.95

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	37.66	105.49	67.79	122.03

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

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

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

Small Group Essential EPO Base - Annual Dollar Change in 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

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	29.13	81.59	52.44	94.39

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	32.28	90.42	58.10	104.60

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	41.91	117.40	75.44	135.80

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Dollar Change in 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

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	37.20	104.21	66.96	120.54

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	39.72	111.26	71.49	128.71

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	38.79	108.66	69.83	125.69

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

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

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

Small Group Essential EPO Base - Annual Dollar Change in 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

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	30.00	84.03	54.00	97.21

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	33.25	93.14	59.85	107.74

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	43.16	120.91	77.69	139.86

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Dollar Change in Rates

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

Quarter 4: October - December 2012

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	38.31	107.32	68.96	124.14

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	40.91	114.60	73.63	132.56

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	39.95	111.91	71.91	129.45

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

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

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

Small Group Essential EPO Base - Annual Dollar Change in Rates

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

Quarter 4: October - December 2012

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	30.90	86.55	55.62	100.13

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	34.25	95.94	61.65	110.98

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	44.46	124.54	80.03	144.07

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Dollar Change in Rates

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

Quarter 1: January - March 2013

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	47.52	126.66	85.54	152.05

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	50.74	135.24	91.33	162.35

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Individual	Four Tier Option		Family
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family		H/W	P/C	
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	49.55	132.07	89.19	158.54

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

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

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

Small Group Essential EPO Base - Annual Dollar Change in Rates

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

Quarter 1: January - March 2012

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	38.33	102.16	68.99	122.64

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	42.48	113.22	76.47	135.92

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	55.15	146.99	99.27	176.46

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Percentage Change in 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

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

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

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

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

Small Group Essential EPO Base - Annual Percentage Change in 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

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Percentage Change in 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

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

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

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

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

Small Group Essential EPO Base - Annual Percentage Change in 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

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

*Capital: ALBANY, RENNELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Percentage Change in Rates

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

Quarter 4: October - December 2012

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

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

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

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

Small Group Essential EPO Base - Annual Percentage Change in Rates

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

Quarter 4: October - December 2012

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	14.3%	20.0%	14.3%	15.4%

*Capital: ALBANY, RENSSELAER, SCHENECTADY

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

*Upstate 2: CLINTON, ESSEX, FULTON

Small Group Essential EPO Base - Annual Percentage Change in Rates

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

Quarter 1: January - March 2013

Downstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

Downstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

Mid-Hudson*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

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

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

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

Small Group Essential EPO Base - Annual Percentage Change in Rates

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

Quarter 1: January - March 2012

Capital*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

Upstate 1*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

Upstate 2*

Option	PCP	NonPCP	Deductible	Coinsurance	OOP Max (incl. ded)	Two Tier Option		Three Tier Option			Four Tier Option			
	Co-pay	Co-pay				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
10	\$30	\$50	\$4,000	80%	\$10,000	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

*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 Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective January 1, 2011**

Quarter 2: April - June 2011

Rider Description				Two Tier		Three Tier			Four Tier			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic												
Tier 1	Tier 2	Tier 3	Deductible									
Form Number: A-RX-RVS-NOCONTR-Rev.03; RX-SOB-3T-42-SG.Rev0110; Rx-Tier-42; R-RX-PREAUTH SPEC-42 2009, RX-R-MandGen-3T-42-EPO**												
\$10	\$35	\$70	\$50	97.74	254.12	97.74	190.59	283.45	97.74	195.48	175.93	293.22

Form Number: R-ContraRx&Dev-42*

Generic & Brand Contraceptives	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
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Rider Description				Two Tier		Three Tier			Four Tier			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible												
Form Number: R-RX-GEN-15-NOC-42; R-RX-PREAUTH SPEC-42 2009**												
	Generic Co-pay	Brand Coinsurance***										
	\$15	50%	23.80	61.88	23.80	46.41	69.02	23.80	47.60	42.84	71.40	

Form Number: R-ContraRx-Gen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.
 ** Excludes coverage for contraceptives.
 *** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective January 1, 2011**

Quarter 3: July - September 2011

Rider Description				Two Tier		Three Tier			Four Tier			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic												
Tier 1	Tier 2	Tier 3	Deductible									
Form Number: A-RX-RVS-NOCONTR-Rev.03; RX-SOB-3T-42-SG.Rev0110; Rx-Tier-42; R-RX-PREAUTH SPEC-42 2009, RX-R-MandGen-3T-42-EPO**												
\$10	\$35	\$70	\$50	97.74	254.12	97.74	190.59	283.45	97.74	195.48	175.93	293.22

Form Number: R-ContraRx&Dev-42*

Generic & Brand Contraceptives	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
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Rider Description				Two Tier		Three Tier			Four Tier			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible												
Form Number: R-RX-GEN-15-NOC-42; R-RX-PREAUTH SPEC-42 2009**												
	Generic Co-pay	Brand Coinsurance***										
	\$15	50%		23.80	61.88	23.80	46.41	69.02	23.80	47.60	42.84	71.40

Form Number: R-ContraRx-Gen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.
 ** Excludes coverage for contraceptives.
 *** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective January 1, 2011**

Quarter 4: October 2011 ONLY

Rider Description				Two Tier		Three Tier			Four Tier			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Includes Preferred Generic												
Tier 1	Tier 2	Tier 3	Deductible									
Form Number: A-RX-RVS-NOCONTR-Rev.03; RX-SOB-3T-42-SG.Rev0110; Rx-Tier-42; R-RX-PREAUTH SPEC-42 2009, RX-R-MandGen-3T-42-EPO**												
\$10	\$35	\$70	\$50	97.74	254.12	97.74	190.59	283.45	97.74	195.48	175.93	293.22

Form Number: R-ContraRx&Dev-42*

Generic & Brand Contraceptives	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
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Rider Description				Two Tier		Three Tier			Four Tier			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible												
Form Number: R-RX-GEN-15-NOC-42; R-RX-PREAUTH SPEC-42 2009**												
	Generic Co-pay	Brand Coinsurance***										
	\$15	50%	23.80	61.88	23.80	46.41	69.02	23.80	47.60	42.84	71.40	

Form Number: R-ContraRx-Gen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.
 ** Excludes coverage for contraceptives.
 *** For mandated drugs only.

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective November 1, 2011

Quarter 4: November - December 2011

Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	97.45	253.37	97.45	190.03	282.61	97.45	194.90	175.41	292.35
\$10	35%	50%	n/a	\$100	76.20	198.12	76.20	148.59	220.98	76.20	152.40	137.16	228.60
\$10	\$35	35%	\$10,000	\$50	97.82	254.33	97.82	190.75	283.68	97.82	195.64	176.08	293.46
\$10	35%	50%	\$10,000	\$100	76.85	199.81	76.85	149.86	222.87	76.85	153.70	138.33	230.55

- 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%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
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Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic	Brand											
	Co-pay	Coinsurance***											
	\$10	50%			16.14	41.96	16.14	31.47	46.81	16.14	32.28	29.05	48.42

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.
 ** Excludes coverage for contraceptives.
 *** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective November 1, 2011**

Quarter 1: January - March 2012

Rider Description					Two Tier		Three Tier		Four Tier				
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	100.37	260.96	100.37	195.72	291.07	100.37	200.74	180.67	301.11
\$10	35%	50%	n/a	\$100	78.49	204.07	78.49	153.06	227.62	78.49	156.98	141.28	235.47
\$10	\$35	35%	\$10,000	\$50	100.75	261.95	100.75	196.46	292.18	100.75	201.50	181.35	302.25
\$10	35%	50%	\$10,000	\$100	79.16	205.82	79.16	154.36	229.56	79.16	158.32	142.49	237.48

- 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%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
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Rider Description					Two Tier		Three Tier		Four Tier				
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic Co-pay	Brand Coinsurance***											
	\$10	50%			16.62	43.21	16.62	32.41	48.20	16.62	33.24	29.92	49.86

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

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		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.Rev1011**								
\$10	\$35	35%	n/a	\$50	108.11	227.03	194.60	327.57
\$10	35%	50%	n/a	\$100	84.54	177.53	152.17	256.16
\$10	\$35	35%	\$10,000	\$50	108.51	227.87	195.32	328.79
\$10	35%	50%	\$10,000	\$100	85.26	179.05	153.47	258.34
- 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		Family
Generic Co-pay	Brand Coinsurance***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1011**						
\$10	50%		17.90	37.59	32.22	54.24
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.

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		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.Rev1011**								
\$10	\$35	35%	n/a	\$50	111.35	233.84	200.43	337.39
\$10	35%	50%	n/a	\$100	87.08	182.87	156.74	263.85
\$10	\$35	35%	\$10,000	\$50	111.77	234.72	201.19	338.66
\$10	35%	50%	\$10,000	\$100	87.82	184.42	158.08	266.09
- 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%
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Rider Description				Individual	Four Tier		Family
Generic Co-pay	Brand Coinsurance***				H/W	P/Ch(ren)	
Generic Only, No Deductible							
Form Number: RX-NOC-42-GEN10.Rev1011**							
\$10	50%			18.44	38.72	33.19	55.87

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.
 ** Excludes coverage for contraceptives.
 *** For mandated drugs only.

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		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.Rev1011**								
\$10	\$35	35%	n/a	\$50	114.69	240.85	206.44	347.51
\$10	35%	50%	n/a	\$100	89.69	188.35	161.44	271.76
\$10	\$35	35%	\$10,000	\$50	115.12	241.75	207.22	348.81
\$10	35%	50%	\$10,000	\$100	90.45	189.95	162.81	274.06
- 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		Family
Generic Co-pay	Brand Coinsurance***				H/W	P/Ch(ren)	
Generic Only, No Deductible							
Form Number: RX-NOC-42-GEN10.Rev1011**							
\$10	50%			18.99	39.88	34.18	57.54
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.

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					Individual	Four Tier		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.Rev1011**								
\$10	\$35	35%	n/a	\$50	118.13	248.07	212.63	357.93
\$10	35%	50%	n/a	\$100	92.38	194.00	166.28	279.91
\$10	\$35	35%	\$10,000	\$50	118.57	249.00	213.43	359.27
\$10	35%	50%	\$10,000	\$100	93.16	195.64	167.69	282.27

- 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%
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Rider Description			Individual	Four Tier		Family
Generic Co-pay	Brand Coinsurance***			H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1011**						
\$10	50%		19.56	41.08	35.21	59.27

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

**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	Two Tier		Three Tier			Four Tier			
	Individual	Family	Individual	2-Party	Family	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.Rev1011**									
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a								
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Rider Description	Two Tier		Three Tier			Four Tier			
	Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible									
Form Number: RX-NOC-42-GEN10.Rev1011**									
	Generic	Brand							
	Co-pay	Coinsurance***							
	\$10	50%	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a								
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*Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

**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	Two Tier		Three Tier			Four Tier			
	Individual	Family	Individual	2-Party	Family	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.Rev1011**									
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a								
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Rider Description	Two Tier		Three Tier			Four Tier			
	Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible									
Form Number: RX-NOC-42-GEN10.Rev1011**									
	Generic Co-pay	Brand Coinsurance***							
	\$10	50%	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a								
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*Rider rate is multiplied by prescription drug rate.
**Excludes coverage for contraceptives.
***For mandated drugs only.

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

Quarter 4: October 2012 ONLY

Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a												
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Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic	Brand											
	Co-pay	Coinsurance***											
	\$10	50%			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a												
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*Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

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

Quarter 4: November - December 2012

Rider Description	Two Tier		Three Tier			Four Tier							
	Individual	Family	Individual	2-Party	Family	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.Rev1011**													
	\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	17.24	45.95	31.03	55.16
	\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	13.49	35.95	24.28	43.16
	\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	17.30	46.11	31.14	55.35
	\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	13.60	36.25	24.48	43.51

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a												
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Rider Description	Two Tier		Three Tier			Four Tier							
	Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family				
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic Co-pay	Brand Coinsurance***											
	\$10	50%	n/a	n/a	n/a	n/a	n/a	2.85	7.60	5.13	9.12		

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a												
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*Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

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

Quarter 1: January - March 2012

Rider Description	Two Tier		Three Tier			Four Tier							
	Individual	Family	Individual	2-Party	Family	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.Rev1011**													
	\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	17.76	47.33	31.96	56.82
	\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	13.89	37.02	25.00	44.44
	\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	17.82	47.50	32.08	57.02
	\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	14.00	37.32	25.20	44.79

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a												
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Rider Description	Two Tier		Three Tier			Four Tier							
	Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family				
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic Co-pay	Brand Coinsurance***											
	\$10	50%	n/a	n/a	n/a	n/a	n/a	2.94	7.84	5.29	9.41		

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a												
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*Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

**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					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a												
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Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic	Brand											
	Co-pay	Coinsurance***											
	\$10	50%			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a												
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* Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

**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					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a												
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Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic	Brand											
	Co-pay	Coinsurance***											
	\$10	50%			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a												
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* Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

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

Quarter 4: October 2012 ONLY

Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a												
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Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic	Brand											
	Co-pay	Coinsurance***											
	\$10	50%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a												
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* Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

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

Quarter 4: November - December 2012

Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a											
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Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic	Brand											
	Co-pay	Coinsurance***											
	\$10	50%			n/a	n/a	n/a	n/a	n/a	17.7%	23.5%	17.7%	18.8%

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a											
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* Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

**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					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	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.Rev1011**													
\$10	\$35	35%	n/a	\$50	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%
\$10	35%	50%	n/a	\$100	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%
\$10	\$35	35%	\$10,000	\$50	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%
\$10	35%	50%	\$10,000	\$100	n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

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

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	n/a											
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Rider Description					Two Tier		Three Tier			Four Tier			
					Individual	Family	Individual	2-Party	Family	Individual	H/W	P/Ch(ren)	Family
Generic Only, No Deductible													
Form Number: RX-NOC-42-GEN10.Rev1011**													
	Generic	Brand											
	Co-pay	Coinsurance***											
	\$10	50%			n/a	n/a	n/a	n/a	n/a	17.7%	23.6%	17.7%	18.9%

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	n/a											
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* Rider rate is multiplied by prescription drug rate.
** Excludes coverage for contraceptives.
*** For mandated drugs only.

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Riders
Group Monthly Rates Effective January 1, 2011

Rider Description			Form Number	Two Tier Option		Three Tier Option			Four Tier Option			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
Exam Copay	Exam Frequency	Benefit Level										
\$5	24 months	Low	R-42 VISION EXAM	\$1.01	\$2.63	\$1.01	\$1.97	\$2.93	\$1.01	\$2.02	\$1.82	\$3.03
\$5	24 months	High	R-42 VISION	\$3.56	9.26	\$3.56	\$6.94	\$10.32	\$3.56	\$7.12	\$6.41	\$10.68
\$5	12 months	Low	R-42 VISION EXAM	\$1.13	\$2.94	\$1.13	\$2.20	\$3.28	\$1.13	\$2.26	\$2.03	\$3.39
\$5	12 months	High	R-42 VISION	\$4.10	\$10.66	\$4.10	\$8.00	\$11.89	\$4.10	\$8.20	\$7.38	\$12.30
\$10	24 months	Low	R-42 VISION EXAM	\$0.98	\$2.55	\$0.98	\$1.91	\$2.84	\$0.98	\$1.96	\$1.76	\$2.94
\$10	24 months	High	R-42 VISION	\$3.45	\$8.97	\$3.45	\$6.73	\$10.01	\$3.45	\$6.90	\$6.21	\$10.35
\$10	12 months	Low	R-42 VISION EXAM	\$1.09	\$2.83	\$1.09	\$2.13	\$3.16	\$1.09	\$2.18	\$1.96	\$3.27
\$10	12 months	High	R-42 VISION	\$3.99	\$10.37	\$3.99	\$7.78	\$11.57	\$3.99	\$7.98	\$7.18	\$11.97
Alcohol/Substance Abuse 30 days rehabilitation			PPO/POS-95: I/N I/P REHAB - Rev. 6/98	\$2.37	\$6.16	\$2.37	\$4.62	\$6.87	\$2.37	\$4.74	\$4.27	\$7.11
Skilled Nursing Facility 365 days			SOB-EPO-Blue Essential 2011	\$0.38	\$0.99	\$0.38	\$0.74	\$1.10	\$0.38	\$0.76	\$0.68	\$1.14
Biologically Based Mental Illnesses & Serious Emotional Disturbances in Children			EHCA, Inc. (Small-Make Available)	\$2.10	\$5.46	\$2.10	\$4.10	\$6.09	\$2.10	\$4.20	\$3.78	\$6.30
Domestic Partner			R-SG Dom Part 42	n/a	\$0.00	n/a	\$0.00	\$0.00	n/a	\$0.00	n/a	\$0.00
Rider Description	Region		Form Number	Two Tier Option		Three Tier Option			Four Tier Option			
				Individual	Family	Individual	2-Party	Family	Individual	H/W	P/C	Family
Deductible Carryover Rates												
	Downstate 1		R-Ded.CarryO.SG	\$7.21	\$18.75	\$7.21	\$14.06	\$20.91	\$7.21	\$14.42	\$12.98	\$21.63
	Downstate 2		R-Ded.CarryO.SG	\$7.21	\$18.75	\$7.21	\$14.06	\$20.91	\$7.21	\$14.42	\$12.98	\$21.63
	Mid-Hudson		R-Ded.CarryO.SG	\$7.50	\$19.50	\$7.50	\$14.63	\$21.75	\$7.50	\$15.00	\$13.50	\$22.50
	Capitol		R-Ded.CarryO.SG	\$6.13	\$15.94	\$6.13	\$11.95	\$17.78	\$6.13	\$12.26	\$11.03	\$18.39
	Upstate 1		R-Ded.CarryO.SG	\$6.13	\$15.94	\$6.13	\$11.95	\$17.78	\$6.13	\$12.26	\$11.03	\$18.39
	Upstate 2		R-Ded.CarryO.SG	\$6.13	\$15.94	\$6.13	\$11.95	\$17.78	\$6.13	\$12.26	\$11.03	\$18.39
Dependent Age Limit: To age 30 All rating areas			R-Age 29-Make Available Option-42	N/A	\$67.96	N/A	\$49.50	\$73.61	N/A	N/A	\$45.69	\$76.15
Federal Mental Health Parity Compliance Rider			R-FMHP-MH/SA-42 2009	\$1.60	\$4.16	\$1.60	\$3.12	\$4.64	\$1.60	\$3.20	\$2.88	\$4.80
\$400 Annual Gym Rider (\$200 per 6 months, must visit gym 50 times in each 6 month period)			R-FIT-CTR-42 2011	\$1.16	\$1.16	\$1.16	\$1.16	\$1.16	\$1.16	\$1.16	\$1.16	\$1.16
Durable Medical Equipment Rider			SOB-EPO-Blue Essential 2011	\$4.29	\$11.15	\$4.29	\$8.37	\$12.44	\$4.29	\$8.58	\$7.72	\$12.87

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

Rider Description			Form Number	Individual	Four Tier Option		Family
					H/W	P/C	
Exam Copay	Exam Frequency	Benefit Level					
\$5	24 months	Low	R-42 VISION EXAM	\$1.00	\$2.10	\$1.80	\$3.03
\$5	24 months	High	R-42 VISION	\$3.52	\$7.39	\$6.34	\$10.67
\$5	12 months	Low	R-42 VISION EXAM	\$1.12	\$2.35	\$2.02	\$3.39
\$5	12 months	High	R-42 VISION	\$4.05	\$8.51	\$7.29	\$12.27
\$10	24 months	Low	R-42 VISION EXAM	\$0.97	\$2.04	\$1.75	\$2.94
\$10	24 months	High	R-42 VISION	\$3.41	\$7.16	\$6.14	\$10.33
\$10	12 months	Low	R-42 VISION EXAM	\$1.08	\$2.27	\$1.94	\$3.27
\$10	12 months	High	R-42 VISION	\$3.95	\$8.30	\$7.11	\$11.97
Alcohol/Substance Abuse 30 days rehabilitation			PPO/POS-95: I/N I/P REHAB - Rev. 6/98	\$2.34	\$4.91	\$4.21	\$7.09
Skilled Nursing Facility 365 days			SOB-EPO-Blue Essential 2011	\$0.38	\$0.80	\$0.68	\$1.15
Biologically Based Mental Illnesses & Serious Emotional Disturbances in Children			EHCA, Inc. (Small-Make Available)	\$2.08	\$4.37	\$3.74	\$6.30
Domestic Partner			R-SG Dom Part 42	n/a	\$0.00	n/a	\$0.00
Rider Description		Region	Form Number	Individual	Four Tier Option		Family
Deductible Carryover Rates							
		Downstate 1	R-Ded.CarryO.SG	\$7.13	\$14.97	\$12.83	\$21.60
		Downstate 2	R-Ded.CarryO.SG	\$7.13	\$14.97	\$12.83	\$21.60
		Mid-Hudson	R-Ded.CarryO.SG	\$7.42	\$15.58	\$13.36	\$22.48
		Capitol	R-Ded.CarryO.SG	\$6.06	\$12.73	\$10.91	\$18.36
		Upstate 1	R-Ded.CarryO.SG	\$6.06	\$12.73	\$10.91	\$18.36
		Upstate 2	R-Ded.CarryO.SG	\$6.06	\$12.73	\$10.91	\$18.36
Dependent Age Limit: To age 30 All rating areas			R-Age 29-Make Available Option-42	N/A	N/A	\$45.69	\$76.15
Federal Mental Health Parity Compliance Rider			R-FMHP-MH/SA-42 2009	\$1.58	\$3.32	\$2.84	\$4.79
\$400 Annual Gym Rider (\$200 per 6 months, must visit gym 50 times in each 6 month period)			R-FIT-CTR-42 2011	\$1.16	\$1.16	\$1.16	\$1.16
Durable Medical Equipment Rider			SOB-EPO-Blue Essential 2011	\$4.24	\$8.90	\$7.63	\$12.85

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

Rider Description			Form Number	Individual	Four Tier Option		Family
					H/W	P/C	
Exam Copay	Exam Frequency	Benefit Level					
\$5	24 months	Low	R-42 VISION EXAM	-\$0.01	\$0.08	-\$0.02	\$0.00
\$5	24 months	High	R-42 VISION	-\$0.04	\$0.27	-\$0.07	-\$0.01
\$5	12 months	Low	R-42 VISION EXAM	-\$0.01	\$0.09	-\$0.01	\$0.00
\$5	12 months	High	R-42 VISION	-\$0.05	\$0.31	-\$0.09	-\$0.03
\$10	24 months	Low	R-42 VISION EXAM	-\$0.01	\$0.08	-\$0.01	\$0.00
\$10	24 months	High	R-42 VISION	-\$0.04	\$0.26	-\$0.07	-\$0.02
\$10	12 months	Low	R-42 VISION EXAM	-\$0.01	\$0.09	-\$0.02	\$0.00
\$10	12 months	High	R-42 VISION	-\$0.04	\$0.32	-\$0.07	\$0.00
Alcohol/Substance Abuse 30 days rehabilitation			PPO/POS-95: I/N I/P REHAB - Rev. 6/98	-\$0.03	\$0.17	-\$0.06	-\$0.02
Skilled Nursing Facility 365 days			SOB-EPO-Blue Essential 2011	\$0.00	\$0.04	\$0.00	\$0.01
Biologically Based Mental Illnesses & Serious Emotional Disturbances in Children			EHCA, Inc. (Small-Make Available)	-\$0.02	\$0.17	-\$0.04	\$0.00
Domestic Partner			R-SG Dom Part 42	n/a	\$0.00	n/a	\$0.00
Rider Description		Region	Form Number	Individual	Four Tier Option		Family
Deductible Carryover Rates							
		Downstate 1	R-Ded.CarryO.SG	-\$0.08	\$0.55	-\$0.15	-\$0.03
		Downstate 2	R-Ded.CarryO.SG	-\$0.08	\$0.55	-\$0.15	-\$0.03
		Mid-Hudson	R-Ded.CarryO.SG	-\$0.08	\$0.58	-\$0.14	-\$0.02
		Capitol	R-Ded.CarryO.SG	-\$0.07	\$0.47	-\$0.12	-\$0.03
		Upstate 1	R-Ded.CarryO.SG	-\$0.07	\$0.47	-\$0.12	-\$0.03
		Upstate 2	R-Ded.CarryO.SG	-\$0.07	\$0.47	-\$0.12	-\$0.03
Dependent Age Limit: To age 30 All rating areas			R-Age 29-Make Available Option-42	N/A	N/A	\$0.00	\$0.00
Federal Mental Health Parity Compliance Rider			R-FMHP-MH/SA-42 2009	-\$0.02	\$0.12	-\$0.04	-\$0.01
\$400 Annual Gym Rider (\$200 per 6 months, must visit gym 50 times in each 6 month period)			R-FIT-CTR-42 2011	\$0.00	\$0.00	\$0.00	\$0.00
Durable Medical Equipment Rider			SOB-EPO-Blue Essential 2011	-\$0.05	\$0.32	-\$0.09	-\$0.02

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

Rider Description			Form Number	Individual	Four Tier Option			
					H/W	P/C	Family	
Exam Copay	Exam Frequency	Benefit Level						
\$5	24 months	Low	R-42 VISION EXAM	-1.0%	4.0%	-1.1%	0.0%	
\$5	24 months	High	R-42 VISION	-1.1%	3.8%	-1.1%	-0.1%	
\$5	12 months	Low	R-42 VISION EXAM	-0.9%	4.0%	-0.5%	0.0%	
\$5	12 months	High	R-42 VISION	-1.2%	3.8%	-1.2%	-0.2%	
\$10	24 months	Low	R-42 VISION EXAM	-1.0%	4.1%	-0.6%	0.0%	
\$10	24 months	High	R-42 VISION	-1.2%	3.8%	-1.1%	-0.2%	
\$10	12 months	Low	R-42 VISION EXAM	-0.9%	4.1%	-1.0%	0.0%	
\$10	12 months	High	R-42 VISION	-1.0%	4.0%	-1.0%	0.0%	
Alcohol/Substance Abuse 30 days rehabilitation			PPO/POS-95: I/N I/P REHAB - Rev. 6/98	-1.3%	3.6%	-1.4%	-0.3%	
Skilled Nursing Facility 365 days			SOB-EPO-Blue Essential 2011	0.0%	5.3%	0.0%	0.9%	
Biologically Based Mental Illnesses & Serious Emotional Disturbances in Children			EHCA, Inc. (Small-Make Available)	-1.0%	4.0%	-1.1%	0.0%	
Domestic Partner			R-SG Dom Part 42	n/a	n/a	n/a	n/a	
Rider Description			Region	Form Number	Individual	H/W	P/C	Family
Deductible Carryover Rates								
		Downstate 1		R-Ded.CarryO.SG	-1.1%	3.8%	-1.2%	-0.1%
		Downstate 2		R-Ded.CarryO.SG	-1.1%	3.8%	-1.2%	-0.1%
		Mid-Hudson		R-Ded.CarryO.SG	-1.1%	3.9%	-1.0%	-0.1%
		Capitol		R-Ded.CarryO.SG	-1.1%	3.8%	-1.1%	-0.2%
		Upstate 1		R-Ded.CarryO.SG	-1.1%	3.8%	-1.1%	-0.2%
		Upstate 2		R-Ded.CarryO.SG	-1.1%	3.8%	-1.1%	-0.2%
Dependent Age Limit: To age 30 All rating areas			R-Age 29-Make Available Option-42	N/A	N/A	0.0%	0.0%	
Federal Mental Health Parity Compliance Rider			R-FMHP-MH/SA-42 2009	-1.3%	3.7%	-1.4%	-0.2%	
\$400 Annual Gym Rider (\$200 per 6 months, must visit gym 50 times in each 6 month period)			R-FIT-CTR-42 2011	0.0%	0.0%	0.0%	0.0%	
Durable Medical Equipment Rider			SOB-EPO-Blue Essential 2011	-1.2%	3.7%	-1.2%	-0.2%	

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

	<input checked="" type="checkbox"/> For Profit	
A. Insurer Information:	<u>Empire HealthChoice Assurance, Inc.</u> Company submitting the rate adjustment request	<u>Article 42</u> Type of insurer
	<input type="checkbox"/> Non Profit	
	<u>1 Liberty Plaza, Area NY0A14-0008, New York, NY 10006</u> Company mailing address	
B. Contact Person:	[REDACTED] Rate filing contact person name, title	[REDACTED] Contact phone number
C. Actuarial Contact (If different from above):	<u>Same as above</u> Actuary name, title	_____ Actuary phone number
D. New Rate Information (See Note #1):	<u>April 1, 2012 - March 31, 2013</u> New rate applicability period	<u>4/1/2012</u> New rate effective date
E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	<u>Small Group</u>	
F. Provide responses for the following questions:	Response	
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	_____ No	
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	_____ Yes, we requested to withdraw all Essential EPO options, except option 10.	
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 10/31/2011 to all existing Essential EPO 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.	

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 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. 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 application is submitted to the Insurance Department.

the date the rate adjustment

EXHIBIT 2: FOIL EXEMPTION REQUEST

Instructions:

1. A request that the New York State Insurance Department ("Department") exempt from public disclosure any information included in this submission, pursuant to New York Public Officers Law § 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit.
2. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.
3. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:
 - (a) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;
 - (b) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and
 - (c) where applicable, indicates where redactions would suffice to protect the exempt information.
4. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. (The Department will accept the redacted version of the original document within one week after original filing was submitted.)

A. Insurer Information: Empire HealthChoice Assurance, Inc. 55093 AWLP-127621857
Company submitting the rate adjustment request Company NAIC Code SERFF tracking number

B. FOIL Contact Person: [REDACTED] [REDACTED] [REDACTED]
Name, title Phone number Email address
1 Liberty Plaza, Area NY0A14-0008, New York, NY 10006 212-476-2040
Mailing address Fax number

C. List all documents, exhibits, and attachments separately, including the file names of computer files that are included with the application. Please indicate with an asterisk (*) those documents that you believe contain information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.

1. 2Q12 Essential EPO (Article 42) Rate Filing Actuarial Memorandum *
2. EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION
3. EXHIBIT 2: FOIL EXEMPTION REQUEST
4. EXHIBIT 3: NARRATIVE SUMMARY
5. EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE
6. EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS
7. EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES
8. EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING (formerly the Summary Template) *
9. Community Rated Checklist
10. 2Q12 Initial Rate Notification Letters
11. Sample Final Rate Change Notification Letter *
12. 2Q12 Empire SG Rate Narrative
13. Essential EPO Base Rate Manual April 2012
14. Essential EPO Drug Rate Manual April 2012
15. Essential EPO Non-Drug Rider Rate Manual April 2012
16. Essential EPO Base Application Filing April 2012
17. Essential EPO Drug Application Filing April 2012
18. Essential EPO Non-Drug Rider Application Filing April 2012
19. HIOS Rate Summary Worksheet - Essential EPO
20. HIOS Consumer Disclosure Form - Essential EPO

D. Provide a separate list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.

None

E. Statement of necessity as discussed in Instructions # 3, above.

As noted in the attached rate filing, we request that the following pieces of the rate application in their entirety be exempt from FOIL:

1. Actuarial memorandum,
2. 2010 and 2011 experience exhibits [contained in Exhibit 7 (formerly the Summary Template)]
3. The portion of the rate manual that show the expected loss ratios for each permitted aggregation of policy forms (contained in the actuarial memorandum).

This exemption is necessary since the information contained in these documents constitutes trade secrets. Additionally, disclosure of these documents would cause substantial injury to Empire's competitive position.

The documents reveal detailed information regarding our competitive position and pricing methodologies. Confidential pricing has long been recognized by the courts as a trade secret. See, e.g., PepsiCo v. Redmond, 54 F.3d 1262 (7th Cir 1995). Additionally, the courts have held that substantial competitive harm exists if the FOIL process is the only means by which a competitor might obtain the information in question. See Encore College Bookstores, Inc. v. Auxiliary Service Corporation of the State University of New York at Farmingdale 87 NY2d 410 (1995); Passino v. Jefferson-Lewis, 277 AD2d 1028, 1029 (4th Dep't 2000).

The attached rate filing would not be available to our competitors through any means other than through a FOIL request. Disclosure of our proprietary pricing information would permit competitors to calculate, among other things, our administrative costs and margins. These competitors would then be able to precisely target which components of our rating methodology to undercut, allowing them to enter the marketplace with products strategically priced using the knowledge that they would have gained from disclosure of these documents. We would clearly suffer substantial injury to our competitive position if our competitors were given free access to these documents. Furthermore, the detailed nature of these documents does not lend itself to redaction as a substantial portion of the documents reveal proprietary information.

Therefore, pursuant to Public Officers Law §§ 87(2) (d) and 89(5), Empire respectfully requests that the Insurance Department exempt the listed documents in the attached premium rate application from disclosure.

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

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

55093
Company NAIC Code

AWLP-127621857
SERFF tracking number

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
Submit separate exhibits by rating region if the rate changes differ by rating region.
Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => 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).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

A. BASE MEDICAL PLAN

- Market Segment:** Small Group => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.
- Rating Region:** All Regions => 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.

Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
R-EPO-Blue Essential 2011	Essential EPO	Empire Essential EPO	April - June 2012	14.3%	20.0%	15.5%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

- Market Segment:** Small Group => Provide a list of proposed rate changes for drug riders available with base medical products.
- Rating Region:** All Regions => 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.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
All Drug Riders	R-EPO-Blue Essential 2011	Essential EPO	April - June 2012	n/a	n/a	n/a (New RX Options)

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
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- Submit separate exhibits for each rolling rate table of a rolling rate structure.
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Empire HealthChoice Assurance, Inc.
Company submitting the rate adjustment request

55093

Company NAIC Code

AWLP-127621857
SERFF tracking number

A. BASE MEDICAL PLAN

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 - 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.

Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
R-EPO-Blue Essential 2011	Essential EPO	Empire Essential EPO	July - September 2012	14.3%	20.0%	15.5%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

- Market Segment:** Small Group => Provide a list of proposed rate changes for drug riders available with base medical products.
- Rating Region:** All Regions => 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.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
All Drug Riders	R-EPO-Blue Essential 2011	Essential EPO	July - September 2012	n/a	n/a	n/a (New RX Options)

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

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

55093

Company NAIC Code

AWLP-127621857
SERFF tracking number

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Market Segment: Small Group => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.

Rating Region: All Regions => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
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Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
R-EPO-Blue Essential 2011	Essential EPO	Empire Essential EPO	October - December 2012	14.3%	20.0%	15.5%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

Market Segment: Small Group => Provide a list of proposed rate changes for drug riders available with base medical products.

Rating Region: All Regions => 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.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
All Drug Riders	R-EPO-Blue Essential 2011	Essential EPO	October 2012	n/a	n/a	n/a (New RX Options)
All Drug Riders	R-EPO-Blue Essential 2012	Essential EPO	November - December 2012	17.7%	23.6%	19.0%

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

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- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
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Empire HealthChoice Assurance, Inc.
Company submitting the rate adjustment request

55093

Company NAIC Code

AWLP-127621857
SERFF tracking number

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Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
R-EPO-Blue Essential 2011	Essential EPO	Empire Essential EPO	January - March 2013	17.7%	23.6%	19.0%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

- Market Segment:** Small Group => Provide a list of proposed rate changes for drug riders available with base medical products.
- Rating Region:** All Regions => 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.

Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
All Drug Riders	R-EPO-Blue Essential 2011	Essential EPO	January - March 2013	17.7%	23.6%	19.0%

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Empire HealthChoice Assurance, Inc.
 NAIC Code: 55093
 SERFF Tracking #: AWLP-127621857

Instructions:

- 1) The percentage rate change reported in Sections A and B reflect the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of contracts or number of members. The Company should indicate which basis, either number of contracts or number of members, is used in this Exhibit.
- 3) The Weighted Average Percentage should be developed based on the distribution of contracts or members for that market segment/product and for the market segment in total.
- 4) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
- 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
- 6) In Section A, provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by market segment/product.
- 7) In Section B, provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
- 8) Edit the worksheet to add more rows as needed.
- 9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. FOR A NON-ROLLING RATE STRUCTURE -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of (*) as of mm/dd/yyyy	Number of (*) with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Market Segment Total:																

B. FOR A ROLLING RATE STRUCTURE - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 04/01/2012 - 06/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Members as of 6/30/2011	Number of Members with Proposed Percentage Rate Change at Renewal										
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
1	Small Group	All Regions	Essential EPO Base Medical	15.5%	812					423	327	62				
Market Segment Total:				15.5%	812					423	327	62				

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
 Use the same format to provide the same information for each rolling rate cohort under each market segment.

(*) Indicate weighted average base used: Contracts or Members

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Empire HealthChoice Assurance, Inc.

NAIC Code: 55093

SERFF Number: AWLP-127621857

Instructions:

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office 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 Department).
- Extend the worksheet to add more rows as needed.

A. List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
AWLP-127126467	2011040090	4/15/2011	RX-NOC-42.Rev1011, RX-SOB-3T-42-SG.Rev1011, RX-NOC-42-GEN10.Rev1011	Small Group Essential EPO (Empire Essential EPO) Drug Rider	Introduced new drug options	7/29/2011
AWLP-127345124	2011080018	7/29/2011	RX-NOC-42.Rev1011, RX-SOB-3T-42-SG.Rev1011, RX-NOC-42-GEN10.Rev1011	Small Group Essential EPO (Empire Essential EPO) Drug Rider	Introduced new drug options (same as above, but with out of pocket maximums)	10/11/2011

B. List of the rate filings that are currently pending with the Department, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change
AWLP-127388983	2011080191	8/26/2011	n/a	Empire Essential EPO	Withdraw all options except Option 10

C. List of remnants of the "file and use" submissions, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Benefit/Rate Change Effective Date
None						

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-127621857

- A. Complete a separate response for each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
 - Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.
- B. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven 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.
- C. 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).
- D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.
- E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).
- F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
1a. Base medical policy form number	R-EPO-Blue Essential 2011			
1b. Product Name as in Rate Manual	Blue Essential EPO			
1c. Product Street Name as indicated to consumers	Empire Essential EPO			
2. Aggregated for rate development with these base medical policy form numbers	R-EPO-SG INN.Rev0111 (Value EPO)			
3. Effective date of rate change (MM/DD/YYYY)	04/01/2012			
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Small Group			
5. Product type (see above for examples) [drop down menu]	EPO			
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes			
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No			
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Open			
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.)	12			
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	14.90%			

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
11. Number of policyholders affected by rate change. For group business this is number of groups.	220			
12. Number of covered lives affected by rate change	1,740			
13. Expected NY statewide loss ratio for base medical policy form including associated riders	85.0%			
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)				
14.1 Beginning Date of the experience period (MM/DD/YYYY)	04/01/2010			
14.2 Ending Date of the experience period (MM/DD/YYYY)	03/31/2011			
14.3 Member months for experience period	127,842			
14.4 Earned premiums for experience period (\$)	44,852,087			
14.5 Standardized earned premiums for experience period (\$)	53,086,931			
14.6 Paid claims for experience period (\$) *	36,409,200			
14.7 Incurred claims for experience period (\$)	36,746,904			
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	5,157,990			
14.9 Earned premiums for experience period (\$mpm)	350.84	0.00	0.00	0.00
14.10 Standardized premiums for experience period (\$mpm)	415.25	0.00	0.00	0.00
14.11 Paid claims for experience period (\$mpm)	284.80	0.00	0.00	0.00
14.12 Incurred claims for experience period (\$mpm)	287.44	0.00	0.00	0.00
14.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	40.35	0.00	0.00	0.00
14.14 Ratio: Incurred Claims / Earned Premiums	0.819	0.000	0.000	0.000
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.692	0.000	0.000	0.000
14.16 Ratio: Administration Expenses / Earned Premiums	0.115	0.000	0.000	0.000
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.934	0.000	0.000	0.000
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)				
15.1 Beginning date of the experience period (MM/DD/YYYY)	04/01/2009			
15.2 Ending Date of the experience period (MM/DD/YYYY)	03/31/2010			
15.3 Member months for experience period	50,391			
15.4 Earned premiums for experience period (\$)	16,043,990			
15.5 Standardized earned premiums for experience period (\$)	21,962,619			
15.6 Paid claims for experience period (\$) *	12,496,964			
15.7 Incurred claims for experience period (\$)	12,496,464			

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	1,877,147			
15.9 Earned premiums for experience period (\$mpm)	318.39	0.00	0.00	0.00
15.10 Standardized premiums for experience period (\$mpm)	435.84	0.00	0.00	0.00
15.11 Paid claims for experience period (\$mpm)	248.00	0.00	0.00	0.00
15.12 Incurred claims for experience period (\$mpm)	247.99	0.00	0.00	0.00
15.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	37.25	0.00	0.00	0.00
15.14 Ratio: Incurred Claims / Earned Premiums	0.779	0.000	0.000	0.000
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.569	0.000	0.000	0.000
15.16 Ratio: Administrative Expenses / Earned Premiums	0.117	0.000	0.000	0.000
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.896	0.000	0.000	0.000
Annualized Medical Trend Factors (%)				
16.1 All benefits combined, composite	11.60%			
16.2 Due to utilization	2.30%			
16.3 Due to unit cost	9.30%			
Ratios: Most Recent Experience Period to Prior Period				
17.1 Member months	2.537	0.000	0.000	0.000
17.2 Earned premiums (\$mpm)	1.102	0.000	0.000	0.000
17.3 Standardized premiums (\$mpm)	0.953	0.000	0.000	0.000
17.4 Paid claims (\$mpm)	1.148	0.000	0.000	0.000
17.5 Incurred claims (\$mpm)	1.159	0.000	0.000	0.000
17.6 Administrative expenses (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	1.083	0.000	0.000	0.000
Ratio: Standard Premium to Earned Premium				
18.1 Most Recent Experience Period	1.184	0.000	0.000	0.000
18.2 Prior Experience Period	1.369	0.000	0.000	0.000

* The paid to allowed ratios are based on Value EPO only

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.

A. Base Period Data

Start Period: 4/1/2010 End Period: 3/31/2011

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	127,842	\$ 11,041,653.00	\$ 10,423,529.00	\$ 618,124.00	\$ 4.84	\$ 81.53	\$ 86.37
Outpatient	127,842	\$ 7,715,579.00	\$ 6,573,190.00	\$ 1,142,389.00	\$ 8.94	\$ 51.42	\$ 60.35
Professional	127,842	\$ 16,610,417.00	\$ 11,776,222.00	\$ 4,834,195.00	\$ 37.81	\$ 92.12	\$ 129.93
Prescription Drugs	127,842	\$ 8,050,174.00	\$ 5,965,484.00	\$ 2,084,690.00	\$ 16.31	\$ 46.66	\$ 62.97
Other	127,842	\$ 748,730.00	\$ 597,580.00	\$ 151,150.00	\$ 1.18	\$ 4.67	\$ 5.86
Capitation	127,842	\$ 1,410,899.00	\$ 1,410,899.00	\$ 0.00	\$ 0.00	\$ 11.04	\$ 11.04
Total	127,842	\$ 45,577,452.00	\$ 36,746,904.00	\$ 8,830,548.00	\$ 69.07	\$ 287.44	\$ 356.51

B. Claim Projections

B1. Adjustment to the Current Rate

Start Period: 4/1/2011 End Period: 3/31/2012

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1760	\$ 101.57	\$ 97.75	0.0376
Outpatient	1.1760	\$ 70.97	\$ 61.64	0.1315
Professional	1.1760	\$ 152.80	\$ 110.43	0.2773
Prescription Drugs	1.1760	\$ 74.05	\$ 55.94	0.2446
Other	1.1760	\$ 6.89	\$ 5.60	0.1864
Capitation	1.1760	\$ 12.98	\$ 12.98	0.0000
Total		\$ 419.26	\$ 344.34	0.18

B2. Claims Projection for Future Rate

Start Period: 4/1/2012 End Period: 3/31/2013

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.0982	\$ 111.54	\$ 109.07	0.0222
Outpatient	1.0982	\$ 77.94	\$ 68.78	0.1176
Professional	1.0982	\$ 167.80	\$ 123.22	0.2657
Prescription Drugs	1.0982	\$ 81.32	\$ 62.42	0.2324
Other	1.0982	\$ 7.56	\$ 6.25	0.1733
Capitation	1.0982	\$ 14.25	\$ 14.25	0.0000
Total		\$ 460.42	\$ 383.99	0.17

B3. Medical Trend Breakout

Factor	Impact
Utilization	19.6000%
Unit Cost	80.4000%
Other Factors	0.0000%

C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 383.99	85.00%	\$ 314.81	80.00%	\$ 69.18	118.78%
2. Administrative Costs	\$ 46.36	10.26%	\$ 55.01	13.98%	\$ (8.64)	-14.84%
3. Underwriting Gain/Loss	\$ 21.40	4.74%	\$ 23.70	6.02%	\$ (2.30)	-3.95%
4. Total Rate	\$ 451.75	100.00%	\$ 393.51	100.00%	\$ 58.24	100.00%
5. Overall Rate Increase		14.80%				

D. Components of Rate Increase

Claims Components	Impact on Rate	Percent
1. Inpatient	\$ 9.60	13.87%
2. Outpatient	\$ 6.05	8.75%
3. Professional	\$ 10.84	15.67%
4. Prescription Drugs	\$ 5.49	7.94%
5. Other	\$ 0.55	0.80%
6. Capitation	\$ 1.27	1.84%
7. Cost Share	\$ 5.84	8.44%
8. Correction of Prior Net Claims Estimate	\$ 29.53	42.69%
9. Total	\$ 69.18	100.00%
Claims Restatement for Current Rate Period		
8.a. Prior Net Claims Estimate for Current Rate Period	\$ 314.81	
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$ 344.34	

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

Calendar Year	New Form	Requested	Implemented
2011	N	10.0000%	9.4000%
2010	N	14.5000%	14.5000%
2009	N	15.6000%	15.6000%

F. Range and Scope of Proposed Increase

Number of Covered Individuals	1,740	Threshold Rate Increase	16.4000%
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	Range of Rate Increase
Minimum % Increase	10.2000%
Maximum % Increase	23.6000%