

SERFF Tracking Number: MVPH-127319693 State: New York
Filing Company: MVP Health Plan, Inc. State Tracking Number: 2011070176
Company Tracking Number: ANNUAL SUBMISSION
TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.004F Small Group Only - HMO
Maintenance (HMO)
Product Name: 2012 Healthy NY Rate Submission
Project Name/Number: /

Filing at a Glance

Company: MVP Health Plan, Inc.

Product Name: 2012 Healthy NY Rate
Submission

TOI: HOrg02G Group Health Organizations -
Health Maintenance (HMO)

Sub-TOI: HOrg02G.004F Small Group Only -
HMO

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

SERFF Tr Num: MVPH-127319693 State: New York

SERFF Status: Closed-APPR
Approved

Co Tr Num: ANNUAL
SUBMISSION

State Tr Num: 2011070176

State Status:

Reviewer(s):

Authors:

Disposition Date: 10/19/2011

Date Submitted: 07/22/2011

Disposition Status: APPR Approved

Implementation Date: 01/01/2012

Implementation Date Requested: 01/01/2012

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Other

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Explanation for Other Group Market Type:

Individual and Sole Prop

Filing Status Changed: 10/25/2011

State Status Changed:

Created By:

Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

MVP's 2012 annual rate submission for the Healthy NY portfolio. These products are available to small groups, individuals and sole proprietors.

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Company and Contact

Filing Contact Information

[REDACTED]
 MVP Health Care
 625 State Street
 Schenectady, NY 12305

Filing Company Information

MVP Health Plan, Inc.
 625 State Street

CoCode: 95521
 Group Code: 1198

State of Domicile: New York
 Company Type: Health
 Maintenance Organization
 State ID Number:

Schenectady, NY 12305
 (518) 388-2469 ext. [Phone]

Group Name:
 FEIN Number: 14-1640868

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MVP Health Plan, 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.): MVPH-127319750 MVP Health Insurance Co 7/20/11, MVPH-127319567 MVP Health Plan, Inc 7/20/11, MVPH-127319737 MVP Health Plan, Inc 7/21/11
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Healthy NY
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only

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- 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).]: Prior Approval Rate Adjustment
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

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Rate Information

Rate data applies to filing.

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

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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MVP Health Plan, Inc.	Increase	%	%					%	%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other	
Covered Lives:	11,350	0	0	0	0	909	0	0	
Policy Holders:	7,450	0	0	0	0	541	0	0	

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Rate Review Details

COMPANY:

Company Name: MVP Health Plan, Inc.
HHS Issuer Id: 56184
Product Names: Healthy NY and High Deductible Healthy NY
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: HNY-GR-CNTR9/2000, HNY-I-SUB-CTR9/2000

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Annual
Member Months: 140,478
Benefit Change: None
Percent Change Requested: Min: 10.6 Max: 18.4 Avg: 12.9

PRIOR RATE:

Total Earned Premium: 37,926,307.00
Total Incurred Claims: 33,113,853.72
Annual \$: Min: 1,746.24 Max: 3,907.68 Avg: 3,140.98

REQUESTED RATE:

Projected Earned Premium: 46,734,817.92
Projected Incurred Claims: 39,023,572.96

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Annual \$: Min: 2,047.20 Max: 4,409.40 Avg: 3,812.29

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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 manual in "2012 HNY Rate Template v2 FOIL"		New		2012 HNY Rate Template v2 FOIL.pdf

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
Comments: Please see attached.		
Attachment: CheckList for HNY.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum/Actuarial Certification		
Comments: Please see attached.		
Attachment: 2012 HNY Rate Filing Actuarial Memo.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 1 - General Information		
Comments: Please see attached. NAIC number corrected.		
Attachment: PA_Standard_Exhibit_1_HNY.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 2 - FOIL Exemption Request		
Comments:		

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 Project Name/Number: /

Please see attached. NAIC number corrected.

Attachments:

PA_Standard_Exhibit_2_HNY.pdf
 Statement of Necessity re.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 3 - Narrative Summary

Comments:

Please see attached. NAIC number corrected.

Attachment:

PA_Standard_Exhibit_3_MVPH Healthy New York Narrative Summary.pdf

Item Status: **Status Date:**

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

Comments:

Please see attached. NAIC number corrected.

Attachments:

PA_Standard_Exhibit_4_HNY_C.pdf
 PA_Standard_Exhibit_4_HNY_E.pdf
 PA_Standard_Exhibit_4_HNY_M.pdf
 PA_Standard_Exhibit_4_HNY_N.pdf
 PA_Standard_Exhibit_4_HNY_R.pdf
 PA_Standard_Exhibit_4_HNY_C.xls
 PA_Standard_Exhibit_4_HNY_E.xls
 PA_Standard_Exhibit_4_HNY_M.xls
 PA_Standard_Exhibit_4_HNY_N.xls
 PA_Standard_Exhibit_4_HNY_R.xls

Item Status: **Status Date:**

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

Comments:

Please see attached. NAIC number corrected.

Attachments:

PA_Standard_Exhibit_5_HNY.pdf
 PA_Standard_Exhibit_5_HNY.xls

Item Status: **Status**
Date:

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

Comments:

Please see attached. NAIC number corrected.

Attachments:

PA_Standard_Exhibit_6_HNY.pdf
 PA_Standard_Exhibit_6_HNY.xls

Item Status: **Status**
Date:

Satisfied - Item: Standard Exhibit 7 - Historical Data

Comments:

Please see attached. NAIC number corrected.

Attachments:

PA_Standard_Exhibit_7 HNY.pdf
 PA_Standard_Exhibit_7 HNY.xls

Item Status: **Status**
Date:

Satisfied - Item: Initial Notice of Proposed Rate
 Adjustment

Comments:

Please see attached.

Attachment:

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 Maintenance (HMO)
 Product Name: 2012 Healthy NY Rate Submission
 Project Name/Number: /
 CompCare-HealthyNY subscriber Notice 7-7-2011rev.pdf

Item Status: **Status Date:**

Satisfied - Item: Final Notice of Proposed Rate Adjustment

Comments:
 Please see attached.

Attachments:
 HNY Rate Letter - Renewal Letter.pdf
 HNY HD Rate Letter - Renewal Letter.pdf

Item Status: **Status Date:**

Satisfied - Item: Attachment A Development of the rate region premium relativities

Comments:
 Attachment A – Development of the rate region premium relativities

Attachment:
 Attachment A.pdf

Item Status: **Status Date:**

Satisfied - Item: Broker Commission Schedules

Comments:
 Please see attached broker commission schedules. This the current commission schedule. The 2012 commission schedule is not yet final. It will be filed with the Dept when finalized.

Attachments:
 MVP Broker Sheet ny base 3-11 R1.pdf
 MVP Broker Sheet ny bonus 9-10.pdf

Item Status: **Status Date:**

Satisfied - Item: 2012 HNY Rate Template v1 FOIL

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Maintenance (HMO)
Product Name: 2012 Healthy NY Rate Submission
Project Name/Number: /
Exempt

Comments:

Please see attached.

Attachment:

2012 HNY Rate Template v1 FOIL Exempt.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

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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

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 	

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		<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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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>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) 	

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		<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>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>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 	

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		<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>	

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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 	
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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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		<p>changes, and the impact of the fourth quarter 2012 rate changes.</p>	
<p>Exhibit 5</p>		<p>Distribution of Contracts Affected by the Proposed Rate Adjustments.</p> <ol 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. 	
<p>Exhibit 6</p>		<p>Summary of Policy Form and Product Changes.</p> <ol style="list-style-type: none"> a. This exhibit summarizes all rate changes filed pursuant to sections of the New 	

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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>	

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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. 	All of the requested information described in this checklist is included in either the actuarial memorandum itself, the
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 	

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	11NYCRR 360.11	<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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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>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 	

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		<p>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).</p>	
Actuarial Certification	11NYCRR 52.40(a)(1)	<p>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</p> <p>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</p> <p>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.</p> <p>d. The benefits are reasonable in relation to the premiums charged.</p> <p>e. The rates are not unfairly discriminatory.</p>	
REVISED RATE MANUAL PAGES	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	<p>Rate Manual.</p> <p>a. Table of contents.</p> <p>b. Rate pages, including a page indicating the composition of each rating region.</p> <p>c. Insurer/corporation name on each consecutively numbered rate page.</p> <p>d. Identification by form number of each policy, rider, or endorsement to which the rates apply.</p> <p>e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits.</p> <p>f. Description of revised rating classes, factors and discounts, as applicable.</p> <p>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.</p> <p>h. Commission schedule(s) and fees.</p> <p>i. Underwriting guidelines and/or underwriting manual, to the extent applicable.</p> <p>j. Expected loss ratio(s).</p>	
NOTICES TO POLICYHOLDERS Initial & Final Circular Letter No. XX (2011) Pending	§3231(e)(1)(A) §4308(c)(2)	<p>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.</p> <p>(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.</p> <p>(ii) A range can be used to indicate the rate change provided that the range is no wider than 5 percentage points.</p> <p>(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.</p>	

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		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.	

**MVP Health Plan
Actuarial Memorandum**

This memorandum supports the Medical Rate Filings submitted pursuant to Section 4308(c) of the Insurance Law for MVP Health Plan's Individual Direct Pay policies with effective dates between 1/1/2012 through 12/31/2012. MVP requests that this actuarial memorandum and all noted supporting exhibits included in the filing be treated as confidential pursuant to article 6 of the New York Public Officers Law (FOIL).

The information included in this memorandum attempts to provide all the requested information outlined in the Justification of Rates section of the NYS DOI Instructions and Review Standards for Rate Adjustment filings.

A Description of Proposed Rate Changes

As illustrated in Exhibit 5, the average aggregate rate change for MVP's Healthy New York products is as follows for each renewal cohort:

Market Segment/renewal cohort	Average Annual Change
Healthy New York First Quarter	13.04%
Healthy New York Second Quarter	13.12%
Healthy New York Third Quarter	13.10%
Healthy New York Fourth Quarter	13.32%

A summary of the Quarterly rate changes for the base medical policies is as follows:

Quarter	Average Quarterly Change	Minimum quarterly change	Maximum quarterly change
Healthy NY 1Q12/4Q11	4.1%	1.2%	8.3%
Healthy NY 2Q12/1Q12	3.0%	3.0%	3.0%
Healthy NY 3Q12/2Q12	3.0%	3.0%	3.0%
Healthy NY 4Q12/3Q12	3.0%	3.0%	3.0%

These averages are based on a weighted average of membership as of 6/15/11.

Average quarterly rate changes for the prior 8 rolling rate tables are as follows:

4Q09/1Q10	-4.7%
2Q10/1Q210	3.0%
3Q10/2Q10	3.0%
4Q10/3Q10	3.0%
1Q11/4Q11	1.2%
2Q11/1Q11	3.0%
3Q11/2Q11	3.0%
4Q11/3Q11	3.0%

These averages were derived from the database used to compute standardized premiums for Exhibit 7 and are based on average subscribers in force during 2010.

Reasons for Rate Changes

The expected loss ratio incorporated into both the existing 2011 rate table and the proposed 2012 rate table was 83.5% therefore the proposed rate adjustment included in this filing is not impacted by a change in the expected loss.

No changes were made to MVP's premium load ratios. The Single Conversion Factor used to convert the per member revenue requirement into per contract rates is updated each year based on the underlying census behind the experience data used for rating. This SCF decreased by 0.6%. These changes however, are not directly passed through as lower premium rates. The purpose of the SCF is to remain neutral with respect to total revenue generated regardless of whether you charge per member premiums or per contract premiums. The SCF will change based on the mix of membership in the experience period. In theory, if the SCF increased, there was a corresponding decrease in the per member revenue requirement.

The rate increases being proposed reflect both the adequacy of the existing rate tables as well anticipated changes in the cost and use of care and changes. The adequacy of the existing rate table (or the variance in the 2011 estimated pmpm incurred claim cost) can be estimated based on analyzing emerging 2011 claim data (but has its limitations early in the year) or by essentially re-pricing 2011 rates using the most current pricing cost data. MVP used the 2012 rating data and pricing model to project what the rate increases would be if we were developing 2011 premium rates instead of 2012 premium rates. This was accomplished by trending the experience period claims only 12 months instead of the full 24. Comparing the average rate increase from this scenario with the proposed average rate increases for 2012 is a good approximation of the portion of the 2012 requested increases resulting from "variance in 2011 estimated pmpm incurred claim costs". This exercise suggests the rate increase for this product remove one year of trend would be 4.3% and therefore the incurred claim estimate (factoring in assumed stop loss recoveries) was understated in 2011 by approximately 4.3%.

MVP did reduce the assumed stop loss recovery percent from 34% of medical spend in the 2011 rate premium rate development to 32% in the 2012 premium rate development. This change was a direct result of the downward trend MVP has experienced between reporting years 2008 and 2010 in the amount of stop loss monies received from the state relative to the requested amount (based on formula). If the factor used for assumed recoveries was not changed between 2011 and 2012 rate setting the average requested increase would be approximately 3% less.

Included in this rate increase proposal is a change in the Rochester premium relativity compared to the rest of MVPs rating regions. MVP still maintains that our premium rate setting is based on community rating the entire New York State service area; however, changes in the cost of providing services within each rating region may require adjustments to the regional relativities. MVP compares allowed cost data by rate region for the entire New York commercial insured population as a proxy for underlying cost differences by region. Regional average pmpm allowed claim data net of high cost claims (claims over \$20,000) is compared to the average pmpm for all the rate regions to evaluate the appropriateness of the regional premium relativities. Claim amounts over \$20,000 per member are tossed out of each region in order to remove the underlying demographic and morbidity differences that may exist between the regions. The \$20,000 threshold is consistent with that of the Specialized Medical Conditions Pool.

Calendar year 2010 allowed cost data by rate region was trended 24 months to the 2012 rating period using regionally specific trend factors. The regional unit cost trends are based on both known and anticipated contract changes within each region. Average utilization increases across all rate regions are used. Projected 2012 pmpm costs by rate region are the basis for the decision to make a change to the Rochester relativity. The Rochester region was the only region that suggested a material change was needed. As a result, the relationship amongst the other regions was not changed. The impact of this change on the proposed rate increases is the Rochester increases are approximately 2.2% higher than the rest of the rate regions. The derivation of the proposed 2012 regional relativities is illustrated in Attachment A and explained herein.

Step 1. The projected 2012 average pmpm cost by rate region was used to calculate regional cost factors for each rating pool relative to the average pmpm in each rating pool with the exception of the 4 smallest rate

regions (with respect to member month exposure). For these regions, the cost factors suggested by the data were replaced with cost factors computed such that the premium relationship in these regions was maintained from 2011 with another specific rate region. North and Buffalo were relative to East and New York Metro, Long Island and NYC regions were relative to Mid Hudson. This was necessary due to the small amount of membership in these rate regions and the large fluctuation in the average costs that results.

Step 2. These cost factors were normalized for each rating pool based on the distribution of membership by rate region in each pool.

Step 3. Actual 2011 regional cost relativities were adjusted such that they normalize to a 1.0 using the 2010 distribution of membership by rating pool.

Step 4. Proposed 2012 regional cost relativities are presented based on the decision to maintain the regional relativities in all but the Rochester rating region.

Step 5. The proposed 2012 regional cost relativities are adjusted such that they normalize to a 1.0 using the 2010 distribution of membership by rating pool.

Source Data for Claim Projections

Actual historical allowed for calendar year 2010 dates of service with 3 months of paid claim run-out and completed using June 2011 INBR estimates along with the Pharmacy historical claims for the period 4/1/10-3/31/11 was the basis for the rate development. The total member months of exposure in the 2010 experience period was 140,478. This block is not credible according to the NAIC and HHS definitions however, MVP is assuming this block is credible enough to use as the basis for the 2012 rate development. No adjustments have been made to the experience period data other than the application of trend to project to the rating period. Included in the attachments to this filing is an exhibit illustrating the actual historical claims as well as the projection of these claims to the rate period. Included in these exhibits are the associated unit cost and utilization trends assumed in this projection. The unit cost and utilization trends reflect the average of these trends across all rating regions combined. The detailed trends by rating region are illustrated in Attachment A. The unit cost trends by rating region are based on both known and anticipated contract negotiations with our provider base. The utilization trends reflect anticipated overall average trends for the commercial block of business. The trend assumptions to project pharmacy claims reflect input from MVPs pharmacy vendor as well as renegotiated contract terms with the vendor.

Derivation of Premium Rates

Net Required Revenue (NRR) requirements were derived for each unique benefit offering using MVPs internally developed benefit relativity model. The NRR includes fee for service claim cost projections for each benefit schedule as well other medical expenses such as capitation payments, NYS HCRA and CLA taxes and reinsurance expense. The HCRA surcharge was added to the NRR for each benefit schedule as a % of the FFS claim expense. The other expenses were added on as a flat per member expense. The total flat expense load added to each benefit schedule is equal to \$7.97 pmpm. The net required revenue projection of the prescription drug benefit in this product was derived by applying unit cost and utilization trends to the experience period claim detail and then factoring in an amount for pharmacy rebates from our Vendor.

The 2012 monthly level premium rates were developed starting with the 2012 projected NRRs by benefit plan for both the medical benefits and the prescription drug benefit. The NRR's were reduced by estimated stop loss recoveries (32% of the medical only portion of the premium) and non claim expense loads were added to cover costs associated with administration, broker fees, surplus contribution and bad debt. The gross required revenues per member per month were then converted to per contract premium rates using the calculated single conversion factors and load ratios. These assumptions, the derivation of the single conversion factors, the application of the area factors and the calculation of the premium rates by tier are all illustrated in the rate filing exhibits. A summary of these non claim expense loads is included in the rate filing Exhibit N. The loads are expressed both as a percent of gross premium and as an average pmpm relative to the current average premium. Regional pmpm equivalents can be derived by multiplying the average pmpm by the regional area factors illustrated in Attachment A. The General Administrative load equal to 10.5% of gross premium includes approximately 1% for administrative expenses associated with activities that improve health care quality as defined in the NAIC Annual Statement Supplemental Health Care Exhibit. In addition, the 12% is intended to cover the expenses associated with regulatory authority licenses and fees, including the

New York State 332 assessment. In 2010, the 332 assessment was approximately 0.43% of the gross premiums collected.

Standardized Premium Computation

Standardized Premiums were computed for both calendar year 2009 and 2010 earned premiums illustrated in Exhibit 7 using a database of earned premiums by rating region for each calendar year and benefit plan and trending these premiums forward to the 2011 rate level.

Actuarial Certification

This filing is in compliance with all applicable laws and regulations of the State of New York. It is in compliance with ASOP No. 8. 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. The benefits are reasonable in relation to the premiums charged and the rates are not unfairly discriminatory. The expected loss ratio incorporated into these rate tables is 82%.

If you have any questions regarding this filing please contact [REDACTED]

[REDACTED] Thank you.

July 20, 2011

Date

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>MVP Health Plan, Inc</u> <small>Company submitting the rate adjustment request</small> <u>625 State Street, Schenectady, NY 12305</u> <small>Company mailing address</small>	<u>HMO</u> <small>Type of insurer</small>	For Profit <input checked="" type="checkbox"/> Non Profit	<u>95521</u> <small>Company NAIC Code</small>
B.	Contact Person: <u>[REDACTED]</u> <small>Rate filing contact person name, title</small>	<u>[REDACTED]</u> <small>Contact phone number</small>	<u>[REDACTED]</u> <small>Contact Email address</small>	
C.	Actuarial Contact (If different from above): <u>[REDACTED]</u> <small>Actuary name, title</small>	<u>[REDACTED]</u> <small>Actuary phone number</small>	<u>[REDACTED]</u> <small>Actuary Email address</small>	
D.	New Rate Information (See Note #1): <u>Groups renewing between Jan 1 - Dec 31, 2012</u> <small>New rate applicability period</small>	<u>1/1/2012</u> <small>New rate effective date</small>	<u>MVPH-127319693</u> <small>SERFF Tracking Number</small>	
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	<u>Smalll Groups, Sole Proprietors, and Individuals</u>		
F.	Provide responses for the following questions:	<u>Response</u>		
	1. Does this filing include any revision to contract language that is not yet approved? See note (2).	<u>No</u>		
	2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>No</u>		
	3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	<u>Yes. Notices were mailed to all small group employer groups and sole proprietor/subscribers with products included in this in rate application on 7/19/2011</u>		
	4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes.</u>		

Notes:

- (1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.
- (2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.
 Use the following SERFF filing types for rate adjustment filings:
 - * For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
 - * For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
 - * For all other prior approval filings: Normal Pre-Approval
- (3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 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: MVP Health Plan, Inc 95521 MVPH-127319693
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
625 State Street, Schenectady, NY 12305 [REDACTED]
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.

- * 2012 HNY Rate Template v1 FOIL Exempt
- 2012 HNY Rate Template v1 FOIL
- * 2012 HNY Rate Filing Actuarial Memo
- * Attachment A
- * CheckList for HNY
- CompCare-HealthyNY subscriber Notice 7-7-2011rev
- * MVP Broker Sheet ny base 3-11 R1
- * MVP Broker Sheet ny bonus 9-10
- * PA_Standard_Exhibit_1_HNY
- * PA_Standard_Exhibit_2_HNY
- PA_Standard_Exhibit_3_MVPHHP Healthy New York Narrative Summary
- * PA_Standard_Exhibit_4_HNY_C
- * PA_Standard_Exhibit_4_HNY_E
- * PA_Standard_Exhibit_4_HNY_M
- * PA_Standard_Exhibit_4_HNY_N
- * PA_Standard_Exhibit_4_HNY_R
- * PA_Standard_Exhibit_5_HNY
- * PA_Standard_Exhibit_6_HNY
- * PA_Standard_Exhibit_7_HNY
- * Statement of Necessity re
- HNY Rate Letter - Renewal Letter
- HNY HD Rate Letter - Renewal Letter

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.

Please see attachment "Statement of Necessity re"

Company Name: MVP Health Plan, Inc
NAIC Code: 95521
SERFF Tracking #: MVPH-127319693

Statement of Necessity

MVP requests that the Department apply the Trade Secret/Competitive Injury exemption to the following documents (“MVP Confidential Rate Filing Data”) which are contained in this MVP rate filing:

- Plan Designs and Base Required Net PMPM
- Conversion Factor Calculation
- Retention Items and Quarterly Trends
- Claim Projections
- Premium Calculation Example
- Pharmacy Rider Designs and Base Required Net PMPM
- Pharmacy Projection
- Actuarial Memorandum
- Attachment A – Development of the rate region premium relativities
- Required NYS rate filing Exhibits 1,2, 4-7
- Broker Payment Schedule
- Any future SERFF correspondence involving questions and answers to the rate submissions
- Any required SERFF checklist responses

As an initial matter, components of the MVP rate filing, specifically the MVP Confidential Rate Filing Data listed above, are exempt from disclosure pursuant to New York Public Officers Law § 87(2)(d), which provides that an agency:

may deny access to records or portions thereof that ...are trade secrets or are submitted to an agency by a commercial enterprise or derived from information obtained from a commercial enterprise and which if disclosed would cause substantial injury to the competitive position of the subject enterprise.

N.Y.Pub.Off.Law §87(2)(d). Each of the listed items falls within this exemption and should not be disclosed by the Department. The MVP Confidential Rate Filing Data constitutes trade secrets which if disclosed would cause substantial competitive injury to MVP, and accordingly, is exempt from disclosure in its entirety.

All of the proprietary information in the rate filing constitutes trade secrets and is exempt from disclosure pursuant to New York Public Officers Law § 87(2)(d). As referenced above, New York Public Officers Law § 87(2)(d) provides that an agency “may deny access to records or portions thereof that ... are trade secrets or are submitted to an agency by a commercial enterprise or derived from

information obtained from a commercial enterprise and which if disclosed would cause substantial injury to the competitive position of the subject enterprise.” For purposes of FOIL, a trade secret is defined as “any formula, pattern, process ... or compilation of information that is not published or divulged and which gives an advantage over competitors who do not ... have access to such data.” 6 N.Y.C.R.R. § 616.7(c)(2)(v) (quoted in *Sunset Energy Fleet, LLC v. Dep’t of Env’tl Conservation*, 255 A.D.2d. 865, 867 (3d Dep’t 2001)). Courts have held that insurer’s documents are exempt from disclosure under FOIL if the materials contain proprietary information developed at the expense of the insurer, kept confidential by the insurer, and of substantial commercial value to the insurer. See, e.g. *Newman v. Dinallo*, 22 Misc. 3d 1134(A), 881 N.Y.S.2d 365 (Table), 2009 WL 637697, at *3(Sup. Ct. Nassau County, Feb. 10, 2009). As discussed in detail below, all of the listed pages meet this definition of a “trade secret,” and thus, they are exempt from disclosure pursuant to New York Public Officers Law § 87(2)(d).

First, the MVP Confidential Rate Filing Data includes pricing methodologies and models, product benefit characteristics and designs, claims projections and other source data. This information is competitively important and is considered confidential by MVP. MVP works diligently to protect the confidential nature of this data and this unique combination of different categories of data collectively is not currently available to competitors or consumers. MVP relies upon this data collectively when developing its product offerings and benefit designs. Releasing the MVP Confidential Rate Filing Data would expose MVP’s product strategies and analysis that drive its product offerings and innovations.

Second, the MVP Confidential Rate Filing data is of substantial commercial value to MVP. Disclosure of any of this valuable proprietary information to the requestor and the public would cause substantial injury to MVP’s competitive position. Significantly, to justify a FOIL exemption, the Department is not required to establish actual competitive harm in relying on the exemption, but rather it only needs show actual competition and the likelihood of substantial injury. See *Encore College Bookstores, Inc.*, 87 N.Y.2d at 421. MVP operates in a competitive marketplace and the likelihood of harm to MVP can be demonstrated where there will be an “economic windfall conferred upon the requestor” by receiving the requested information “at the mere cost of FOIL fees.” *Id.* Furthermore, competitive damage can be shown where disclosure is the sole means by which competitors can obtain the requested information. *Id.* at 420. In this case, the likelihood of substantial injury to MVP is evident by MVP’s investment in, and the economic value of, the otherwise confidential information that would be available if the MVP Confidential Rate Filing Data is released to a requestor and ultimately to the public.

The MVP Confidential Rate Filing Data constitutes confidential information which provides an advantage over competitors who do not have access to such data. They also contain proprietary information developed at MVP’s expense, kept

confidential by MVP and which carries substantial commercial value to MVP. Therefore, MVP Confidential Rate Filing Data meets the definition of a “trade secret” as prescribed by 6 N.Y.C.R.R. § 616.7(c)(2)(v) (quoted in *Sunset Energy Fleet, LLC v. Dep’t of Env’tl Conservation*, 255 A.D.2d. 865, 867 (3d Dep’t 2001) and *Newman v. Dinallo*, 22 Misc. 3d 1134(A), 881 N.Y.S.2d 365 (Table), 2009 WL 637697, at *3 (Sup. Ct. Nassau County, Feb. 10, 2009) and they clearly warrant protection from disclosure under FOIL.

The MVP Confidential Rate Filing Data contains proprietary information that is not available outside of MVP and the Department and, if released, would cause MVP to suffer a severe competitive disadvantage. Furthermore, MVP considers its product benefit designs a competitive advantage in the marketplace. MVP developed its current suite of products based on over thirty years of experience as a regional not-for-profit insurer. MVP’s products are based on regional differences related to demographics, historical price range tolerance, benefit preferences, utilization and region-specific competitive offerings. Each product’s combination of different benefits and cost-sharing is therefore unique to MVP and these products differentiate MVP within its service area. The disclosure of the MVP Confidential Rate Filing Data will weaken MVP’s ability to differentiate itself in the market allowing competitors to take advantage of MVP’s prior experience and investments. This will allow MVP’s current competitors, as well as insurers without a presence or understanding of the market purchasing characteristics in these regions, to use this information to effectively compete with MVP without investing the same resources in development.

Additionally, MVP’s annual marketing campaigns are released during the fall open enrollment season. The disclosure of the MVP Confidential Rate Filing Data will allow other competitors the ability to review and analyze MVP’s rates and benefits prior to the fall open enrollment season. For example, the combination of the benefit and rating data will provide insight into how MVP prices its products. This will allow competitors to more accurately predict profitable benefits and rates for the coming year and gain an unfair advantage over MVP. This could directly impact MVP’s profits and enrollment, as competitors will be in a position to replicate MVP’s products and prices prior to its selling season. The underlying methodology that MVP utilizes in setting its rates if disclosed would provide competitors with insight into MVP’s pricing strategy. The disclosure of the underlying pricing methodology is not relevant or helpful to consumers in evaluating coverage options and for the aforementioned reasons is harmful to the competitive position of MVP.

Not only is the MVP Confidential Rate Filing Data collectively and independently confidential, but when combined with other information available in the marketplace it could cause additional harm to MVP. For example, minimum loss ratio (“MLR”) information is or will be available at the federal or state level and when combined with the Confidential Source Data could be used by competitors to estimate MVP’s profits or expenses for any given product. MVP’s profit and

administrative expenses are highly confidential and if available to competitors would be harmful to MVP.

Finally, and as important, the Department's disclosure of any of the MVP Confidential Rate Filing Data would be contrary to the very purpose of FOIL. "The purpose of FOIL . . . is to shed light on government decision making, which in turn both permits the electorate to make informed choices regarding governmental activities and facilitates exposure of waste, negligence and abuse." *See, Encore Coll. Bookstores, Inc. v. Auxiliary Serv. Corp. of State Univ. of N.Y. at Farmingdale* 87 N.Y.2d 410, 663 N.E.2d 302, 639 N.Y.2d 990 (1995). Likewise, the purpose of the disclosure exception contained in New York Public Officers Law § 87(2)(d) is "to protect businesses from the deleterious consequences of disclosing confidential commercial information, so as to further the State's economic development efforts and attract business to New York." *Id.* at 420. Here, disclosure of the MVP Confidential Rate Filing Data would in no way advance the purpose of shedding light on government decision-making for the benefit of the electorate. Instead, such disclosure would significantly compromise MVP's ability to effectively compete in the current market thereby threatening New York State's economic development efforts. Not only would disclosure of the MVP Confidential Rate Filing Data compromise MVP's future business opportunities and severely jeopardize MVP's ability to maintain its existing business.

For the reasons set forth above, MVP requests that the MVP Confidential Rate Filing Data set forth above and designated as "FOIL Exempt" in the rate filing, be withheld from disclosure. In the event the Department disagrees with MVP's analysis or any portion of it, MVP would like an opportunity to discuss the issue with Department representatives. In addition, if the Department concludes that any pages of the rate filing are not exempt from disclosure, MVP respectfully requests notification of this decision immediately to allow adequate time for MVP to redact portions of those pages, which will take time and resources.

Exhibit #3 Narrative Summary

Company Name: MVP Health Plan, Inc.
NAIC Code: 95521
SERFF Tracking #: MVPH-127319693

MVP Health Plan offers the New York state sponsored Healthy New York HMO products. MVP has filed with the Insurance Department a request to change the current premium rates it charges for these products with policy effective dates between 1/1/2012 and 12/1/12. The requested increases are summarized below:

Healthy NY with Rx: increases range between 11.6% and 15.1%
Healthy NY without Rx: increases range between 13.9% and 18.4%
High Deductible Healthy NY with Rx: increases range between 10.6% and 13.2%
High Deductible Healthy NY without Rx: increases range between 13.9% and 16.8%

The total number of covered members affected by this rate adjustment filing is approximately 12,259.

Premium rate increases in general are necessary due to increases in the total cost of medical services provided to MVP's insured members. The increasing cost of health care is the primary reason for MVP's proposed rate increases.

Several factors are responsible for these increased health care costs including, but not limited to, increases in the use of medical services, increases in provider (hospital and physician) charges for covered services, increased usage and cost of covered prescription drugs and increases in the cost of other covered medical services.

Increases in the use of care can be attributed to an aging population, a withdrawal of healthy individuals from the insurance marketplace, and an overall decline in the health status of the insured population.

The increases outlined above are intended to match as closely as possible MVP's expected cost by product with the premium received by product.

Other factors contributing to the total cost of health insurance:

While not a component of our proposed rate increases, several other factors contribute to the total cost of health insurance. These include, state taxes, surcharges and assessments paid by health insurers, state coverage mandates and expansion of coverage and benefits due to the Federal health care reform law. A sustainable health insurance system requires health care cost containment, reform of the health care delivery system and recognition of the impact that benefit expansions and taxes have on the overall cost of health benefits.

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.
- => 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.
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MVP Health Plan, Inc
Company submitting the rate adjustment request

95521
Company NAIC Code

MVPH-127319693
SERFF tracking number

A. BASE MEDICAL PLAN

- Market Segment:** Individual => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.
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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
HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	Jan - March 2012	0.119	0.119	0.119
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.139	0.142	0.11
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.107	0.11	0.11
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Jan - March 2012	0.139	0.144	0.141

* 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:** Individual => Provide a list of proposed rate changes for drug riders available with base medical products.
- Rating Region:** Central => 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		
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				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
HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	April - June 2012	0.123	0.123	0.123
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	April - June 2012	0.139	0.142	0.14
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	April - June 2012	0.107	0.11	0.109
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	April - June 2012	0.139	0.144	0.141

* 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.)

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 - 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		
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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	July - Sept 2012	0.126	0.127	0.127
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	July - Sept 2012	0.139	0.142	0.139
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	July - Sept 2012	0.107	0.11	0.107
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	July - Sept 2012	0.139	0.144	0.139

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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		
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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	Oct - Dec 2012	0.129	0.131	0.13
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	Oct - Dec 2012	0.139	0.142	0.14
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Oct - Dec 2012	0.107	0.11	0.109
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Oct - Dec 2012	0.139	0.144	0.141

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Non Rolling Rate Product

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Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	Jan - March 2012	0.117	0.119	0.117
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.139	0.142	0.14
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.11	0.11	0.11
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Jan - March 2012	0.139	0.144	0.142

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

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	April - June 2012	0.139	0.142	0.14
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	April - June 2012	0.11	0.11	0.11
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	April - June 2012	0.139	0.144	0.142

* 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: Central => 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		
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EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

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MVP Health Plan, Inc
 Company submitting the rate adjustment request

95521
 Company NAIC Code

MVPH-127319693
 SERFF tracking number

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: Central => 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.
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Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	July - Sept 2012	0.124	0.126	0.124
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	July - Sept 2012	0.139	0.142	0.139
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	July - Sept 2012	0.11	0.11	0.11
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	July - Sept 2012	0.139	0.144	0.139

* 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: Central => 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.

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Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
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Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	Oct - Dec 2012	0.127	0.129	0.127
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Oct - Dec 2012	0.139	0.142	0.14
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Oct - Dec 2012	0.11	0.11	0.11
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Oct - Dec 2012	0.139	0.144	0.143

* 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

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Non Rolling Rate Product

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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	Jan - March 2012	0.118	0.118	0.118
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.147	0.149	0.148
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.106	0.107	0.106
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Jan - March 2012	0.139	0.144	0.141

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Non Rolling Rate Product

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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	April - June 2012	0.122	0.122	0.122
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	April - June 2012	0.147	0.149	0.148
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	April - June 2012	0.106	0.107	0.106
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	April - June 2012	0.139	0.144	0.143

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Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
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Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	July - Sept 2012	0.125	0.126	0.126
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	July - Sept 2012	0.147	0.149	0.147
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	July - Sept 2012	0.106	0.107	0.107
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	July - Sept 2012	0.139	0.144	0.139

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HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Oct - Dec 2012	0.106	0.107	0.107
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				Lowest	Highest	Weighted Avg
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	Jan - March 2012	0.116	0.118	0.116
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.147	0.149	0.148
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.106	0.107	0.106
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Jan - March 2012	0.139	0.144	0.143

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MVPH-127319693
SERFF tracking number

A. BASE MEDICAL PLAN

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Non Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
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Rolling Rate Product

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Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
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Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

MVP Health Plan, Inc
 Company submitting the rate adjustment request

95521
 Company NAIC Code

MVPH-127319693
 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		
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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	April - June 2012	0.121	0.123	0.122
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	April - June 2012	0.139	0.142	0.14
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	April - June 2012	0.111	0.111	0.111
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	April - June 2012	0.139	0.144	0.142

* 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

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HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	July - Sept 2012	0.139	0.142	0.139
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	July - Sept 2012	0.111	0.111	0.111
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	July - Sept 2012	0.139	0.144	0.139

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HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Oct - Dec 2012	0.139	0.142	0.14
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Oct - Dec 2012	0.111	0.111	0.111
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Oct - Dec 2012	0.139	0.144	0.143

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Non Rolling Rate Product

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HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.145	0.148	0
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.107	0.115	0
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MVPH-127319693
SERFF tracking number

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: North Country => 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.
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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
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	Jan - March 2012	0.118	0.121	0.121
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.145	0.148	0.148
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.114	0.115	0
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Jan - March 2012	0.138	0.145	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: North Country => 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.
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Non Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
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Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	April - June 2012	0.122	0.124	0.124
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	April - June 2012	0.145	0.148	0.145
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	April - June 2012	0.114	0.115	0
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	April - June 2012	0.138	0.145	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.)

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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	July - Sept 2012	0.125	0.128	0.125
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	July - Sept 2012	0.145	0.148	0.145
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	July - Sept 2012	0.114	0.115	0.114
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	July - Sept 2012	0.138	0.145	0

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Non Rolling Rate Product

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Rolling Rate Product

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Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
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HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Oct - Dec 2012	0.145	0.148	0
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Oct - Dec 2012	0.114	0.115	0
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Oct - Dec 2012	0.138	0.145	0.145

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B. DRUG RIDERS

- Market Segment:** Small Group => Provide a list of proposed rate changes for drug riders available with base medical products.
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Non Rolling Rate Product

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HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx	Jan - March 2012	0.132	0.136	0.135
HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.183	0.184	0.184
HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.117	0.132	0.127
HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Jan - March 2012	0.165	0.168	0.167

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HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	April - June 2012	0.117	0.132	0.117
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- Market Segment:** Individual => Provide a list of proposed rate changes for drug riders available with base medical products.
- Rating Region:** Rochester => 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

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.
- => 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.

MVP Health Plan, Inc
Company submitting the rate adjustment request

95521
Company NAIC Code

MVPH-127319693
SERFF tracking number

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:** Rochester => 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
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	Jan - March 2012	0.132	0.133	0.133
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Jan - March 2012	0.183	0.184	0.184
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Jan - March 2012	0.117	0.119	0.117
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Jan - March 2012	0.165	0.168	0.167

* 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:** Rochester => 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

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.
- => 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.
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MVP Health Plan, Inc
Company submitting the rate adjustment request

95521
Company NAIC Code

MVPH-127319693
SERFF tracking number

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.
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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
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	April - June 2012	0.137	0.137	0.137
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	April - June 2012	0.183	0.184	0.183
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	April - June 2012	0.117	0.119	0.117
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	April - June 2012	0.165	0.168	0.168

* 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:** Rochester => 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

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

MVP Health Plan, Inc
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95521
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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: Rochester => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.

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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
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	July - Sept 2012	0.141	0.141	0.141
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	July - Sept 2012	0.183	0.184	0.184
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	July - Sept 2012	0.117	0.119	0.119
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	July - Sept 2012	0.165	0.168	0.165

* 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.

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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

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

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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.
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- => 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.

MVP Health Plan, Inc
Company submitting the rate adjustment request

95521
Company NAIC Code

MVPH-127319693
SERFF tracking number

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:** Rochester => 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.
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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
HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx	Oct - Dec 2012	0.145	0.145	0.145
HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx	Oct - Dec 2012	0.183	0.184	0.183
HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx	Oct - Dec 2012	0.117	0.119	0.117
HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx	Oct - Dec 2012	0.165	0.168	0.168

* 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:** Rochester => 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

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: MVP Health Plan, Inc

NAIC Code: 95521

SERFF Number: MVPH-127319693

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
MVPH-126822679	2010090179	9/23/2010	FRNY-7G	HNY w Rx (Healthy NY with Rx), HNY without Rx (Healthy NY without Rx), HD HNY w Rx (High Deductible Healthy NY with Rx), HD HNY without Rx (High Deductible Healthy NY without Rx)	Added benefits mandated by PPACA for grandfathered small groups. MVP did have a rate assigned to this amendment for products with an Rx benefit: \$20.00 for single HNY w Rx and \$13.97 single HD HNY w Rx. A rate was not assigned for those products without an Rx benefit.	10/29/2010
MVPH-126822679	2010090179	9/23/2010	FRNY-7N	HNY w Rx (Healthy NY with Rx), HNY without Rx (Healthy NY without Rx), HD HNY w Rx (High Deductible Healthy NY with Rx), HD HNY without Rx (High Deductible Healthy NY without Rx)	Added benefits mandated by PPACA for nongrandfathered small groups. MVP did have a rate assigned to this amendment: \$22.61 for single HNY w Rx, \$2.61 single rate for HNY w/o Rx, \$16.46 single HD HNY w Rx and \$1.42 single HD HNY w/o Rx	10/29/2010
MVPH-126820339	2010090180	9/23/2010	FRNY-8G	HNY w Rx (Healthy NY with Rx), HNY without Rx (Healthy NY without Rx), HD HNY w Rx (High Deductible Healthy NY with Rx), HD HNY without Rx (High Deductible Healthy NY without Rx)	Added benefits mandated by PPACA for grandfathered individuals. MVP did not assign a rate to this amendment.	11/15/2010
MVPH-126820339	2010090180	9/23/2010	FRNY-8N	HNY w Rx (Healthy NY with Rx), HNY without Rx (Healthy NY without Rx), HD HNY w Rx (High Deductible Healthy NY with Rx), HD HNY without Rx (High Deductible Healthy NY without Rx)	Added benefits mandated by PPACA for nongrandfathered individuals. MVP did have a rate assigned to this amendment: \$22.61 for single HNY w Rx, \$2.61 single rate for HNY w/o Rx, \$16.46 single HD HNY w Rx and \$1.42 single HD HNY w/o Rx	11/15/2010

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
None					

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: MVP Health Plan Inc
NAIC Code: 95521
SERFF Number: MVPH-127319693

- 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.
- 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	Aggregate
1a. Base medical policy form number	HNY-I-SUB-CTR9/2000, HNY-GR-CNTR9/2000	PCGC-310, 311, 312, 313 (1/07)	
1b. Product Name as in Rate Manual	HMO	HMO	
1c. Product Street Name as indicated to consumers	HMO	HMO	
2. Aggregated for rate development with these base medical policy form numbers	PCGC-310, 311, 312, 313 (1/07)	HNY-I-SUB-CTR9/2000, HNY-GR-CNTR9/2000	
3. Effective date of rate change (MM/DD/YYYY)	1/1/2012	N/A	
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Small Group & Individual	Small Group & Individual	Small Group & Individual
5. Product type (see above for examples) [drop down menu]	HMO	HMO	HMO
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes	No	
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No	No	
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Open	Closed	
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	N/A	
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	12.9%		
11. Number of policyholders affected by rate change. For group business this is number of groups.	5,961		

Data Item for Specified Base Medical Policy Form	Response	Response	Aggregate
12. Number of covered lives affected by rate change	12,259		
13. Expected NY statewide loss ratio for base medical policy form including associated riders	83.5%		
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)			
14.1 Beginning Date of the experience period (MM/DD/YYYY)	01/01/2010	01/01/2010	
14.2 Ending Date of the experience period (MM/DD/YYYY)	12/31/2010	12/31/2010	
14.3 Member months for experience period	140,468		140,468
14.4 Earned premiums for experience period (\$)	35,145,903		35,145,903
14.5 Standardized earned premiums for experience period (\$)	39,890,200		39,890,200
14.6 Paid claims for experience period (\$)	40,773,969		40,773,969
14.7 Incurred claims for experience period (\$)	29,831,290		29,831,290
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	4,041,779		4,041,779
14.9 Earned premiums for experience period (\$mpm)	250.21	0.00	250.21
14.10 Standardized premiums for experience period (\$mpm)	283.98	0.00	283.98
14.11 Paid claims for experience period (\$mpm)	290.27	0.00	290.27
14.12 Incurred claims for experience period (\$mpm)	212.37	0.00	212.37
14.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	28.77	0.00	28.77
14.14 Ratio: Incurred Claims / Earned Premiums	0.849	0.000	0.849
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.748	0.000	0.748
14.16 Ratio: Administration Expenses / Earned Premiums	0.115	0.000	0.115
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.964	0.000	0.964
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)			
15.1 Beginning date of the experience period (MM/DD/YYYY)	1/1/2009	1/1/2009	
15.2 Ending Date of the experience period (MM/DD/YYYY)	12/31/2009	12/31/2009	
15.3 Member months for experience period	121,930	8,437	130,367
15.4 Earned premiums for experience period (\$)	27,904,661	1,756,005	29,660,666
15.5 Standardized earned premiums for experience period (\$)	29,076,050	1,580,405	30,656,455
15.6 Paid claims for experience period (\$)	31,838,578	2,490,077	34,328,655
15.7 Incurred claims for experience period (\$)	23,144,803	1,577,439	24,722,243
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	4,046,176	254,621	4,300,797
15.9 Earned premiums for experience period (\$mpm)	228.86	208.13	227.52

Data Item for Specified Base Medical Policy Form	Response	Response	Aggregate
15.10 Standardized premiums for experience period (\$mpm)	238.47	187.32	235.16
15.11 Paid claims for experience period (\$mpm)	261.12	295.14	263.32
15.12 Incurred claims for experience period (\$mpm)	189.82	186.97	189.64
15.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	33.18	30.18	32.99
15.14 Ratio: Incurred Claims / Earned Premiums	0.829	0.898	0.834
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.796	0.998	0.806
15.16 Ratio: Administrative Expenses / Earned Premiums	0.145	0.145	0.145
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.974	1.043	0.979
Annualized Medical Trend Factors (%)			
16.1 All benefits combined, composite	8.76%		
16.2 Due to utilization	2.70%		
16.3 Due to unit cost	5.90%		
Ratios: Most Recent Experience Period to Prior Period			
17.1 Member months	1.152	0.000	1.077
17.2 Earned premiums (\$mpm)	1.093	0.000	1.100
17.3 Standardized premiums (\$mpm)	1.191	0.000	1.208
17.4 Paid claims (\$mpm)	1.112	0.000	1.102
17.5 Incurred claims (\$mpm)	1.119	0.000	1.120
17.6 Administrative expenses (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	0.867	0.000	0.872
Ratio: Standard Premium to Earned Premium			
18.1 Most Recent Experience Period	1.135	0.000	1.135
18.2 Prior Experience Period	1.042	0.900	1.034

July 12, 2011

<<Subscriber/Policy Holder First Name>> <<Subscriber/Policyholder contact last Name>>
<<Employer Group Name>>
<<Street Address>>
<<Street Address #2>>
<<City>>, <<State>> <<ZIP>>

Re: Notice of Rate Filing

Dear <<Subscriber/Policy Holder First Name>> <<Subscriber/Policyholder contact last Name>>,

Thank you for allowing us to provide you with a high-quality health benefit plan that enables you to “take on life and live well.”

New York Insurance Law requires that all community-rated health insurance plans receive prior approval of premium rates by the New York State Insurance Department (“Department”). Enclosed with this letter is a formal notice of the proposed rate increase that we will be filing with the New York State Department of Insurance for your MVP Health Plan, Inc. (MVP) plan. We are required to send you this notice.

The Department will review the MVP rate filing and approve, or advise us of changes to our proposed rates. When the Department issues approved rates later this year, we will send you a renewal letter 60 days in advance of your **2012** rate renewal date. This letter will include the approved rate for your health plan and alternative coverage options for you to consider.

Notice of Premium Rate Change Filing

In order to comply with the prior approval notification requirements for community-rated products pursuant to the New York State Insurance Law, MVP Health Plan, Inc. (MVP) is sending you notification of our proposed premium rate change for 2012. The Department must approve these rates before they take effect. This letter is giving you notice that MVP is filing rates with the Department for the plan listed below.

(over)

Please note that the premium rate change listed below is for your current base medical plan coverage for **2012**, including any prescription drug coverage. It does not include the premium rate change for any other riders that you may currently have.

Product Schedule Number	Type Of Product	2012 Proposed Premium Increase

If you would like to submit questions, comments or ask for additional information about this Notice, you may contact either the New York State Insurance Department or MVP within 30 days.

New York State Insurance Department contact information:

Charles Lovejoy
Health Bureau
New York State Insurance Department
One Commerce Plaza
Albany, NY 12257

OR

James Carroll
Health Bureau
New York State Insurance Department
25 Beaver Street
New York, New York 10004

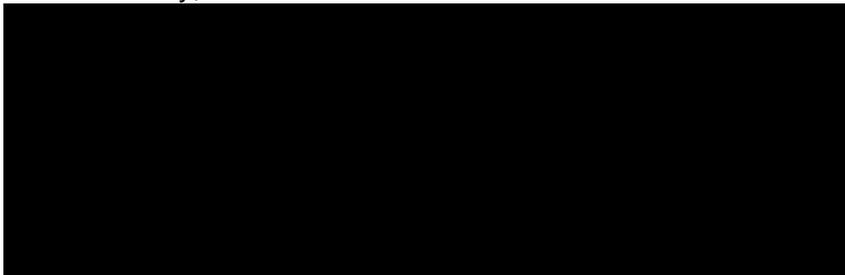
PremiumRateIncreases@ins.state.ny.us
1-800-342-3736

MVP Health Care Customer Care Center contact information:

www.mvphealthcare.com/member
1-888-MVP-MBRS (687-6277)
1-800-662-1220 (TTY)

We appreciate the opportunity to serve you, and look forward to serving you in the future. If you have any questions about this notice, please contact our Customer Care Center at the number listed above. Representatives are available Monday – Friday from 8am – 8pm and Saturday from 8am – 4pm Eastern Time.

Sincerely,



«Todays_Date»

«SubFull_Name»
«Sub_Mail_Addr1»
«Sub_Mail_Addr2»
«Sub_Mail_City», «Sub_Mail_State» «Sub_Mail_Zip»

Subscriber ID: «Subscriber_Num»

Dear MVP Healthy NY Subscriber:

This letter is to notify you of the increase in your monthly premium rates for Healthy NY. This increase will be effective upon your policy's anniversary/recertification date «Anniversary_date» and MVP's receipt of your recertification paperwork. If you do not recertify on this date, your coverage will be terminated the day prior to your anniversary date. The rates below reflect Healthy NY benefits with, and without, prescription coverage.

Healthy NY WITH Prescription Coverage	Healthy NY WITHOUT Prescription Coverage
«with_rx_Single»- Single	«wo_rx_Single»- Single
«with_rx_Double»- Double	«wo_rx_Double» - Double
«with_rx_Parent__child_»- Parent & Child/Children	«wo_rx_Parent__Child»- Parent & Child/Children
«with_Family» - Family	«wo_rx_Family» - Family

You may change your benefit plan to either include or remove prescription drug coverage on your anniversary date only. If you wish to make this change, you must notify us in writing within 30 days of receipt of this letter. Please send your written request to the attention of the Healthy NY Team at the address listed on the bottom of this page.

If you have any questions about this letter, or your Healthy NY coverage in general, please contact the MVP Group Service Center at 1.800.825.5687, option #5. Thank you for choosing MVP Health Care.

Sincerely,

Employer Account Services
MVP Health Plan, Inc.

«Todays_Date»

«SubFull_Name»
«Sub_Mail_Addr1»
«Sub_Mail_Addr2»
«Sub_Mail_City», «Sub_Mail_State» «Sub_Mail_Zip»

Subscriber ID: «Subscriber_Num»

Dear MVP Healthy NY Subscriber:

This letter is to notify you of the increase in your monthly premium rates for High Deductible Healthy NY. This increase will be effective upon your policy's anniversary/recertification date «Anniversary_date» and MVP's receipt of your recertification paperwork. If you do not recertify on this date, your coverage will be terminated the day prior to your anniversary date. The rates below reflect Healthy NY High deductible benefits with, and without, prescription coverage.

Healthy NY High Deductible WITH Prescription Coverage	Healthy NY High Deductible WITHOUT Prescription Coverage
«with_rx_Single»- Single	«wo_rx_Single»- Single
«with_rx_Double»- Double	«wo_rx_Double» - Double
«with_rx_Parent__child_»- Parent & Child/Children	«wo_rx_Parent__Child»- Parent & Child/Children
«with_Family» - Family	«wo_rx_Family» - Family

You may change your benefit plan to remove the High Deductible or to include or remove prescription drug coverage on your anniversary date only. If you wish to make this change, you must notify us in writing within 30 days of receipt of this letter. Please send your written request to the attention of the Healthy NY Team at the address listed on the bottom of this page.

If you have any questions about this letter, or your Healthy NY coverage in general, please contact the MVP Group Service Center at 1.800.825.5687, option #5. Thank you for choosing MVP Health Care.

Sincerely,

Employer Account Services
MVP Health Plan, Inc

Development of Regional Premium rate relativites for 2012 Premium rates

Rate Region	Member Months by Rating Region				Member month exposure MVPHIC & MVPHP combined	Net Allowed w/ Pooling (\$20 K)	2010 PMPM	Projected 2012 PMPM	2 year Annualized Trend
	MVPHIC Small	MVPHIC Large	MVPHP Small	MVPHP Large					
Central	50,073	166,206	35,283	295,304	546,866	\$ 119,017,445	217.64	252.10	7.6%
East	137,937	209,842	76,241	479,222	903,242	\$ 180,483,259	199.82	238.51	9.3%
Buffalo	4,169	8,727		32	12,928	\$ 2,027,379	156.82	179.33	6.9%
MidHudson	258,327	201,280	52,831	379,955	892,393	\$ 190,491,339	213.46	256.52	9.6%
New York Metro	20,787	18,231			39,018	\$ 9,137,044	234.18	276.20	8.6%
Long Island	7,145	1,855	12	37	9,049	\$ 2,088,794	230.83	275.13	9.2%
New York City	15,843	3,706		164	19,713	\$ 4,693,886	238.11	287.42	9.9%
North	4,032	27,767	64	828	32,691	\$ 8,464,293	258.92	289.33	5.7%
Rochester	484,509	331,379	34,072	602,216	1,452,176	\$ 258,252,295	177.84	202.45	6.7%
ALL REGIONS COMBINED*	982,822	968,993	198,503	1,757,758	3,908,076	\$ 774,655,734	198.22	232.06	8.2%
Weighted Average MVPHIC Small								227.97	8.1%
Weighted Average MVPHP Large								239.55	8.7%
Weighted Average MVPHP Large								232.36	8.3%

* excludes members outside of MVPs rate regions

Rate Region	Calculation of 2012 Rate Region Premium Relativities											
	Raw factor except shaded regions			Normalize out non credible regions			Proposed based on only Rochester Change			Actual 2012 Normalized to 1.0		
	MVPHIC Small	MVPHP Small	MVPHP Large	Small HIC	Small HMO	Largo HMO	Small HIC	Small HMO	Largo HMO	Small HIC*	Small HMO	Largo HMO
Central	1.106	1.052	1.085	1.099	1.052	1.019	1.109	1.055	1.019	1.098	1.052	1.019
East	1.046	0.996	1.026	1.040	0.996	0.964	1.049	0.998	0.964	1.039	0.995	0.964
Buffalo	0.971			0.965	-	-	0.973	-	-	0.964	-	-
MidHudson	1.125	1.071	1.104	1.118	1.071	1.037	1.131	1.077	1.039	1.120	1.073	1.039
New York Metro	1.309			1.301	-	-	1.316	-	-	1.303	-	-
Long Island	1.321			1.313	-	-	1.328	-	-	1.316	-	-
New York City	1.432			1.424	-	-	1.440	-	-	1.426	-	-
North	1.193	1.136	1.171	1.186	1.136	1.100	1.196	1.139	1.099	1.185	1.135	1.099
Rochester	0.888	0.845	0.871	0.883	0.845	0.818	0.890	0.847	0.818	0.882	0.844	0.818
ALL REGIONS COMBINED	1.0061	1.0000	1.0645	1.00000	1.00000	1.00000	1.0095	1.0031	1.0002	1.0000	1.0000	1.0000

* The average area factor for Central I, II, and III combined for MVPHIC

Rate Region	2011 Filed Area Factors			2011 Area Factors Normalized		
	Small HIC	Small HMO	Largo HMO	Small HIC	Small HMO	Largo HMO
Central	0.984	1.018	1.017	1.109	1.055	1.019
East	0.931	0.963	0.962	1.049	0.998	0.964
Buffalo	0.864			0.973	-	-
MidHudson	1.004	1.039	1.037	1.131	1.077	1.039
New York Metro	1.168			1.316	-	-
Long Island	1.179			1.328	-	-
New York City	1.278			1.440	-	-
North	1.062	1.099	1.097	1.196	1.139	1.099
Rochester*	0.773	0.800	0.798	0.871	0.829	0.799
ALL REGIONS COMBINED	0.888	0.965	0.998	1.00000	1.00000	1.00000

Rate Region	Regional Relativities 2011 vs 2012 with Central as 1.0		
	2011	2012	Rochester Impact
Central	1.00	1.00	
East	0.95	0.95	
Buffalo	0.88	0.88	
MidHudson	1.02	1.02	
New York Metro	1.19	1.19	
Long Island	1.20	1.20	
New York City	1.30	1.30	
North	1.08	1.08	
Rochester*	0.79	0.80	1.022

* area factors shown from large and small HMO reflect MVP's requested Afs in 2011. Actual rates were reduced by DOI.

Development of 2012 Area Factors for Healthy New York and Individual Direct Pay premium rates

Healthy New York

Rate Region	HNY MMs over Experience Period	Computed 2012 Regional Relativity*	2012 HNY Area Factors Normalized
Central	38,141	1.000	1.021
East	27,543	0.946	0.966
MidHudson	60,740	1.021	1.042
North	328	1.080	1.102
Rochester	13,726	0.803	0.820
Total	140,478	0.979	1.000

Individual Direct Pay

Rate Region	Direct Pay MMs over Experience Period	Computed 2012 Regional Relativity	2012 Direct Pay Area Factors Normalized
Central	294	1.000	1.11
East	365	0.946	1.05
MidHudson	648	1.021	1.13
North	11	1.080	1.20
Rochester	1,234	0.803	0.89
Total	2,552	0.903	1.000

* from page 1 using Central as the 1.0

Trend assumptions used in rate setting for claim projections as well as area factor development

Rate Region	Service Category	2010 Actual PMPM after Pooling	2011 Utilization Trends	2011 Unit Cost Trends	2011 Projected PMPM after Pooling	2012 Utilization Trends	2012 Unit Cost Trends	2012 Projected PMPM after Pooling
Central	IP Hosp	42.60	2.0%	6.0%	46.04	2.0%	7.4%	50.43
Central	Other Services	9.13	2.0%	5.0%	9.78	2.0%	7.2%	10.69
Central	Outpatient	71.51	2.0%	5.0%	76.58	2.0%	7.2%	83.71
Central	Primary Care Physician	26.32	3.5%	3.0%	28.06	3.5%	3.0%	29.91
Central	Specialty Care Physician	68.07	3.5%	3.0%	72.56	3.5%	3.0%	77.36
East	IP Hosp	43.96	2.0%	10.6%	49.59	2.0%	9.5%	55.38
East	Other Services	7.67	2.0%	7.7%	8.43	2.0%	8.9%	9.36
East	Outpatient	57.65	2.0%	7.7%	63.35	2.0%	8.9%	70.38
East	Primary Care Physician	25.73	3.5%	3.0%	27.43	3.5%	3.5%	29.38
East	Specialty Care Physician	64.81	3.5%	3.0%	69.09	3.5%	3.5%	74.01
Buffalo	IP Hosp	53.53	2.0%	5.6%	57.69	2.0%	5.6%	62.14
Buffalo	Other Services	3.43	2.0%	5.7%	3.70	2.0%	5.3%	3.97
Buffalo	Outpatient	44.79	2.0%	5.7%	48.29	2.0%	5.3%	51.86
Buffalo	Primary Care Physician	16.38	3.5%	1.0%	17.12	3.5%	3.0%	18.25
Buffalo	Specialty Care Physician	38.69	3.5%	1.0%	40.44	3.5%	3.0%	43.12
MidHudson	IP Hosp	51.85	2.0%	12.0%	59.26	2.0%	10.0%	66.51
MidHudson	Other Services	7.37	2.0%	10.0%	8.27	2.0%	8.9%	9.18
MidHudson	Outpatient	48.04	2.0%	10.0%	53.89	2.0%	8.9%	59.84
MidHudson	Primary Care Physician	25.30	3.5%	2.3%	26.78	3.5%	4.0%	28.83
MidHudson	Specialty Care Physician	80.90	3.5%	2.3%	85.61	3.5%	4.0%	92.15
New York Metro	IP Hosp	60.85	2.0%	10.4%	68.50	2.0%	10.7%	77.34
New York Metro	Other Services	4.39	2.0%	2.1%	4.57	2.0%	9.2%	5.09
New York Metro	Outpatient	63.50	2.0%	2.1%	66.13	2.0%	9.2%	73.66
New York Metro	Primary Care Physician	22.09	3.5%	2.3%	23.38	3.5%	4.0%	25.17
New York Metro	Specialty Care Physician	83.35	3.5%	2.3%	88.20	3.5%	4.0%	94.94
Long Island	IP Hosp	39.33	2.0%	12.0%	44.95	2.0%	10.0%	50.45
Long Island	Other Services	4.40	2.0%	10.0%	4.93	2.0%	8.9%	5.48
Long Island	Outpatient	42.05	2.0%	10.0%	47.17	2.0%	8.9%	52.38
Long Island	Primary Care Physician	21.85	3.5%	2.3%	23.13	3.5%	4.0%	24.89
Long Island	Specialty Care Physician	93.21	3.5%	2.3%	98.64	3.5%	4.0%	106.18
New York City	IP Hosp	65.93	2.0%	12.0%	75.35	2.0%	10.0%	84.57
New York City	Other Services	14.16	2.0%	10.0%	15.88	2.0%	8.9%	17.64
New York City	Outpatient	48.76	2.0%	10.0%	54.69	2.0%	8.9%	60.74
New York City	Primary Care Physician	23.62	3.5%	2.3%	25.00	3.5%	4.0%	26.91
New York City	Specialty Care Physician	85.64	3.5%	2.3%	90.64	3.5%	4.0%	97.56
North	IP Hosp	54.18	2.0%	4.5%	57.72	2.0%	4.8%	61.68
North	Other Services	8.23	2.0%	2.0%	8.56	2.0%	3.8%	9.07
North	Outpatient	123.51	2.0%	2.0%	128.49	2.0%	3.8%	136.10
North	Primary Care Physician	25.27	3.5%	2.7%	26.86	3.5%	2.7%	28.55
North	Specialty Care Physician	47.72	3.5%	2.7%	50.73	3.5%	2.7%	53.92
Rochester	IP Hosp	36.45	2.0%	5.6%	39.28	2.0%	5.6%	42.31
Rochester	Other Services	7.20	2.0%	5.7%	7.76	2.0%	5.3%	8.34
Rochester	Outpatient	56.27	2.0%	5.7%	60.67	2.0%	5.3%	65.15
Rochester	Primary Care Physician	23.42	3.5%	1.0%	24.48	3.5%	3.0%	26.10
Rochester	Specialty Care Physician	54.50	3.5%	1.0%	56.97	3.5%	2.7%	60.56

2012 Rating Trends for claim projections in Pricing

Healthy NY	2011 Utilization	2011 Unit Cost	2012 Utilization	2012 Unit Cost
	IP Hosp	2.0%	9.7%	2.0%
Other Services	2.0%	7.6%	2.0%	8.0%
Outpatient	2.0%	7.4%	2.0%	8.0%
Primary Care Physician	3.5%	2.5%	3.5%	3.5%
Specialty Care Physician	3.5%	2.5%	3.5%	3.6%

2011	2012
Combined unit and utilization trends	
11.94%	11.13%
9.73%	10.20%
9.54%	10.11%
6.09%	7.15%
6.07%	7.18%
8.5%	9.0%

Individual Direct Pay	2011 Utilization	2011 Unit Cost	2012 Utilization	2012 Unit Cost
	IP Hosp	2.0%	8.4%	2.0%
Other Services	2.0%	6.9%	2.0%	7.0%
Outpatient	2.0%	6.8%	2.0%	6.9%
Primary Care Physician	3.5%	1.9%	3.5%	3.3%
Specialty Care Physician	3.5%	1.9%	3.5%	3.3%

2011	2012
Combined unit and utilization trends	
10.58%	9.98%
9.08%	9.12%
8.92%	9.01%
5.45%	6.95%
5.51%	6.89%
7.8%	8.3%



Base Program

New York

EPO/PPO Preferred	▪ \$1 - \$750,000 in premium	5%
	▪ \$750,001 and above	2.5%
	OR ▪ \$30M in annualized premium for all product lines paid at	.5%
HMO/POS	▪ \$1 - \$750,000 in annual premium	4%
	▪ \$750,001 and above	2.5%
	OR ▪ \$30M in annualized premium for all product lines paid at	.5%
HDHP Preferred	▪ \$1 - \$750,000 in annual premium	6%
	▪ \$750,001 and above	2.5%
	OR ▪ \$30M in annualized premium for all product lines paid at	.5%

Notes:

1. Graduated premium commission runs on a calendar year and re-sets every January.
2. Hybrids are considered EPO/PPO.
3. For groups with less than \$30M in annual premium across all lines commission is paid by line of business.

Special Bonus

New groups with annualized premium over \$15M will receive a one time bonus of .25% of annualized premium based off of average premium for the first quarter of enrolled membership. Bonus paid in Q3 of 1st year. This does not apply to HMO.

Preferred Gold (IF APPLICABLE)

Medicare Advantage	\$12.50 per contract per month
RXCare Stand Alone PDP	\$3.50 per contract per month

Notes:

1. Contract must be in force for 3 months before payment is made, i.e. commission for contracts written in January will be paid in April.
2. Pursuant to the CMS Medicare Guidelines, in the event that a Medicare enrollee disenrolls within less than ninety (90) days after enrollment, any payment paid or accrued to broker will be returned to or withheld by MVP.

Dental

(Fully Insured)	All years
Small group 2 - 50	10%
Large group 51+	Negotiated

MVP reserves the right, in its sole discretion, to alter or void the compensation programs at any time in response to issues and conditions that affect the corporation, business, marketplace or economy. Entitlement to commission and bonuses is subject to terms and conditions contained in the Broker Agreement. MVP reserves the right to make the final determination of eligibility for case (group/member) credit, premium credit and commission/bonus payments.



Bonus Program

New York

NEW BUSINESS

Tier 1	500 members	+ 2 new cases	=	\$10,000
Tier 2	1,000 members	+ 2 new cases	=	\$25,000
Tier 3	2,000 members	+ 3 new cases	=	\$50,000
Tier 4	3,500 members	+ 4 new cases	=	\$75,000
Tier 5	5,000 members	+ 5 new cases	=	\$100,000

Note:

1. Brokers must qualify on **both** the member and the case count in order to move to the next Tier.

EXISTING BUSINESS

- Brokers must maintain 95% persistency on entire MVP book of business in order to qualify for the Bonus Program.
- Brokers will be paid commission equal to +0.5% of the inforce EPO/PPO book's paid premium up to \$100,000 maximum.
- Brokers must have a minimum of 200 members on 12/31/10.

If a broker loses a group due to a BOR transfer and the group remains enrolled until January 1 of the following year, the group will be removed entirely from the bonus calculation of the original broker.

Notes:

1. Bonus Program payments apply to only EPO/PPO products, HMO/POS is excluded from the bonus program.
2. Chamber, Association, Healthy New York and MVP Gold membership is excluded from the New Business Bonus Program.
3. New Business and Existing Business Bonus Program are not interdependent. Brokers may qualify for the New Business bonus without qualifying for the Existing Business bonus, and vice versa.
4. Bonuses are calculated and paid annually.
5. Bonus payments will be made by April 30, 2012.

GENERAL PROVISIONS

1. Brokers are paid commission based on the amount of monthly premium paid by each of the broker's accounts.
2. Commissions are paid monthly, with the exception of the Bonus Program which will be paid on an annual basis.
3. The forgoing commission rates may be changed at MVP's option on thirty (30) days notice to brokers.

MVP reserves the right, in its sole discretion, to alter or void the compensation programs at any time in response to issues and conditions that affect the corporation, business, marketplace or economy. Entitlement to commission and bonuses is subject to terms and conditions contained in the Broker Agreement. MVP reserves the right to make the final determination of eligibility for case (group/member) credit, premium credit and commission/bonus payments.

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MVP Health Plan, Inc
 Article 44
 Jan 1, 2012
 Plan Designs and Base Required Net PMPM

Exhibit L
 Version 7/11/2011

Plan Name	Available To	Plan Type	Required Revenue PMPM	In-Network Benefits											
				Physician Services		Inpatient	Outpatient (Facility)				Other Benefits				
				PCP OV	SCP OV	M/S Stay	ER	Surq	DME	Ambulance	Ded	Coins.	OOP Max	Preventive Services	Rx
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	\$ 339.54	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	\$10 / \$20 /NC,\$100 Ded
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	\$ 339.54	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	N/A
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	\$ 305.71	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	\$10 / \$20 /NC,\$100 Ded
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	\$ 257.70	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	N/A
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	\$ 339.54	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	\$10 / \$20 /NC,\$100 Ded
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	\$ 339.54	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	N/A
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	\$ 305.71	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	\$10 / \$20 /NC,\$100 Ded
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	\$ 257.70	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	N/A
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	\$ 335.53	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	\$ 335.53	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	N/A
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	\$ 302.72	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	\$ 254.70	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	N/A
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	\$ 335.53	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded, \$3000 Max
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	\$ 335.53	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	N/A
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	\$ 290.53	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded, \$3000 Max
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	\$ 254.70	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	N/A

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 Conversion Factor Calculation

Exhibit M
 Version 7/11/2011

Coplans & Medical Riders

	Actual Contract Mix	Average Contract Size	Weighted Contract Size	Desired Load Factors	Weighted Loading Factors
4T-Single	71.9%	1.000	0.719	1.00	0.719
4T-Double	15.8%	2.000	0.316	2.00	0.316
4T-Parent	2.8%	2.505	0.070	1.95	0.055
4T-Family	9.4%	3.993	0.375	2.88	0.270
Total	100%		1.480		1.360

Single Conversion Factor

1.088

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Retention Items and Quarterly Trends

Exhibit
VersionN
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	<u>Medical Plans/Riders</u>	<u>Pharmacy Benefits</u>	<u>PMPM Equivalent*</u>
General Administrative Load	10.50%	10.50%	33.39
Broker Load	2.00%	2.00%	6.36
Bad Debt*	0.25%	0.25%	0.80
Premium Tax	0.00%	0.00%	-
Other	0.00%	0.00%	-
Profit	4.00%	4.00%	12.72
Total	<u>16.75%</u>	<u>16.75%</u>	
Projected MLR	83.50%	83.50%	53.27

* using average 2012 premium using 6/15/11 membership \$ 318

QUARTERLY TREND TO PROJECT 2Q-4Q RATES

	<u>Medical-HMO</u>	<u>Pharmacy</u>
2Q	3.00%	2.5%
3Q	3.00%	2.5%
4Q	3.00%	2.5%

REINSURANCE RECOVERY

Reinsurance Recovery -32%

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Claim Projections
Base Allowed All Regions Combined

Exhibit O
Version 7/11/2011

Experience Period	1/01/10-12/31/10	Member Months	140,478	2010				2011			
				No. of months trend 12				No. of months trend 12			
				Utilization Trend	Average Cost Trend	Total Trend	Expected Allowed PMPM	Utilization Trend	Average Cost Trend	Total Trend	Expected Allowed PMPM
Type of Service	PMPM Allowed Experience										
Hospital Inpatient	\$ 62.34	2.0%	9.7%	11.9%	\$ 69.75	2.0%	9.0%	11.2%	\$ 77.55		
Hospital Outpatient Amb. Surg	\$ 22.84	2.0%	7.4%	9.5%	\$ 25.02	2.0%	8.0%	10.2%	\$ 27.56		
Hospital Outpatient ER	\$ 8.33	2.0%	7.4%	9.5%	\$ 9.13	2.0%	8.0%	10.2%	\$ 10.05		
Hospital Outpatient Radiology	\$ 16.50	2.0%	7.4%	9.5%	\$ 18.08	2.0%	8.0%	10.2%	\$ 19.91		
Hospital Outpatient Other	\$ 29.53	2.0%	7.4%	9.5%	\$ 32.35	2.0%	8.0%	10.2%	\$ 35.63		
Physician - PCP	\$ 34.22	3.5%	2.5%	6.1%	\$ 36.31	3.5%	3.5%	7.1%	\$ 38.89		
Physician - Specialist	\$ 97.36	3.5%	2.5%	6.1%	\$ 103.28	3.5%	3.6%	7.2%	\$ 110.75		
Other Medical	\$ 8.34	2.0%	7.6%	9.8%	\$ 9.15	2.0%	8.0%	10.2%	\$ 10.08		
Total Allowed Medical Claim Cost	\$ 279.46	2.71%	5.61%	8.4%	\$ 303.07	2.69%	6.19%	9.0%	\$ 330.44		

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Pricing Example

Premium Calculation Example

Exhibit
VersionP
7/11/2011**Quarter 1****Plan Healthy NY without RX NG Group**

		Central	East	Midhudson	North Country	Rochester
Base Projected Net PMPM Claim Cost	\$ 339.54					
Regional Projected Net PMPM Claim Cost		\$ 346.67	\$ 328.00	\$ 353.80	\$ 374.17	\$ 278.42
Reinsurance Recovery	-32%	\$ (110.93)	\$ (104.96)	\$ (113.22)	\$ (119.74)	\$ (89.10)
Retention Expenses		\$ 47.43	\$ 44.88	\$ 48.41	\$ 51.19	\$ 38.09
Projected GrossPMPM Claim Cost		\$ 283.17	\$ 267.91	\$ 288.99	\$ 305.63	\$ 227.42
Single Premium Conversion	1.088					
Single Rate		\$ 308.08	\$ 291.49	\$ 314.42	\$ 332.53	\$ 247.43
Double Rate		\$ 616.16	\$ 582.98	\$ 628.84	\$ 665.06	\$ 494.86
Parent/Child		\$ 600.78	\$ 568.42	\$ 613.14	\$ 648.46	\$ 482.50
Family 4 Tier		\$ 885.73	\$ 838.03	\$ 903.96	\$ 956.02	\$ 711.36

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Pharmacy Projection

Exhibit Q
Version 7/11/2011

Member Months Exposure 104,210

HNY Rx claims utilization 4/1/2010 - 3/31/2011 DOS	Scripts	Allowed Claims	Member Pay	Plan Pay
Generic	69,106	2,040,694	857,263	1,183,430
Brand Formulary	19,818	2,814,128	644,673	2,169,455
Brand Non-Formulary	2,185	576,647	104,391	472,256
Total	91,109	5,431,469	1,606,327	3,825,142
Total PMPM basis		52.12		36.71

Projection of 2012 Rx claim cost	Scripts	Allowed Claims	Member Pay	Plan Pay
Generic	74,016	2,224,071	918,169	1,305,902
Brand Formulary	20,166	2,913,860	655,997	2,257,863
Brand Non-Formulary	2,223	597,083	106,224	490,859
Total	96,405	5,735,014	1,680,391	4,054,623
Total PMPM basis		55.03		38.91
Annual Increase		3.16%		3.4%

Anticipated Rebate Credit	(4.14)	
Estimated 2012 Net Plan Cost (with \$3000 limit)	34.77	Individual GF product only
Factor Adjustment for removal of Annual Limit	0.48	
Estimated 2012 Net Plan Cost (without \$3000 limit)	51.46	Group GF product and all NGF products

Allowed Trends	freq	unit cost
Generic	0.04	0.01
Brand Formulary	0.01	0.01
Brand Non-Formulary	0.01	0.01

Number of Months Trend - Midpoint EP to Midpoint RP 21

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 Plan Designs

Exhibit A
 Version 7/11/2011

		In-Network Benefits												
		Physician Services			Inpatient	Outpatient (Facility)				Other Benefits				
Plan Name	Available To	Plan Type	PCP QV	SCP QV	M/S Stay	ER	Surq	DME	Ambulance	Ded	Coins.	OOP Max	Preventive Services	Rx
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	\$10 / \$20 /NC,\$100 Ded
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	N/A
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	\$10 / \$20 /NC,\$100 Ded
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	N/A
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	\$10 / \$20 /NC,\$100 Ded
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Covered in Full	N/A
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	\$10 / \$20 /NC,\$100 Ded
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Covered in Full	N/A
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	N/A
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	N/A
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded, \$3000 Max
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$0	0%	\$0	Not Covered in Full	N/A
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	\$10 / \$20 /NC,\$100 Ded, \$3000 Max
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	\$20	\$20	\$500	\$50	\$75	N/C	N/C	\$1,200	0%	\$5,250	Not Covered in Full	N/A

MVP Health Plan, Inc
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Plan Designs to Product Name

Exhibit
Version

A.a
7/11/2011

Plan Name	Available To	Plan Type	Policy Form#	Product Name	Product Street Name
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	HNY-GR-CNTR9/2000	HNY w Rx	Healthy NY with Rx
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	HNY-GR-CNTR9/2000	HNY without Rx	Healthy NY without Rx
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	HNY-GR-CNTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	HNY-GR-CNTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	HNY-I-SUB-CTR9/2000	HNY w Rx	Healthy NY with Rx
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	HNY-I-SUB-CTR9/2000	HNY without Rx	Healthy NY without Rx
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	HNY-I-SUB-CTR9/2000	HD HNY w Rx	High Deductible Healthy NY with Rx
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	HNY-I-SUB-CTR9/2000	HD HNY without Rx	High Deductible Healthy NY without Rx
HNY8I - Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	HNY-I-SUB-CTR9/2000	HNY w Rx, HNY without Rx, HD HNY w Rx, HD HNY without Rx	Healthy NY with Rx, Healthy NY without Rx, High Deductible Healthy NY with Rx, High Deductible Healthy NY without Rx
HNY8S - Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	HNY-GR-CNTR9/2000	HNY w Rx, HNY without Rx, HD HNY w Rx, HD HNY without Rx	Healthy NY without Rx, High Deductible Healthy NY with Rx, High Deductible Healthy NY without Rx, High Deductible Healthy NY without Rx

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Jan 1, 2012
Current Year Premiums

Exhibit B
Version 7/11/2011

Plan Name	Available To	Plan Type	Rate Region	First Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$375.34	\$750.68	\$731.94	\$1,079.10
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$308.08	\$616.16	\$600.78	\$885.73
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$297.89	\$595.78	\$580.91	\$856.43
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$233.83	\$467.66	\$455.98	\$672.26
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$375.34	\$750.68	\$731.94	\$1,079.10
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$308.08	\$616.16	\$600.78	\$885.73
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$297.89	\$595.78	\$580.91	\$856.43
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$233.83	\$467.66	\$455.98	\$672.26
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$371.71	\$743.42	\$724.86	\$1,068.67
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$304.45	\$608.90	\$593.70	\$875.29
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$295.18	\$590.36	\$575.62	\$848.64
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$231.10	\$462.20	\$450.66	\$664.41
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$349.89	\$699.78	\$682.31	\$1,005.93
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$304.45	\$608.90	\$593.70	\$875.29
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$278.91	\$557.82	\$543.89	\$801.87
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$231.10	\$462.20	\$450.66	\$664.41
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$358.75	\$717.50	\$699.59	\$1,031.41
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$291.49	\$582.98	\$568.42	\$838.03
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$281.84	\$563.68	\$549.61	\$810.29
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$221.23	\$442.46	\$431.41	\$636.04
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$358.75	\$717.50	\$699.59	\$1,031.41
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$291.49	\$582.98	\$568.42	\$838.03
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$281.84	\$563.68	\$549.61	\$810.29
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$221.23	\$442.46	\$431.41	\$636.04
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$355.31	\$710.62	\$692.88	\$1,021.52
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$288.05	\$576.10	\$561.72	\$828.14
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$279.28	\$558.56	\$544.61	\$802.93
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$218.66	\$437.32	\$426.40	\$628.65
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$333.49	\$666.98	\$650.33	\$958.78
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$288.05	\$576.10	\$561.72	\$828.14
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$263.89	\$527.78	\$514.60	\$758.68
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$218.66	\$437.32	\$426.40	\$628.65
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$381.68	\$763.36	\$744.30	\$1,097.33
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$314.42	\$628.84	\$613.14	\$903.96
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$304.02	\$608.04	\$592.86	\$874.06
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$238.64	\$477.28	\$465.36	\$686.09
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$381.68	\$763.36	\$744.30	\$1,097.33
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$314.42	\$628.84	\$613.14	\$903.96
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$304.02	\$608.04	\$592.86	\$874.06

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Plan Name	Available To	Plan Type	Rate Region	First Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$238.64	\$477.28	\$465.36	\$686.09
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$377.97	\$755.94	\$737.07	\$1,086.66
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$310.71	\$621.42	\$605.90	\$893.29
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$301.25	\$602.50	\$587.46	\$866.09
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$235.86	\$471.72	\$459.94	\$678.10
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$356.15	\$712.30	\$694.52	\$1,023.93
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$310.71	\$621.42	\$605.90	\$893.29
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$284.65	\$569.30	\$555.09	\$818.37
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$235.86	\$471.72	\$459.94	\$678.10
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$399.79	\$799.58	\$779.62	\$1,149.40
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$332.53	\$665.06	\$648.46	\$956.02
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$321.52	\$643.04	\$626.99	\$924.37
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$252.38	\$504.76	\$492.16	\$725.59
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$399.79	\$799.58	\$779.62	\$1,149.40
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$332.53	\$665.06	\$648.46	\$956.02
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$321.52	\$643.04	\$626.99	\$924.37
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$252.38	\$504.76	\$492.16	\$725.59
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$395.86	\$791.72	\$771.95	\$1,138.10
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$328.60	\$657.20	\$640.79	\$944.73
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$318.60	\$637.20	\$621.29	\$915.98
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$249.44	\$498.88	\$486.42	\$717.14
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$374.04	\$748.08	\$729.40	\$1,075.37
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$328.60	\$657.20	\$640.79	\$944.73
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$301.04	\$602.08	\$587.05	\$865.49
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$249.44	\$498.88	\$486.42	\$717.14
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$314.69	\$629.38	\$613.67	\$904.73
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$247.43	\$494.86	\$482.50	\$711.36
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$239.24	\$478.48	\$466.53	\$687.82
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$187.79	\$375.58	\$366.20	\$539.90
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$314.69	\$629.38	\$613.67	\$904.73
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$247.43	\$494.86	\$482.50	\$711.36
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$239.24	\$478.48	\$466.53	\$687.82
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$187.79	\$375.58	\$366.20	\$539.90
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$311.77	\$623.54	\$607.97	\$896.34
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$244.51	\$489.02	\$476.81	\$702.97
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$237.07	\$474.14	\$462.30	\$681.58
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$185.61	\$371.22	\$361.95	\$533.63
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$289.95	\$579.90	\$565.42	\$833.61
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$244.51	\$489.02	\$476.81	\$702.97

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Plan Name	Available To	Plan Type	Rate Region	First Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$224.01	\$448.02	\$436.83	\$644.03
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$185.61	\$371.22	\$361.95	\$533.63

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$386.27	\$772.54	\$753.25	\$1,110.53
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$317.33	\$634.66	\$618.81	\$912.32
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$306.83	\$613.66	\$598.34	\$882.14
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$240.84	\$481.68	\$469.65	\$692.42
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$386.27	\$772.54	\$753.25	\$1,110.53
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$317.33	\$634.66	\$618.81	\$912.32
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$306.83	\$613.66	\$598.34	\$882.14
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$240.84	\$481.68	\$469.65	\$692.42
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$382.52	\$765.04	\$745.94	\$1,099.75
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$313.58	\$627.16	\$611.50	\$901.54
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$304.04	\$608.08	\$592.90	\$874.12
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$238.04	\$476.08	\$464.19	\$684.37
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$360.16	\$720.32	\$702.34	\$1,035.46
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$313.58	\$627.16	\$611.50	\$901.54
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$287.28	\$574.56	\$560.21	\$825.93
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$238.04	\$476.08	\$464.19	\$684.37
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$369.17	\$738.34	\$719.91	\$1,061.36
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$300.23	\$600.46	\$585.47	\$863.16
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$290.30	\$580.60	\$566.10	\$834.61
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$227.87	\$455.74	\$444.36	\$655.13
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$369.17	\$738.34	\$719.91	\$1,061.36
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$300.23	\$600.46	\$585.47	\$863.16
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$290.30	\$580.60	\$566.10	\$834.61
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$227.87	\$455.74	\$444.36	\$655.13
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$365.63	\$731.26	\$713.00	\$1,051.19
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$296.69	\$593.38	\$578.57	\$852.98
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$287.66	\$575.32	\$560.96	\$827.02
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$225.21	\$450.42	\$439.17	\$647.48
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$343.27	\$686.54	\$669.40	\$986.90
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$296.69	\$593.38	\$578.57	\$852.98
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$271.81	\$543.62	\$530.05	\$781.45
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$225.21	\$450.42	\$439.17	\$647.48
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$392.79	\$785.58	\$765.97	\$1,129.27
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$323.85	\$647.70	\$631.53	\$931.07
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$313.14	\$626.28	\$610.64	\$900.28
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$245.79	\$491.58	\$479.31	\$706.65
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$392.79	\$785.58	\$765.97	\$1,129.27
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$323.85	\$647.70	\$631.53	\$931.07
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$313.14	\$626.28	\$610.64	\$900.28

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HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$245.79	\$491.58	\$479.31	\$706.65
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$388.97	\$777.94	\$758.52	\$1,118.29
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$320.03	\$640.06	\$624.08	\$920.09
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$310.29	\$620.58	\$605.09	\$892.08
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$242.93	\$485.86	\$473.73	\$698.42
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$366.61	\$733.22	\$714.91	\$1,054.00
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$320.03	\$640.06	\$624.08	\$920.09
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$293.19	\$586.38	\$571.74	\$842.92
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$242.93	\$485.86	\$473.73	\$698.42
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$411.44	\$822.88	\$802.34	\$1,182.89
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$342.50	\$685.00	\$667.90	\$984.69
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$331.17	\$662.34	\$645.80	\$952.11
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$259.95	\$519.90	\$506.92	\$747.36
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$411.44	\$822.88	\$802.34	\$1,182.89
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$342.50	\$685.00	\$667.90	\$984.69
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$331.17	\$662.34	\$645.80	\$952.11
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$259.95	\$519.90	\$506.92	\$747.36
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$407.40	\$814.80	\$794.46	\$1,171.28
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$338.46	\$676.92	\$660.02	\$973.07
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$328.16	\$656.32	\$639.93	\$943.46
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$256.92	\$513.84	\$501.01	\$738.65
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$385.04	\$770.08	\$750.85	\$1,106.99
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$338.46	\$676.92	\$660.02	\$973.07
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$310.07	\$620.14	\$604.66	\$891.45
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$256.92	\$513.84	\$501.01	\$738.65
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$323.80	\$647.60	\$631.43	\$930.93
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$254.86	\$509.72	\$496.99	\$732.72
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$246.42	\$492.84	\$480.54	\$708.46
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$193.43	\$386.86	\$377.20	\$556.11
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$323.80	\$647.60	\$631.43	\$930.93
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$254.86	\$509.72	\$496.99	\$732.72
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$246.42	\$492.84	\$480.54	\$708.46
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$193.43	\$386.86	\$377.20	\$556.11
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$320.79	\$641.58	\$625.56	\$922.27
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$251.85	\$503.70	\$491.12	\$724.07
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$244.18	\$488.36	\$476.17	\$702.02
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$191.18	\$382.36	\$372.81	\$549.64
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$298.43	\$596.86	\$581.96	\$857.99
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$251.85	\$503.70	\$491.12	\$724.07

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter Rates 2012			
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HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$230.73	\$461.46	\$449.94	\$663.35
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$191.18	\$382.36	\$372.81	\$549.64

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$397.51	\$795.02	\$775.17	\$1,142.84
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$326.85	\$653.70	\$637.38	\$939.69
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$316.03	\$632.06	\$616.28	\$908.59
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$248.07	\$496.14	\$483.75	\$713.20
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$397.51	\$795.02	\$775.17	\$1,142.84
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$326.85	\$653.70	\$637.38	\$939.69
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$316.03	\$632.06	\$616.28	\$908.59
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$248.07	\$496.14	\$483.75	\$713.20
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$393.65	\$787.30	\$767.64	\$1,131.74
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$322.99	\$645.98	\$629.85	\$928.60
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$313.16	\$626.32	\$610.68	\$900.34
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$245.18	\$490.36	\$478.12	\$704.89
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$370.74	\$741.48	\$722.97	\$1,065.88
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$322.99	\$645.98	\$629.85	\$928.60
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$295.90	\$591.80	\$577.02	\$850.71
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$245.18	\$490.36	\$478.12	\$704.89
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$379.90	\$759.80	\$740.83	\$1,092.21
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$309.24	\$618.48	\$603.04	\$889.07
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$299.01	\$598.02	\$583.09	\$859.65
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$234.70	\$469.40	\$457.68	\$674.76
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$379.90	\$759.80	\$740.83	\$1,092.21
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$309.24	\$618.48	\$603.04	\$889.07
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$299.01	\$598.02	\$583.09	\$859.65
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$234.70	\$469.40	\$457.68	\$674.76
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$376.25	\$752.50	\$733.71	\$1,081.72
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$305.59	\$611.18	\$595.92	\$878.57
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$296.29	\$592.58	\$577.78	\$851.83
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$231.97	\$463.94	\$452.36	\$666.91
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$353.34	\$706.68	\$689.04	\$1,015.85
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$305.59	\$611.18	\$595.92	\$878.57
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$279.96	\$559.92	\$545.94	\$804.89
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$231.97	\$463.94	\$452.36	\$666.91
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$404.23	\$808.46	\$788.28	\$1,162.16
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$333.57	\$667.14	\$650.48	\$959.01
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$322.53	\$645.06	\$628.95	\$927.27
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$253.17	\$506.34	\$493.70	\$727.86
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$404.23	\$808.46	\$788.28	\$1,162.16
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$333.57	\$667.14	\$650.48	\$959.01
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$322.53	\$645.06	\$628.95	\$927.27

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HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$253.17	\$506.34	\$493.70	\$727.86
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$400.29	\$800.58	\$780.59	\$1,150.83
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$329.63	\$659.26	\$642.80	\$947.69
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$319.60	\$639.20	\$623.24	\$918.85
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$250.22	\$500.44	\$487.95	\$719.38
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$377.38	\$754.76	\$735.92	\$1,084.97
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$329.63	\$659.26	\$642.80	\$947.69
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$301.99	\$603.98	\$588.90	\$868.22
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$250.22	\$500.44	\$487.95	\$719.38
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$423.44	\$846.88	\$825.74	\$1,217.39
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$352.78	\$705.56	\$687.94	\$1,014.24
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$341.10	\$682.20	\$665.17	\$980.66
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$267.75	\$535.50	\$522.13	\$769.78
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$423.44	\$846.88	\$825.74	\$1,217.39
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$352.78	\$705.56	\$687.94	\$1,014.24
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$341.10	\$682.20	\$665.17	\$980.66
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$267.75	\$535.50	\$522.13	\$769.78
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$419.27	\$838.54	\$817.60	\$1,205.40
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$348.61	\$697.22	\$679.81	\$1,002.25
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$338.00	\$676.00	\$659.12	\$971.75
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$264.63	\$529.26	\$516.05	\$760.81
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$396.36	\$792.72	\$772.93	\$1,139.54
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$348.61	\$697.22	\$679.81	\$1,002.25
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$319.38	\$638.76	\$622.81	\$918.22
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$264.63	\$529.26	\$516.05	\$760.81
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$333.16	\$666.32	\$649.68	\$957.84
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$262.50	\$525.00	\$511.89	\$754.69
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$253.81	\$507.62	\$494.95	\$729.70
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$199.23	\$398.46	\$388.51	\$572.79
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$333.16	\$666.32	\$649.68	\$957.84
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$262.50	\$525.00	\$511.89	\$754.69
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$253.81	\$507.62	\$494.95	\$729.70
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$199.23	\$398.46	\$388.51	\$572.79
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$330.06	\$660.12	\$643.64	\$948.92
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$259.40	\$518.80	\$505.85	\$745.78
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$251.51	\$503.02	\$490.46	\$723.09
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$196.91	\$393.82	\$383.99	\$566.12
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$307.15	\$614.30	\$598.96	\$883.06
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$259.40	\$518.80	\$505.85	\$745.78

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter Rates 2012			
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HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$237.65	\$475.30	\$463.43	\$683.24
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$196.91	\$393.82	\$383.99	\$566.12

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$409.08	\$818.16	\$797.73	\$1,176.11
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$336.65	\$673.30	\$656.49	\$967.87
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$325.51	\$651.02	\$634.77	\$935.84
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$255.51	\$511.02	\$498.26	\$734.59
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$409.08	\$818.16	\$797.73	\$1,176.11
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$336.65	\$673.30	\$656.49	\$967.87
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$325.51	\$651.02	\$634.77	\$935.84
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$255.51	\$511.02	\$498.26	\$734.59
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$405.11	\$810.22	\$789.99	\$1,164.69
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$332.68	\$665.36	\$648.75	\$956.46
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$322.55	\$645.10	\$628.99	\$927.33
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$252.53	\$505.06	\$492.45	\$726.02
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$381.62	\$763.24	\$744.18	\$1,097.16
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$332.68	\$665.36	\$648.75	\$956.46
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$304.78	\$609.56	\$594.34	\$876.24
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$252.53	\$505.06	\$492.45	\$726.02
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$390.95	\$781.90	\$762.38	\$1,123.98
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$318.52	\$637.04	\$621.13	\$915.75
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$307.98	\$615.96	\$600.58	\$885.44
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$241.74	\$483.48	\$471.41	\$695.00
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$390.95	\$781.90	\$762.38	\$1,123.98
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$318.52	\$637.04	\$621.13	\$915.75
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$307.98	\$615.96	\$600.58	\$885.44
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$241.74	\$483.48	\$471.41	\$695.00
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$387.19	\$774.38	\$755.05	\$1,113.17
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$314.76	\$629.52	\$613.80	\$904.94
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$305.18	\$610.36	\$595.12	\$877.39
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$238.93	\$477.86	\$465.93	\$686.92
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$363.70	\$727.40	\$709.24	\$1,045.64
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$314.76	\$629.52	\$613.80	\$904.94
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$288.36	\$576.72	\$562.32	\$829.04
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$238.93	\$477.86	\$465.93	\$686.92
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$416.01	\$832.02	\$811.25	\$1,196.03
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$343.58	\$687.16	\$670.00	\$987.79
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$332.21	\$664.42	\$647.83	\$955.10
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$260.76	\$521.52	\$508.50	\$749.69
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$416.01	\$832.02	\$811.25	\$1,196.03
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$343.58	\$687.16	\$670.00	\$987.79
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$332.21	\$664.42	\$647.83	\$955.10

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$260.76	\$521.52	\$508.50	\$749.69
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$411.95	\$823.90	\$803.33	\$1,184.36
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$339.52	\$679.04	\$662.09	\$976.12
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$329.19	\$658.38	\$641.94	\$946.42
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$257.73	\$515.46	\$502.59	\$740.97
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$388.46	\$776.92	\$757.52	\$1,116.82
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$339.52	\$679.04	\$662.09	\$976.12
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$311.05	\$622.10	\$606.57	\$894.27
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$257.73	\$515.46	\$502.59	\$740.97
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$435.79	\$871.58	\$849.82	\$1,252.90
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$363.36	\$726.72	\$708.58	\$1,044.66
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$351.34	\$702.68	\$685.14	\$1,010.10
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$275.78	\$551.56	\$537.79	\$792.87
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$435.79	\$871.58	\$849.82	\$1,252.90
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$363.36	\$726.72	\$708.58	\$1,044.66
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$351.34	\$702.68	\$685.14	\$1,010.10
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$275.78	\$551.56	\$537.79	\$792.87
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$431.50	\$863.00	\$841.45	\$1,240.56
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$359.07	\$718.14	\$700.21	\$1,032.33
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$348.14	\$696.28	\$678.90	\$1,000.90
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$272.57	\$545.14	\$531.53	\$783.64
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$408.01	\$816.02	\$795.65	\$1,173.03
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$359.07	\$718.14	\$700.21	\$1,032.33
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$328.96	\$657.92	\$641.49	\$945.76
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$272.57	\$545.14	\$531.53	\$783.64
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$342.81	\$685.62	\$668.50	\$985.58
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$270.38	\$540.76	\$527.26	\$777.34
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$261.43	\$522.86	\$509.81	\$751.61
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$205.21	\$410.42	\$400.17	\$589.98
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$342.81	\$685.62	\$668.50	\$985.58
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$270.38	\$540.76	\$527.26	\$777.34
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$261.43	\$522.86	\$509.81	\$751.61
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$205.21	\$410.42	\$400.17	\$589.98
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$339.61	\$679.22	\$662.26	\$976.38
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$267.18	\$534.36	\$521.02	\$768.14
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$259.05	\$518.10	\$505.16	\$744.77
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$202.82	\$405.64	\$395.51	\$583.11
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$316.12	\$632.24	\$616.45	\$908.85
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$267.18	\$534.36	\$521.02	\$768.14

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$244.78	\$489.56	\$477.34	\$703.74
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$202.82	\$405.64	\$395.51	\$583.11

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Plan Name	Available To	Plan Type	Rate Region	First Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$335.32	\$670.65	\$653.90	\$964.05
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$269.86	\$539.73	\$526.25	\$775.85
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$268.41	\$536.82	\$523.42	\$771.67
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$204.37	\$408.74	\$398.54	\$587.57
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$335.32	\$670.65	\$653.90	\$964.05
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$269.86	\$539.73	\$526.25	\$775.85
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$268.41	\$536.82	\$523.42	\$771.67
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$204.37	\$408.74	\$398.54	\$587.57
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$332.71	\$665.43	\$648.81	\$956.55
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$267.25	\$534.51	\$521.16	\$768.35
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$265.92	\$531.84	\$518.56	\$764.51
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$202.95	\$405.90	\$395.77	\$583.49
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$312.71	\$625.43	\$609.81	\$899.05
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$267.25	\$534.51	\$521.16	\$768.35
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$251.95	\$503.90	\$491.32	\$724.35
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$202.95	\$405.90	\$395.77	\$583.49
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$320.90	\$641.80	\$625.77	\$922.58
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$253.67	\$507.34	\$494.67	\$729.30
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$254.82	\$509.64	\$496.92	\$732.60
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$193.43	\$386.85	\$377.20	\$556.10
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$320.90	\$641.80	\$625.77	\$922.58
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$253.67	\$507.34	\$494.67	\$729.30
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$254.82	\$509.64	\$496.92	\$732.60
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$193.43	\$386.85	\$377.20	\$556.10
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$318.29	\$636.58	\$620.68	\$915.08
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$251.06	\$502.12	\$489.58	\$721.80
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$252.33	\$504.66	\$492.06	\$725.44
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$192.01	\$384.01	\$374.43	\$552.02
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$298.29	\$596.58	\$581.68	\$857.58
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$251.06	\$502.12	\$489.58	\$721.80
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$238.36	\$476.72	\$464.82	\$685.28
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$192.01	\$384.01	\$374.43	\$552.02
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$340.84	\$681.67	\$664.65	\$979.90
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$275.38	\$550.75	\$537.00	\$791.70
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$273.61	\$547.22	\$533.55	\$786.62
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$208.56	\$417.12	\$406.71	\$599.61
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$340.84	\$681.67	\$664.65	\$979.90
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$275.38	\$550.75	\$537.00	\$791.70
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$273.61	\$547.22	\$533.55	\$786.62

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Plan Name	Available To	Plan Type	Rate Region	First Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$208.56	\$417.12	\$406.71	\$599.61
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$338.23	\$676.45	\$659.56	\$972.40
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$272.77	\$545.53	\$531.91	\$784.20
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$271.12	\$542.24	\$528.69	\$779.46
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$207.14	\$414.28	\$403.94	\$595.53
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$318.23	\$636.45	\$620.56	\$914.90
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$272.77	\$545.53	\$531.91	\$784.20
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$257.15	\$514.30	\$501.45	\$739.30
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$207.14	\$414.28	\$403.94	\$595.53
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$356.58	\$713.15	\$695.34	\$1,025.15
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$289.67	\$579.35	\$564.88	\$832.81
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$288.45	\$576.89	\$562.49	\$829.28
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$220.51	\$441.03	\$430.02	\$633.98
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$356.58	\$713.15	\$695.34	\$1,025.15
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$289.67	\$579.35	\$564.88	\$832.81
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$288.45	\$576.89	\$562.49	\$829.28
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$220.51	\$441.03	\$430.02	\$633.98
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$353.97	\$707.93	\$690.25	\$1,017.65
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$287.06	\$574.13	\$559.79	\$825.31
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$285.96	\$571.91	\$557.63	\$822.12
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$219.09	\$438.19	\$427.25	\$629.90
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$333.97	\$667.93	\$651.25	\$960.15
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$287.06	\$574.13	\$559.79	\$825.31
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$271.99	\$543.97	\$530.39	\$781.96
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$219.09	\$438.19	\$427.25	\$629.90
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$277.89	\$555.78	\$541.90	\$798.94
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$209.18	\$418.36	\$407.91	\$601.39
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$214.27	\$428.54	\$417.84	\$616.02
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$160.76	\$321.53	\$313.50	\$462.19
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$277.89	\$555.78	\$541.90	\$798.94
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$209.18	\$418.36	\$407.91	\$601.39
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$214.27	\$428.54	\$417.84	\$616.02
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$160.76	\$321.53	\$313.50	\$462.19
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$275.28	\$550.56	\$536.81	\$791.44
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$206.57	\$413.14	\$402.82	\$593.89
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$211.78	\$423.56	\$412.98	\$608.86
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$159.34	\$318.69	\$310.73	\$458.11
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$255.28	\$510.56	\$497.81	\$733.94
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$206.57	\$413.14	\$402.82	\$593.89

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Plan Name	Available To	Plan Type	Rate Region	First Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$197.81	\$395.62	\$385.74	\$568.70
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$159.34	\$318.69	\$310.73	\$458.11

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$344.02	\$688.05	\$670.88	\$989.08
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$277.96	\$555.92	\$542.05	\$799.14
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$276.45	\$552.91	\$539.10	\$794.80
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$210.50	\$420.99	\$410.48	\$605.18
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$344.02	\$688.05	\$670.88	\$989.08
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$277.96	\$555.92	\$542.05	\$799.14
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$276.45	\$552.91	\$539.10	\$794.80
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$210.50	\$420.99	\$410.48	\$605.18
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$341.33	\$682.67	\$665.63	\$981.35
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$275.27	\$550.54	\$536.80	\$791.41
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$273.89	\$547.79	\$534.11	\$787.44
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$209.04	\$418.07	\$407.63	\$600.98
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$320.73	\$641.47	\$625.46	\$922.12
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$275.27	\$550.54	\$536.80	\$791.41
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$259.50	\$519.01	\$506.05	\$746.07
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$209.04	\$418.07	\$407.63	\$600.98
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$329.16	\$658.34	\$641.90	\$946.36
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$261.29	\$522.57	\$509.53	\$751.19
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$262.46	\$524.92	\$511.81	\$754.57
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$199.23	\$398.46	\$388.51	\$572.78
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$329.16	\$658.34	\$641.90	\$946.36
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$261.29	\$522.57	\$509.53	\$751.19
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$262.46	\$524.92	\$511.81	\$754.57
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$199.23	\$398.46	\$388.51	\$572.78
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$326.47	\$652.96	\$636.65	\$938.63
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$258.60	\$517.19	\$504.28	\$743.46
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$259.90	\$519.80	\$506.82	\$747.21
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$197.77	\$395.54	\$385.66	\$568.58
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$305.87	\$611.76	\$596.48	\$879.40
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$258.60	\$517.19	\$504.28	\$743.46
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$245.51	\$491.02	\$478.76	\$705.84
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$197.77	\$395.54	\$385.66	\$568.58
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$349.69	\$699.40	\$681.94	\$1,005.38
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$283.63	\$567.27	\$553.11	\$815.44
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$281.81	\$563.62	\$549.54	\$810.20
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$214.82	\$429.64	\$418.92	\$617.61
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$349.69	\$699.40	\$681.94	\$1,005.38
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$283.63	\$567.27	\$553.11	\$815.44
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$281.81	\$563.62	\$549.54	\$810.20

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$214.82	\$429.64	\$418.92	\$617.61
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$347.00	\$694.02	\$676.69	\$997.65
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$280.94	\$561.89	\$547.86	\$807.71
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$279.25	\$558.50	\$544.55	\$802.84
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$213.36	\$426.72	\$416.07	\$613.41
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$326.40	\$652.82	\$636.52	\$938.42
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$280.94	\$561.89	\$547.86	\$807.71
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$264.86	\$529.72	\$516.49	\$761.47
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$213.36	\$426.72	\$416.07	\$613.41
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$365.91	\$731.83	\$713.56	\$1,052.01
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$298.36	\$596.72	\$581.83	\$857.79
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$297.09	\$594.19	\$579.35	\$854.15
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$227.13	\$454.26	\$442.92	\$653.00
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$365.91	\$731.83	\$713.56	\$1,052.01
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$298.36	\$596.72	\$581.83	\$857.79
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$297.09	\$594.19	\$579.35	\$854.15
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$227.13	\$454.26	\$442.92	\$653.00
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$363.22	\$726.45	\$708.31	\$1,044.28
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$295.67	\$591.34	\$576.58	\$850.06
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$294.53	\$589.07	\$574.36	\$846.79
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$225.67	\$451.34	\$440.07	\$648.80
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$342.62	\$685.25	\$668.14	\$985.05
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$295.67	\$591.34	\$576.58	\$850.06
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$280.14	\$560.29	\$546.30	\$805.42
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$225.67	\$451.34	\$440.07	\$648.80
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$284.87	\$569.75	\$555.53	\$819.02
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$215.46	\$430.92	\$420.16	\$619.44
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$220.70	\$441.39	\$430.37	\$634.50
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$165.58	\$331.16	\$322.89	\$476.04
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$284.87	\$569.75	\$555.53	\$819.02
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$215.46	\$430.92	\$420.16	\$619.44
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$220.70	\$441.39	\$430.37	\$634.50
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$165.58	\$331.16	\$322.89	\$476.04
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$282.18	\$564.37	\$550.28	\$811.29
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$212.77	\$425.54	\$414.91	\$611.71
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$218.14	\$436.27	\$425.38	\$627.14
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$164.12	\$328.24	\$320.04	\$471.84
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$261.58	\$523.17	\$510.11	\$752.06
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$212.77	\$425.54	\$414.91	\$611.71

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$203.75	\$407.49	\$397.32	\$585.77
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$164.12	\$328.24	\$320.04	\$471.84

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Prior Year Premiums

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Version 7/11/2011

Plan Name	Available To	Plan Type	Rate Region	Third Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$352.98	\$705.97	\$688.34	\$1,014.82
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$286.30	\$572.60	\$558.30	\$823.10
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$284.75	\$569.50	\$555.28	\$818.66
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$216.82	\$433.64	\$422.81	\$623.36
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$352.98	\$705.97	\$688.34	\$1,014.82
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$286.30	\$572.60	\$558.30	\$823.10
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$284.75	\$569.50	\$555.28	\$818.66
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$216.82	\$433.64	\$422.81	\$623.36
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$350.21	\$700.43	\$682.94	\$1,006.86
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$283.53	\$567.06	\$552.90	\$815.14
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$282.11	\$564.22	\$550.13	\$811.07
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$215.31	\$430.62	\$419.87	\$619.02
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$328.99	\$657.99	\$641.56	\$945.85
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$283.53	\$567.06	\$552.90	\$815.14
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$267.29	\$534.58	\$521.23	\$768.46
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$215.31	\$430.62	\$419.87	\$619.02
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$337.67	\$675.35	\$658.49	\$970.81
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$269.12	\$538.24	\$524.80	\$773.71
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$270.34	\$540.68	\$527.18	\$777.23
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$205.21	\$410.43	\$400.17	\$589.99
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$337.67	\$675.35	\$658.49	\$970.81
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$269.12	\$538.24	\$524.80	\$773.71
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$270.34	\$540.68	\$527.18	\$777.23
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$205.21	\$410.43	\$400.17	\$589.99
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$334.90	\$669.81	\$653.09	\$962.85
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$266.35	\$532.70	\$519.40	\$765.75
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$267.70	\$535.40	\$522.03	\$769.64
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$203.70	\$407.41	\$397.23	\$585.65
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$313.68	\$627.37	\$611.71	\$901.84
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$266.35	\$532.70	\$519.40	\$765.75
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$252.88	\$505.76	\$493.13	\$727.03
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$203.70	\$407.41	\$397.23	\$585.65
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$358.83	\$717.66	\$699.74	\$1,031.63
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$292.15	\$584.29	\$569.70	\$839.91
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$290.27	\$580.54	\$566.04	\$834.52
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$221.28	\$442.55	\$431.50	\$636.17
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$358.83	\$717.66	\$699.74	\$1,031.63
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$292.15	\$584.29	\$569.70	\$839.91
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$290.27	\$580.54	\$566.04	\$834.52

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$221.28	\$442.55	\$431.50	\$636.17
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$356.06	\$712.12	\$694.34	\$1,023.67
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$289.38	\$578.75	\$564.30	\$831.95
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$287.63	\$575.26	\$560.89	\$826.93
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$219.77	\$439.53	\$428.56	\$631.83
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$334.84	\$669.68	\$652.96	\$962.66
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$289.38	\$578.75	\$564.30	\$831.95
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$272.81	\$545.62	\$531.99	\$784.32
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$219.77	\$439.53	\$428.56	\$631.83
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$375.52	\$751.06	\$732.31	\$1,079.64
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$307.31	\$614.62	\$599.28	\$883.52
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$306.01	\$612.03	\$596.75	\$879.79
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$233.95	\$467.89	\$456.20	\$672.59
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$375.52	\$751.06	\$732.31	\$1,079.64
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$307.31	\$614.62	\$599.28	\$883.52
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$306.01	\$612.03	\$596.75	\$879.79
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$233.95	\$467.89	\$456.20	\$672.59
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$372.75	\$745.52	\$726.91	\$1,071.68
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$304.54	\$609.08	\$593.88	\$875.56
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$303.37	\$606.75	\$591.60	\$872.20
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$232.44	\$464.87	\$453.26	\$668.25
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$351.53	\$703.08	\$685.53	\$1,010.67
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$304.54	\$609.08	\$593.88	\$875.56
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$288.55	\$577.11	\$562.70	\$829.59
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$232.44	\$464.87	\$453.26	\$668.25
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$292.05	\$584.12	\$569.53	\$839.66
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$221.92	\$443.85	\$432.76	\$638.03
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$227.32	\$454.63	\$443.28	\$653.54
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$170.56	\$341.11	\$332.59	\$490.35
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$292.05	\$584.12	\$569.53	\$839.66
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$221.92	\$443.85	\$432.76	\$638.03
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$227.32	\$454.63	\$443.28	\$653.54
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$170.56	\$341.11	\$332.59	\$490.35
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$289.28	\$578.58	\$564.13	\$831.70
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$219.15	\$438.31	\$427.36	\$630.07
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$224.68	\$449.35	\$438.13	\$645.95
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$169.05	\$338.09	\$329.65	\$486.01
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$268.06	\$536.14	\$522.75	\$770.69
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$219.15	\$438.31	\$427.36	\$630.07

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$209.86	\$419.71	\$409.23	\$603.34
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$169.05	\$338.09	\$329.65	\$486.01

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$362.21	\$724.42	\$706.34	\$1,041.35
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$294.89	\$589.77	\$575.05	\$847.79
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$293.29	\$586.59	\$571.94	\$843.22
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$223.32	\$446.64	\$435.49	\$642.05
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$362.21	\$724.42	\$706.34	\$1,041.35
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$294.89	\$589.77	\$575.05	\$847.79
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$293.29	\$586.59	\$571.94	\$843.22
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$223.32	\$446.64	\$435.49	\$642.05
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$359.35	\$718.70	\$700.76	\$1,033.13
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$292.04	\$584.07	\$569.49	\$839.60
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$290.57	\$581.15	\$566.64	\$835.40
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$221.77	\$443.54	\$432.47	\$637.59
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$337.50	\$675.00	\$658.15	\$970.31
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$292.04	\$584.07	\$569.49	\$839.60
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$275.30	\$550.61	\$536.86	\$791.50
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$221.77	\$443.54	\$432.47	\$637.59
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$346.44	\$692.89	\$675.59	\$996.02
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$277.19	\$554.38	\$540.54	\$796.92
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$278.46	\$556.92	\$543.01	\$800.56
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$211.36	\$422.73	\$412.17	\$607.67
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$346.44	\$692.89	\$675.59	\$996.02
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$277.19	\$554.38	\$540.54	\$796.92
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$278.46	\$556.92	\$543.01	\$800.56
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$211.36	\$422.73	\$412.17	\$607.67
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$343.58	\$687.17	\$670.01	\$987.80
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$274.34	\$548.68	\$534.98	\$788.73
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$275.74	\$551.48	\$537.71	\$792.74
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$209.81	\$419.63	\$409.15	\$603.21
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$321.73	\$643.47	\$627.40	\$924.98
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$274.34	\$548.68	\$534.98	\$788.73
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$260.47	\$520.94	\$507.93	\$748.84
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$209.81	\$419.63	\$409.15	\$603.21
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$368.23	\$736.47	\$718.08	\$1,058.67
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$300.91	\$601.82	\$586.79	\$865.11
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$298.98	\$597.96	\$583.02	\$859.56
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$227.91	\$455.82	\$444.43	\$655.24
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$368.23	\$736.47	\$718.08	\$1,058.67
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$300.91	\$601.82	\$586.79	\$865.11
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$298.98	\$597.96	\$583.02	\$859.56

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Prior Year Premiums

Exhibit C

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$227.91	\$455.82	\$444.43	\$655.24
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$365.37	\$730.75	\$712.50	\$1,050.45
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$298.06	\$596.12	\$581.23	\$856.92
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$296.26	\$592.52	\$577.72	\$851.74
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$226.36	\$452.72	\$441.41	\$650.78
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$343.52	\$687.05	\$669.89	\$987.63
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$298.06	\$596.12	\$581.23	\$856.92
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$280.99	\$561.98	\$547.94	\$807.84
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$226.36	\$452.72	\$441.41	\$650.78
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$385.43	\$770.87	\$751.63	\$1,108.13
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$316.52	\$633.05	\$617.24	\$910.00
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$315.21	\$630.41	\$614.67	\$906.22
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$240.96	\$481.92	\$469.89	\$692.77
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$385.43	\$770.87	\$751.63	\$1,108.13
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$316.52	\$633.05	\$617.24	\$910.00
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$315.21	\$630.41	\$614.67	\$906.22
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$240.96	\$481.92	\$469.89	\$692.77
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$382.57	\$765.15	\$746.05	\$1,099.91
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$313.67	\$627.35	\$611.68	\$901.81
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$312.49	\$624.97	\$609.37	\$898.40
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$239.41	\$478.82	\$466.87	\$688.31
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$360.72	\$721.45	\$703.44	\$1,037.09
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$313.67	\$627.35	\$611.68	\$901.81
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$297.22	\$594.43	\$579.59	\$854.50
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$239.41	\$478.82	\$466.87	\$688.31
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$299.45	\$598.91	\$583.97	\$860.94
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$228.57	\$457.15	\$445.74	\$657.14
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$234.14	\$468.29	\$456.59	\$673.16
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$175.67	\$351.33	\$342.56	\$505.04
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$299.45	\$598.91	\$583.97	\$860.94
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$228.57	\$457.15	\$445.74	\$657.14
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$234.14	\$468.29	\$456.59	\$673.16
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$175.67	\$351.33	\$342.56	\$505.04
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$296.59	\$593.19	\$578.39	\$852.72
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$225.72	\$451.45	\$440.18	\$648.95
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$231.42	\$462.85	\$451.29	\$665.34
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$174.12	\$348.23	\$339.54	\$500.58
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$274.74	\$549.49	\$535.78	\$789.90
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$225.72	\$451.45	\$440.18	\$648.95

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Exhibit C
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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$216.15	\$432.31	\$421.51	\$621.44
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$174.12	\$348.23	\$339.54	\$500.58

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Change in Dollars

Exhibit D

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Plan Name	Available To	Plan Type	Rate Region	First Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$40.02	\$80.03	\$78.04	\$115.05
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$38.22	\$76.43	\$74.53	\$109.88
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$29.48	\$58.96	\$57.49	\$84.76
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$29.46	\$58.92	\$57.44	\$84.69
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$40.02	\$80.03	\$78.04	\$115.05
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$38.22	\$76.43	\$74.53	\$109.88
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$29.48	\$58.96	\$57.49	\$84.76
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$29.46	\$58.92	\$57.44	\$84.69
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$39.00	\$77.99	\$76.05	\$112.12
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$37.20	\$74.39	\$72.54	\$106.94
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$29.26	\$58.52	\$57.06	\$84.13
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$28.15	\$56.30	\$54.89	\$80.92
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$37.18	\$74.35	\$72.50	\$106.88
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$37.20	\$74.39	\$72.54	\$106.94
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$26.96	\$53.92	\$52.57	\$77.52
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$28.15	\$56.30	\$54.89	\$80.92
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$37.85	\$75.70	\$73.82	\$108.83
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$37.82	\$75.64	\$73.75	\$108.73
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$27.02	\$54.04	\$52.69	\$77.69
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$27.80	\$55.61	\$54.21	\$79.94
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$37.85	\$75.70	\$73.82	\$108.83
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$37.82	\$75.64	\$73.75	\$108.73
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$27.02	\$54.04	\$52.69	\$77.69
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$27.80	\$55.61	\$54.21	\$79.94
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$37.02	\$74.04	\$72.20	\$106.44
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$36.99	\$73.98	\$72.14	\$106.34
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$26.95	\$53.90	\$52.55	\$77.49
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$26.65	\$53.31	\$51.97	\$76.63
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$35.20	\$70.40	\$68.65	\$101.20
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$36.99	\$73.98	\$72.14	\$106.34
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$25.53	\$51.06	\$49.78	\$73.40
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$26.65	\$53.31	\$51.97	\$76.63
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$40.84	\$81.69	\$79.65	\$117.43
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$39.04	\$78.09	\$76.14	\$112.26
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$30.41	\$60.82	\$59.31	\$87.44
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$30.08	\$60.16	\$58.65	\$86.48
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$40.84	\$81.69	\$79.65	\$117.43
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$39.04	\$78.09	\$76.14	\$112.26
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$30.41	\$60.82	\$59.31	\$87.44

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Plan Name	Available To	Plan Type	Rate Region	First Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$30.08	\$60.16	\$58.65	\$86.48
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$39.74	\$79.49	\$77.51	\$114.26
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$37.94	\$75.89	\$73.99	\$109.09
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$30.13	\$60.26	\$58.77	\$86.63
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$28.72	\$57.44	\$56.00	\$82.57
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$37.92	\$75.85	\$73.96	\$109.03
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$37.94	\$75.89	\$73.99	\$109.09
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$27.50	\$55.00	\$53.64	\$79.07
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$28.72	\$57.44	\$56.00	\$82.57
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$43.21	\$86.43	\$84.28	\$124.25
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$42.86	\$85.71	\$83.58	\$123.21
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$33.07	\$66.15	\$64.50	\$95.09
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$31.87	\$63.73	\$62.14	\$91.61
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$43.21	\$86.43	\$84.28	\$124.25
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$42.86	\$85.71	\$83.58	\$123.21
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$33.07	\$66.15	\$64.50	\$95.09
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$31.87	\$63.73	\$62.14	\$91.61
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$41.89	\$83.79	\$81.70	\$120.45
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$41.54	\$83.07	\$81.00	\$119.42
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$32.64	\$65.29	\$63.66	\$93.86
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$30.35	\$60.69	\$59.17	\$87.24
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$40.07	\$80.15	\$78.15	\$115.22
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$41.54	\$83.07	\$81.00	\$119.42
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$29.05	\$58.11	\$56.66	\$83.53
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$30.35	\$60.69	\$59.17	\$87.24
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$36.80	\$73.60	\$71.77	\$105.79
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$38.25	\$76.50	\$74.59	\$109.97
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$24.97	\$49.94	\$48.69	\$71.80
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$27.03	\$54.05	\$52.70	\$77.71
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$36.80	\$73.60	\$71.77	\$105.79
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$38.25	\$76.50	\$74.59	\$109.97
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$24.97	\$49.94	\$48.69	\$71.80
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$27.03	\$54.05	\$52.70	\$77.71
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$36.49	\$72.98	\$71.16	\$104.90
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$37.94	\$75.88	\$73.99	\$109.08
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$25.29	\$50.58	\$49.32	\$72.72
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$26.27	\$52.53	\$51.22	\$75.52
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$34.67	\$69.34	\$67.61	\$99.67
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$37.94	\$75.88	\$73.99	\$109.08

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Exhibit D
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Plan Name	Available To	Plan Type	Rate Region	First Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$26.20	\$52.40	\$51.09	\$75.33
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$26.27	\$52.53	\$51.22	\$75.52

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$42.25	\$84.49	\$82.37	\$121.45
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$39.37	\$78.74	\$76.76	\$113.18
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$30.38	\$60.75	\$59.24	\$87.34
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$30.34	\$60.69	\$59.17	\$87.24
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$42.25	\$84.49	\$82.37	\$121.45
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$39.37	\$78.74	\$76.76	\$113.18
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$30.38	\$60.75	\$59.24	\$87.34
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$30.34	\$60.69	\$59.17	\$87.24
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$41.19	\$82.37	\$80.31	\$118.40
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$38.31	\$76.62	\$74.70	\$110.13
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$30.15	\$60.29	\$58.79	\$86.68
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$29.00	\$58.01	\$56.56	\$83.39
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$39.43	\$78.85	\$76.88	\$113.34
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$38.31	\$76.62	\$74.70	\$110.13
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$27.78	\$55.55	\$54.16	\$79.86
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$29.00	\$58.01	\$56.56	\$83.39
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$40.01	\$80.00	\$78.01	\$115.00
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$38.94	\$77.89	\$75.94	\$111.97
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$27.84	\$55.68	\$54.29	\$80.04
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$28.64	\$57.28	\$55.85	\$82.35
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$40.01	\$80.00	\$78.01	\$115.00
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$38.94	\$77.89	\$75.94	\$111.97
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$27.84	\$55.68	\$54.29	\$80.04
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$28.64	\$57.28	\$55.85	\$82.35
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$39.16	\$78.30	\$76.35	\$112.56
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$38.09	\$76.19	\$74.29	\$109.52
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$27.76	\$55.52	\$54.14	\$79.81
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$27.44	\$54.88	\$53.51	\$78.90
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$37.40	\$74.78	\$72.92	\$107.50
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$38.09	\$76.19	\$74.29	\$109.52
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$26.30	\$52.60	\$51.29	\$75.61
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$27.44	\$54.88	\$53.51	\$78.90
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$43.10	\$86.18	\$84.03	\$123.89
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$40.22	\$80.43	\$78.42	\$115.63
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$31.33	\$62.66	\$61.10	\$90.08
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$30.97	\$61.94	\$60.39	\$89.04
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$43.10	\$86.18	\$84.03	\$123.89
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$40.22	\$80.43	\$78.42	\$115.63
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$31.33	\$62.66	\$61.10	\$90.08

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$30.97	\$61.94	\$60.39	\$89.04
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$41.97	\$83.92	\$81.83	\$120.64
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$39.09	\$78.17	\$76.22	\$112.38
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$31.04	\$62.08	\$60.54	\$89.24
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$29.57	\$59.14	\$57.66	\$85.01
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$40.21	\$80.40	\$78.39	\$115.58
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$39.09	\$78.17	\$76.22	\$112.38
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$28.33	\$56.66	\$55.25	\$81.45
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$29.57	\$59.14	\$57.66	\$85.01
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$45.53	\$91.05	\$88.78	\$130.88
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$44.14	\$88.28	\$86.07	\$126.90
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$34.08	\$68.15	\$66.45	\$97.96
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$32.82	\$65.64	\$64.00	\$94.36
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$45.53	\$91.05	\$88.78	\$130.88
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$44.14	\$88.28	\$86.07	\$126.90
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$34.08	\$68.15	\$66.45	\$97.96
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$32.82	\$65.64	\$64.00	\$94.36
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$44.18	\$88.35	\$86.15	\$127.00
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$42.79	\$85.58	\$83.44	\$123.01
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$33.63	\$67.25	\$65.57	\$96.67
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$31.25	\$62.50	\$60.94	\$89.85
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$42.42	\$84.83	\$82.71	\$121.94
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$42.79	\$85.58	\$83.44	\$123.01
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$29.93	\$59.85	\$58.36	\$86.03
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$31.25	\$62.50	\$60.94	\$89.85
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$38.93	\$77.85	\$75.90	\$111.91
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$39.40	\$78.80	\$76.83	\$113.28
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$25.72	\$51.45	\$50.17	\$73.96
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$27.85	\$55.70	\$54.31	\$80.07
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$38.93	\$77.85	\$75.90	\$111.91
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$39.40	\$78.80	\$76.83	\$113.28
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$25.72	\$51.45	\$50.17	\$73.96
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$27.85	\$55.70	\$54.31	\$80.07
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$38.61	\$77.21	\$75.28	\$110.98
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$39.08	\$78.16	\$76.21	\$112.36
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$26.04	\$52.09	\$50.79	\$74.88
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$27.06	\$54.12	\$52.77	\$77.80
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$36.85	\$73.69	\$71.85	\$105.93
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$39.08	\$78.16	\$76.21	\$112.36

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Exhibit D
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Plan Name	Available To	Plan Type	Rate Region	Second Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$26.98	\$53.97	\$52.62	\$77.58
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$27.06	\$54.12	\$52.77	\$77.80

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$44.53	\$89.05	\$86.83	\$128.02
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$40.55	\$81.10	\$79.08	\$116.59
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$31.28	\$62.56	\$61.00	\$89.93
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$31.25	\$62.50	\$60.94	\$89.84
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$44.53	\$89.05	\$86.83	\$128.02
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$40.55	\$81.10	\$79.08	\$116.59
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$31.28	\$62.56	\$61.00	\$89.93
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$31.25	\$62.50	\$60.94	\$89.84
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$43.44	\$86.87	\$84.70	\$124.88
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$39.46	\$78.92	\$76.95	\$113.46
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$31.05	\$62.10	\$60.55	\$89.27
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$29.87	\$59.74	\$58.25	\$85.87
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$41.75	\$83.49	\$81.41	\$120.03
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$39.46	\$78.92	\$76.95	\$113.46
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$28.61	\$57.22	\$55.79	\$82.25
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$29.87	\$59.74	\$58.25	\$85.87
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$42.23	\$84.45	\$82.34	\$121.40
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$40.12	\$80.24	\$78.24	\$115.36
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$28.67	\$57.34	\$55.91	\$82.42
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$29.49	\$58.97	\$57.51	\$84.77
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$42.23	\$84.45	\$82.34	\$121.40
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$40.12	\$80.24	\$78.24	\$115.36
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$28.67	\$57.34	\$55.91	\$82.42
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$29.49	\$58.97	\$57.51	\$84.77
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$41.35	\$82.69	\$80.62	\$118.87
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$39.24	\$78.48	\$76.52	\$112.82
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$28.59	\$57.18	\$55.75	\$82.19
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$28.27	\$56.53	\$55.13	\$81.26
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$39.66	\$79.31	\$77.33	\$114.01
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$39.24	\$78.48	\$76.52	\$112.82
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$27.08	\$54.16	\$52.81	\$77.86
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$28.27	\$56.53	\$55.13	\$81.26
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$45.40	\$90.80	\$88.54	\$130.53
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$41.42	\$82.85	\$80.78	\$119.10
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$32.26	\$64.52	\$62.91	\$92.75
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$31.89	\$63.79	\$62.20	\$91.69
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$45.40	\$90.80	\$88.54	\$130.53
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$41.42	\$82.85	\$80.78	\$119.10
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$32.26	\$64.52	\$62.91	\$92.75

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$31.89	\$63.79	\$62.20	\$91.69
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$44.23	\$88.46	\$86.25	\$127.16
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$40.25	\$80.51	\$78.50	\$115.74
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$31.97	\$63.94	\$62.35	\$91.92
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$30.45	\$60.91	\$59.39	\$87.55
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$42.54	\$85.08	\$82.96	\$122.31
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$40.25	\$80.51	\$78.50	\$115.74
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$29.18	\$58.36	\$56.91	\$83.90
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$30.45	\$60.91	\$59.39	\$87.55
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$47.92	\$95.82	\$93.43	\$137.75
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$45.47	\$90.94	\$88.66	\$130.72
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$35.09	\$70.17	\$68.42	\$100.87
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$33.80	\$67.61	\$65.93	\$97.19
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$47.92	\$95.82	\$93.43	\$137.75
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$45.47	\$90.94	\$88.66	\$130.72
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$35.09	\$70.17	\$68.42	\$100.87
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$33.80	\$67.61	\$65.93	\$97.19
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$46.52	\$93.02	\$90.69	\$133.72
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$44.07	\$88.14	\$85.93	\$126.69
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$34.63	\$69.25	\$67.52	\$99.55
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$32.19	\$64.39	\$62.79	\$92.56
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$44.83	\$89.64	\$87.40	\$128.87
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$44.07	\$88.14	\$85.93	\$126.69
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$30.83	\$61.65	\$60.11	\$88.63
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$32.19	\$64.39	\$62.79	\$92.56
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$41.11	\$82.20	\$80.15	\$118.18
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$40.58	\$81.15	\$79.13	\$116.66
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$26.49	\$52.99	\$51.67	\$76.16
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$28.67	\$57.35	\$55.92	\$82.44
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$41.11	\$82.20	\$80.15	\$118.18
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$40.58	\$81.15	\$79.13	\$116.66
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$26.49	\$52.99	\$51.67	\$76.16
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$28.67	\$57.35	\$55.92	\$82.44
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$40.78	\$81.54	\$79.51	\$117.22
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$40.25	\$80.49	\$78.49	\$115.71
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$26.83	\$53.67	\$52.33	\$77.14
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$27.86	\$55.73	\$54.34	\$80.11
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$39.09	\$78.16	\$76.21	\$112.37
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$40.25	\$80.49	\$78.49	\$115.71

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$27.79	\$55.59	\$54.20	\$79.90
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$27.86	\$55.73	\$54.34	\$80.11

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$46.87	\$93.74	\$91.39	\$134.76
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	\$41.76	\$83.53	\$81.44	\$120.08
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$32.22	\$64.43	\$62.83	\$92.62
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	\$32.19	\$64.38	\$62.77	\$92.54
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	\$46.87	\$93.74	\$91.39	\$134.76
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	\$41.76	\$83.53	\$81.44	\$120.08
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$32.22	\$64.43	\$62.83	\$92.62
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	\$32.19	\$64.38	\$62.77	\$92.54
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$45.76	\$91.52	\$89.23	\$131.56
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	\$40.64	\$81.29	\$79.26	\$116.86
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$31.98	\$63.95	\$62.35	\$91.93
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	\$30.76	\$61.52	\$59.98	\$88.43
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	\$44.12	\$88.24	\$86.03	\$126.85
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	\$40.64	\$81.29	\$79.26	\$116.86
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$29.48	\$58.95	\$57.48	\$84.74
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	\$30.76	\$61.52	\$59.98	\$88.43
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$44.51	\$89.01	\$86.79	\$127.96
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	\$41.33	\$82.66	\$80.59	\$118.83
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$29.52	\$59.04	\$57.57	\$84.88
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	\$30.38	\$60.75	\$59.24	\$87.33
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	\$44.51	\$89.01	\$86.79	\$127.96
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	\$41.33	\$82.66	\$80.59	\$118.83
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$29.52	\$59.04	\$57.57	\$84.88
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	\$30.38	\$60.75	\$59.24	\$87.33
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$43.61	\$87.21	\$85.04	\$125.37
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	\$40.42	\$80.84	\$78.82	\$116.21
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$29.44	\$58.88	\$57.41	\$84.65
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	\$29.12	\$58.23	\$56.78	\$83.71
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	\$41.97	\$83.93	\$81.84	\$120.66
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	\$40.42	\$80.84	\$78.82	\$116.21
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$27.89	\$55.78	\$54.39	\$80.20
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	\$29.12	\$58.23	\$56.78	\$83.71
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$47.78	\$95.55	\$93.17	\$137.36
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	\$42.67	\$85.34	\$83.21	\$122.68
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$33.23	\$66.46	\$64.81	\$95.54
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$32.85	\$65.70	\$64.07	\$94.45
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$47.78	\$95.55	\$93.17	\$137.36
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	\$42.67	\$85.34	\$83.21	\$122.68
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$33.23	\$66.46	\$64.81	\$95.54

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	\$32.85	\$65.70	\$64.07	\$94.45
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$46.58	\$93.15	\$90.83	\$133.91
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	\$41.46	\$82.92	\$80.86	\$119.20
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$32.93	\$65.86	\$64.22	\$94.68
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	\$31.37	\$62.74	\$61.18	\$90.19
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$44.94	\$89.87	\$87.63	\$129.19
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	\$41.46	\$82.92	\$80.86	\$119.20
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$30.06	\$60.12	\$58.63	\$86.43
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	\$31.37	\$62.74	\$61.18	\$90.19
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$50.36	\$100.71	\$98.19	\$144.77
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	\$46.84	\$93.67	\$91.34	\$134.66
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$36.13	\$72.27	\$70.47	\$103.88
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	\$34.82	\$69.64	\$67.90	\$100.10
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$50.36	\$100.71	\$98.19	\$144.77
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	\$46.84	\$93.67	\$91.34	\$134.66
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$36.13	\$72.27	\$70.47	\$103.88
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	\$34.82	\$69.64	\$67.90	\$100.10
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$48.93	\$97.85	\$95.40	\$140.65
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	\$45.40	\$90.79	\$88.53	\$130.52
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$35.65	\$71.31	\$69.53	\$102.50
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	\$33.16	\$66.32	\$64.66	\$95.33
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	\$47.29	\$94.57	\$92.21	\$135.94
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	\$45.40	\$90.79	\$88.53	\$130.52
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$31.74	\$63.49	\$61.90	\$91.26
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	\$33.16	\$66.32	\$64.66	\$95.33
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$43.36	\$86.71	\$84.53	\$124.64
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	\$41.81	\$83.61	\$81.52	\$120.20
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$27.29	\$54.57	\$53.22	\$78.45
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	\$29.54	\$59.09	\$57.61	\$84.94
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$43.36	\$86.71	\$84.53	\$124.64
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	\$41.81	\$83.61	\$81.52	\$120.20
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$27.29	\$54.57	\$53.22	\$78.45
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	\$29.54	\$59.09	\$57.61	\$84.94
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$43.02	\$86.03	\$83.87	\$123.66
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	\$41.46	\$82.91	\$80.84	\$119.19
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$27.63	\$55.25	\$53.87	\$79.43
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	\$28.70	\$57.41	\$55.97	\$82.53
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	\$41.38	\$82.75	\$80.67	\$118.95
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	\$41.46	\$82.91	\$80.84	\$119.19

MVP Health Plan, Inc

Article 44

Jan 1, 2012

Change in Dollars

Exhibit D

Version 7/11/2011

Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$28.63	\$57.25	\$55.83	\$82.30
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	\$28.70	\$57.41	\$55.97	\$82.53

MVP Health Plan, Inc

Article 44

Jan 1, 2012

Percent Change

Exhibit E
Version 7/11/2011

Plan Name	Available To	Plan Type	Rate Region	Change Over Previous Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	3.6%	3.6%	3.6%	3.6%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	4.5%	4.5%	4.5%	4.5%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	1.6%	1.6%	1.6%	1.6%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	3.6%	3.6%	3.6%	3.6%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	4.5%	4.5%	4.5%	4.5%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	1.6%	1.6%	1.6%	1.6%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	3.4%	3.4%	3.4%	3.4%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	4.2%	4.3%	4.3%	4.3%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	1.6%	1.6%	1.6%	1.6%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	3.7%	3.7%	3.7%	3.7%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	4.2%	4.3%	4.3%	4.3%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	1.3%	1.3%	1.3%	1.3%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	3.6%	3.6%	3.6%	3.6%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	5.2%	5.2%	5.2%	5.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	1.2%	1.2%	1.2%	1.2%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	3.6%	3.6%	3.6%	3.6%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	5.2%	5.2%	5.2%	5.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	1.2%	1.2%	1.2%	1.2%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	3.4%	3.4%	3.4%	3.4%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	5.0%	5.0%	5.0%	5.0%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	1.3%	1.3%	1.3%	1.3%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	3.7%	3.7%	3.7%	3.7%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	5.0%	5.0%	5.0%	5.0%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	1.3%	1.3%	1.3%	1.3%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	3.7%	3.7%	3.7%	3.7%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	4.5%	4.5%	4.5%	4.5%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	1.7%	1.7%	1.7%	1.7%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	3.7%	3.7%	3.7%	3.7%

MVP Health Plan, Inc

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Jan 1, 2012

Percent Change

Exhibit E
Version 7/11/2011

Plan Name	Available To	Plan Type	Rate Region	Change Over Previous Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	4.5%	4.5%	4.5%	4.5%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	1.7%	1.7%	1.7%	1.7%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	3.4%	3.4%	3.4%	3.4%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	4.2%	4.2%	4.2%	4.2%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	1.7%	1.7%	1.7%	1.7%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	3.7%	3.7%	3.7%	3.7%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	4.2%	4.2%	4.2%	4.2%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	1.3%	1.3%	1.3%	1.3%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	3.7%	3.7%	3.7%	3.7%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	5.1%	5.1%	5.1%	5.1%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	2.0%	2.0%	2.0%	2.0%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	3.7%	3.7%	3.7%	3.7%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	5.1%	5.1%	5.1%	5.1%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	2.0%	2.0%	2.0%	2.0%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	4.7%	4.7%	4.7%	4.7%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	3.5%	3.5%	3.5%	3.5%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	4.8%	4.8%	4.8%	4.8%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	2.0%	2.0%	2.0%	2.0%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	3.7%	3.7%	3.7%	3.7%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	4.8%	4.8%	4.8%	4.8%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	1.3%	1.3%	1.3%	1.3%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	4.2%	4.2%	4.2%	4.2%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	5.1%	5.1%	5.1%	5.1%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	8.3%	8.2%	8.2%	8.3%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	2.2%	2.2%	2.2%	2.2%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	6.9%	6.9%	6.9%	6.9%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	5.1%	5.1%	5.1%	5.1%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	8.3%	8.2%	8.2%	8.3%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	2.2%	2.2%	2.2%	2.2%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	6.9%	6.9%	6.9%	6.9%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	5.1%	5.1%	5.1%	5.1%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	8.3%	8.3%	8.3%	8.3%

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Percent Change

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Plan Name	Available To	Plan Type	Rate Region	Change Over Previous Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	2.4%	2.4%	2.4%	2.4%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	6.6%	6.6%	6.6%	6.6%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	5.5%	5.5%	5.5%	5.5%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	8.3%	8.3%	8.3%	8.3%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	3.6%	3.6%	3.6%	3.6%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	6.6%	6.6%	6.6%	6.6%

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Percent Change

Exhibit E
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Plan Name	Available To	Plan Type	Rate Region	First Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	11.9%	11.9%	11.9%	11.9%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	11.9%	11.9%	11.9%	11.9%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	11.7%	11.7%	11.7%	11.7%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	11.9%	11.9%	11.9%	11.9%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	11.8%	11.8%	11.8%	11.8%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	11.8%	11.8%	11.8%	11.8%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	11.6%	11.6%	11.6%	11.6%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	11.8%	11.8%	11.8%	11.8%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	12.0%	12.0%	12.0%	12.0%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	12.0%	12.0%	12.0%	12.0%

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Percent Change

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Plan Name	Available To	Plan Type	Rate Region	First Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	11.7%	11.8%	11.8%	11.8%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	11.9%	11.9%	11.9%	11.9%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	12.1%	12.1%	12.1%	12.1%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	14.5%	14.5%	14.5%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	12.1%	12.1%	12.1%	12.1%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	14.5%	14.5%	14.5%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	11.8%	11.8%	11.8%	11.8%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	11.4%	11.4%	11.4%	11.4%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	13.9%	13.9%	13.8%	13.8%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	12.0%	12.0%	12.0%	12.0%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	13.9%	13.9%	13.8%	13.8%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	13.2%	13.2%	13.2%	13.2%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	13.2%	13.2%	13.2%	13.2%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	13.3%	13.3%	13.3%	13.3%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	18.4%	18.4%	18.4%	18.4%

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Percent Change

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Plan Name	Available To	Plan Type	Rate Region	First Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	11.9%	11.9%	11.9%	11.9%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	13.6%	13.6%	13.6%	13.6%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	18.4%	18.4%	18.4%	18.4%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	13.2%	13.2%	13.2%	13.2%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	12.3%	12.3%	12.3%	12.3%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	12.3%	12.3%	12.3%	12.3%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	12.1%	12.1%	12.1%	12.1%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	12.3%	12.3%	12.3%	12.3%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	12.2%	12.2%	12.2%	12.2%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	12.2%	12.2%	12.2%	12.2%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	12.0%	12.0%	12.0%	12.0%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	12.2%	12.2%	12.2%	12.2%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	12.3%	12.3%	12.3%	12.3%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	12.3%	12.3%	12.3%	12.3%

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	12.1%	12.1%	12.1%	12.1%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	12.3%	12.3%	12.3%	12.3%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	12.4%	12.4%	12.4%	12.4%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	14.4%	14.4%	14.4%	14.5%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	12.4%	12.4%	12.4%	12.4%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	14.4%	14.4%	14.4%	14.5%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	12.2%	12.2%	12.2%	12.2%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	11.4%	11.4%	11.4%	11.4%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	13.8%	13.8%	13.8%	13.8%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	12.4%	12.4%	12.4%	12.4%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	13.8%	13.8%	13.8%	13.8%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	13.7%	13.7%	13.7%	13.7%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	13.7%	13.7%	13.7%	13.7%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	13.7%	13.7%	13.7%	13.7%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	18.4%	18.4%	18.4%	18.4%

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Plan Name	Available To	Plan Type	Rate Region	Second Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	11.9%	11.9%	11.9%	11.9%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	14.1%	14.1%	14.1%	14.1%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	18.4%	18.4%	18.4%	18.4%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	13.2%	13.2%	13.2%	13.2%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	12.6%	12.6%	12.6%	12.6%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	12.6%	12.6%	12.6%	12.6%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	12.4%	12.4%	12.4%	12.4%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	12.7%	12.7%	12.7%	12.7%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	12.5%	12.5%	12.5%	12.5%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	12.5%	12.5%	12.5%	12.5%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	12.3%	12.3%	12.3%	12.3%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	12.6%	12.6%	12.6%	12.6%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	12.7%	12.7%	12.7%	12.7%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	12.7%	12.7%	12.7%	12.7%

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	12.4%	12.4%	12.4%	12.4%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	12.7%	12.7%	12.7%	12.7%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	12.8%	12.8%	12.8%	12.8%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	14.4%	14.4%	14.5%	14.5%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	12.8%	12.8%	12.8%	12.8%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	14.4%	14.4%	14.5%	14.5%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	12.5%	12.5%	12.5%	12.5%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	11.4%	11.4%	11.4%	11.4%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	13.8%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	12.8%	12.7%	12.7%	12.8%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	13.8%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	14.1%	14.1%	14.1%	14.1%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	14.1%	14.1%	14.1%	14.1%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	14.1%	14.1%	14.1%	14.1%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	18.4%	18.4%	18.4%	18.4%

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Plan Name	Available To	Plan Type	Rate Region	Third Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	11.9%	11.9%	11.9%	11.9%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	14.6%	14.6%	14.6%	14.6%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	18.4%	18.4%	18.4%	18.4%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	13.2%	13.2%	13.2%	13.2%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%

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Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	12.9%	12.9%	12.9%	12.9%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Central	12.9%	12.9%	12.9%	12.9%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Central	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Central	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	12.7%	12.7%	12.7%	12.7%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	11.0%	11.0%	11.0%	11.0%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Central	13.1%	13.1%	13.1%	13.1%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Central	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Central	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Central	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	12.8%	12.8%	12.8%	12.8%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	East	12.8%	12.8%	12.8%	12.8%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	East	14.9%	14.9%	14.9%	14.9%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	10.6%	10.6%	10.6%	10.6%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	East	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	East	12.7%	12.7%	12.7%	12.7%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	East	13.0%	13.0%	13.0%	13.0%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	East	14.7%	14.7%	14.7%	14.7%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	East	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	East	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	13.0%	13.0%	13.0%	13.0%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	13.0%	13.0%	13.0%	13.0%

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Percent Change

Exhibit E
Version 7/11/2011

Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter			
				Single	Double	Parent Child	Family 4T
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Midhudson	14.2%	14.2%	14.2%	14.2%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Midhudson	14.4%	14.4%	14.4%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	12.7%	12.7%	12.7%	12.7%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	11.1%	11.1%	11.1%	11.1%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Midhudson	13.1%	13.1%	13.1%	13.1%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Midhudson	13.9%	13.9%	13.9%	13.9%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	13.1%	13.1%	13.1%	13.1%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	North Country	14.5%	14.5%	14.5%	14.4%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	North Country	13.1%	13.1%	13.1%	13.1%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	North Country	14.8%	14.8%	14.8%	14.8%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	11.5%	11.5%	11.5%	11.5%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	North Country	14.5%	14.5%	14.5%	14.4%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	12.8%	12.8%	12.8%	12.8%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	11.4%	11.4%	11.4%	11.4%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	North Country	13.9%	13.9%	13.8%	13.8%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	North Country	13.1%	13.1%	13.1%	13.1%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	North Country	14.5%	14.5%	14.5%	14.5%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	10.7%	10.7%	10.7%	10.7%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	North Country	13.9%	13.9%	13.8%	13.8%
Healthy NY with Rx NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	14.5%	14.5%	14.5%	14.5%
Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Group	NonGrandfathered Small Groups/Sole Props	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx NG Individuals	NonGrandfathered Individuals	HMO	Rochester	14.5%	14.5%	14.5%	14.5%
Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HMO	Rochester	18.3%	18.3%	18.3%	18.3%
HD Healthy NY with RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	11.7%	11.7%	11.7%	11.7%
HD Healthy NY without RX NG Individuals	NonGrandfathered Individuals	HD HMO	Rochester	16.8%	16.8%	16.8%	16.8%
Healthy NY with Rx GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	14.5%	14.5%	14.5%	14.5%
Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HMO	Rochester	18.4%	18.4%	18.4%	18.4%

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Percent Change

Exhibit E
Version 7/11/2011

Plan Name	Available To	Plan Type	Rate Region	Fourth Quarter			
				Single	Double	Parent Child	Family 4T
HD Healthy NY with RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	11.9%	11.9%	11.9%	11.9%
HD Healthy NY without RX GF Group	Grandfathered Small Groups/Sole Props	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%
Healthy NY with Rx GF Individuals	Grandfathered Individuals	HMO	Rochester	15.1%	15.1%	15.1%	15.1%
Healthy NY without RX GF Individuals	Grandfathered Individuals	HMO	Rochester	18.4%	18.4%	18.4%	18.4%
HD Healthy NY with RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	13.2%	13.2%	13.2%	13.2%
HD Healthy NY without RX GF Individuals	Grandfathered Individuals	HD HMO	Rochester	16.5%	16.5%	16.5%	16.5%

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Medical Riders Current Year Premiums

Exhibit F

Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	First Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Medical Riders Current Year Premiums

Exhibit F

Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	Second Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Medical Riders Current Year Premiums

Exhibit F

Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	Third Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Medical Riders Current Year Premiums

Exhibit F

Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	Fourth Quarter Rates 2012			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Medical Riders Prior Year Premiums

Exhibit G
Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	First Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Medical Riders Prior Year Premiums

Exhibit G
Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	Second Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Medical Riders Prior Year Premiums

Exhibit G
Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	Third Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Medical Riders Prior Year Premiums

Exhibit G
Version 7/11/2011

Rider Name	Benefit Description	Available To	Plan Type	Fourth Quarter Rates 2011			
				Single	Double	Parent Child	Family 4T
HNY8I	Unmarried Dependent Children thru Age 29	Healthy NY Individuals	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%
HNY8S	Unmarried Dependent Children thru Age 29	Healthy NY Small Groups	HMO / HD HMO	0.0%	0.0%	1.0%	1.0%

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Rate Regions

Exhibit
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Central	East	Midhudson	North Country	Rochester
Delaware	Albany	Dutchess	Clinton	Genesee
Broome	Columbia	Orange	Essex	Livingston
Cayuga	Fulton	Putnam	Franklin	Monroe
Chemung *	Greene	Rockland	St. Lawrence	Ontario
Chenango	Hamilton	Sullivan		Orleans
Cortland	Montgomery	Ulster		Seneca
Herkimer	Rensselaer			Steuben
Jefferson	Saratoga			Wayne
Lewis	Schenectady			Wyoming
Madison	Schoharie			Yates
Oneida	Warren			
Onondaga	Washington			
Oswego				
Otsego				
Schuyler *				
Tioga				
Tompkins				

* Pending approval

- MVP's Healthy NY is offered to employers with a total of two or more eligible employees who are
 - a) regular, full time or regular part-time (20 hours a week or more); and
 - b) who are eligible for health insurance benefits
- Only eligible employees who work in MVP's service area are eligible to join.
- There is no minimum enrollment in MVP required in any small group (2 - 50).
- MVP offers four tier (Single/Double/Parent/Family) rates.
- All MVP New York HMO products are community rated.
- MVP's Healthy NY is also offered to individuals
- Eligibility criteria defined by New York State for Healthy NY benefits.
<http://www.ins.state.ny.us/website2/hny/english/hnyec.htm>