

**SERFF Tracking #:**

AETN-128993202

**State Tracking #:**

2013050116

**Company Tracking #:**

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**State:**

New York

**Filing Company:**

Aetna Life Insurance Company

**TOI/Sub-TOI:**

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

**Product Name:**

NY SG ALIC 1Q14-4Q14

**Project Name/Number:**

/

## Rate/Rule Schedule

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NY SG ALIC 1Q14-4Q14

**Project Name/Number:**

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Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
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State: New York  
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only  
 Product Name: NY SG ALIC 1Q14-4Q14  
 Project Name/Number: /

Filing Company: Aetna Life Insurance Company

1		NY SG Rate Manual - ALIC	OffHIXSGEPOGR-96817, OffHIXSGEPOGR-96817- Contra Rider, OffHIXSGEPOGR-96817-Deps Age 29, OffHIXSGEPOGR- 96823, OffHIXSGEPOGR- 96823-Contra Rider, OffHIXSGEPOGR-96823-Deps Age 29, OffHIXSG(EPObronze2500100 %HSAPY)GR-96823-SB, OffHIXSG(EPOBronze350050 %)GR-96817-SB, OffHIXSG(EPOBronze350060 %HSAPY)GR-96823-SB, OffHIXSG(EPOBronze400080 %)GR-96817-SB, OffHIXSG(EPOBronze500060 %)GR-96817-SB, OffHIXSG(EPOBronze500010 0%HSAPY)GR-96823-SB, OffHIXSG(EPOGold100090%) GR-96817-SB, OffHIXSG(EPOSilver200060% )GR-96817-SB, OffHIXSG(EPOSilver200080% HSAPY)GR-96823-SB, OffHIXSG(EPOSilver200090% )GR-96817-SB, OffHIXSG(EPOSilver300070% )GR-96817-SB, OffHIXSGOAMCGR-96819, OffHIXSGOAMCGR-96819 -Contra Rider, OffHIXSGOAMCGR-96819- Deps Age 29, OffHIXSGOAMCGR-96824, OffHIXSGOAMCGR-96824 -Contra Rider, OffHIXSGOAMCGR-96824- Deps Age 29, OffHIXSG(OAMCSilver80%/60 %HSAPY)GR-96824-SB, OffHIXSG(OAMCSilver80%/60 %)GR-96819-SB, OffHIXSGINDEMGR-96820, OffHIXSGINDEMGR-96820-	New		NY SG Rate Manual ALIC - 07-15- 2013_Part1.pdf, NY SG Rate Manual ALIC - 07-15- 2013_Part2.pdf, NY SG Rate Manual ALIC - 07-15- 2013_Part3.pdf, NY SG Rate Manual ALIC - 07-15- 2013_Part4.pdf,
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SERFF Tracking #:

AETN-128993202

State Tracking #:

2013050116

Company Tracking #:

State:

New York

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

NY SG ALIC 1Q14-4Q14

Project Name/Number:

/

			Contra Rider, OffHIXSGINDEMGR-96820- Deps Age 29, OffHIXSG(IndemSilver250080 )GR-96820-SB			
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**Aetna Life Insurance Company  
New York Small Group**

**Premium Rate Manual**

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**Aetna Life Insurance Company  
New York Small Group**

**Premium Rate Manual**

**General**

This rate manual contains worksheets and instructions for calculating the community rates for the New York Small Group Plans available from Aetna Life Insurance Company. It is in accordance with Insurance Law Section 3231 (d) Rate Applications and includes rates for our new products that will be offered effective January 1, 2014.

**Aetna Life Insurance Company  
New York Small Group**

**Premium Rate Manual**

The following Steps are used to calculate premium rates.

**1. 2014 Base Rate**

<b>Silver Index Premium Rate</b>
\$482.66

**2. Plan Pricing Values**

Plan Relativity Factor Table – rate factor for each unique plan design.

Base Rate x Plan Relativity Factor = Rate for Unique Plan

The product identifier will identify the plan. For each product identifier, there will be a rate relativity factor.

The plan factors shown on page C-1 – C4 reflect the pricing differential for each product.

**3. Standardized Rating Region**

Below is the NY SG rating area factor table - Rate factor to reflect differences in cost by geographic area. Base Rate x Plan Relativity Factor x Area Factor = Rate for that Plan for that Rating Area. The rating regions listed below are based on the required ACA standardized rating regions.

NYC Community Plan is specifically designed and available for residents who live or work and access health care in the five boroughs of New York City — Manhattan, Bronx, Staten Island, Queens and Brooklyn and therefore is only offered in Region 4.

<b>Rating Region</b>	<b>Counties</b>	<b>Area Factor</b>
Region 1	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	0.82
Region 2	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	0.90
Region 3	Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	0.89
Region 4	Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester	1.00
Region 5	Livingston, Monroe, Ontario, Seneca, Wayne, Yates	0.70
Region 6	Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins	0.79
Region 7	Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	0.82
Region 8	Nassau, Suffolk	1.00

**Aetna Life Insurance Company  
New York Small Group**

**Premium Rate Manual**

4. **Effective Date Factor table** - premium rate level adjustment factor to reflect differences in cost by effective date.

	PPO
	Effective Date Factor
01/01/2014	1.0000
02/01/2014	1.0000
03/01/2014	1.0000
04/01/2014	1.0254
05/01/2014	1.0254
06/01/2014	1.0254
07/01/2014	1.0514
08/01/2014	1.0514
09/01/2014	1.0514
10/01/2014	1.0782
11/01/2014	1.0782
12/01/2014	1.0782

5. **Standardized Census Tiers**

All Aetna New York Individual products will be priced to reflect the tiers and relativities specified by the DFS.

<b>Tier</b>	<b>Relativities</b>
Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Single + Spouse + Child(ren)	2.85

6. **Dependent Age Adjustment Factor**

For subscribers who choose to have the Dependent Up to Age 30 rider, the additional adjustment to the rate is as follows:

Non-Student Age	Student Age	Single	Parent & Child(ren)	Couple	Family
26	26	1.00	1.00	1.00	1.00
30	30	1.03	1.03	1.03	1.03

The rate for an unmarried young adult who chooses coverage under the Young Adult Option would be equal to the rate that would be paid by the young adult's subscriber/parent if that subscriber were billed as a single member.

**Aetna Life Insurance Company  
New York Small Group**

**Premium Rate Manual**

**7. Subscriber Rate**

The subscriber rate is equal to Step 1 x Step 2 x Step 3 x Step 4 or Step 5 x Step 6, rounded to the nearest dollar.

Other coverage adjustment factor - NYC Community Plan adjustment factor(applied to medical rates table)[Factor = .90], which is already build into the NYCCP plan factors in rate manual section C.

**8. Example of Rate Calculations**

Base Rate \* Plan Factor \* Rating Area Factor \* Effective Date factor \* Tier Factor\* Dep Age Adj. Factor

Region 1 with OA MC Silver 2000 80 – January 2014

Single:

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 1.0 * 1.0, 0$ ) = \$392.80

Single with Dependent Up to Age 30 Rider:

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 1.7 * 1.03, 0$ ) = \$404.59

Single + Spouse:

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 2.0 * 1.0, 0$ ) = \$785.61

Single + Spouse with Dependent Up to Age 30 Rider:

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 2.0 * 1.03, 0$ ) = \$809.17

Single + Child(ren):

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 1.7 * 1.0, 0$ ) = \$667.77

Single + Child(ren) with Dependent Up to Age 30 Rider:

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 1.7 * 1.03, 0$ ) = \$687.80

Single + Spouse + Child(ren)

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 2.85 * 1.0, 0$ ) = \$1119.49

Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider:

Round ( $\$482.66 * 0.992479 * 0.82 * 1.0 * 2.85 * 1.03, 0$ ) = \$1153.07

**Aetna Life Insurance Company  
New York Small Group**

**Premium Rate Manual**

Region 8 with OA MC Silver 2000 80 – April 2014

Single:

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 1.0 * 1.0, 0) = \$491.18$

Single with Dependent Up to Age 30 Rider:

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 1.7 * 1.03, 0) = \$505.91$

Single + Spouse:

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 2.0 * 1.0, 0) = \$982.35$

Single + Spouse with Dependent Up to Age 30 Rider:

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 1.7 * 1.03, 0) = \$1011.82$

Single + Child(ren):

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 1.7 * 1.0, 0) = \$835.00$

Single + Child(ren) with Dependent Up to Age 30 Rider:

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 1.7 * 1.03, 0) = \$860.05$

Single + Spouse + Child(ren)

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 2.85 * 1.0, 0) = \$1399.85$

Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider:

Round  $(\$482.66 * 0.992479 * 1.0 * 1.0254 * 2.85 * 1.03, 0) = \$1441.85$

**Aetna Life Insurance Company**  
**New York Small Group PPO Filing**  
**SERFF ID: AETN-128993202**  
**Exhibit B**

**New York Small Group PPO Portfolio | Summary of Benefits**

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**Summary of Benefits Covered**

NY BRONZE OAEPO 2500 100% HSA PY

New York Small Group

Bronze Plan

**Summary of Features** In-Network

<b>Deductible</b>	
Individual	\$2,500
Family	\$5,000
<b>Coinsurance</b> (Member Responsibility)	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$50 per visit after deductible
<b>Specialist Visit</b>	\$75 per visit after deductible
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)	\$1,000/Admit after deductible
<b>Emergency Room Services</b>	\$200 per visit after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$75 per visit after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$75 per visit after deductible
<b>Rehabilitative Speech Therapy</b>	\$75 per visit after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$75 per visit after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$75 per visit after deductible
<b>X-rays and Diagnostic Imaging</b>	\$75 per visit after deductible
<b>Skilled Nursing Facility</b>	\$1,000/Admit after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	\$500 per visit after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	0% after deductible

**Pharmacy** In-Network

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$2,500
Family	\$5,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$55 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?  **HSA/HRA Options** **Narrow Network Options**  
 Apply Inpatient Copay per Day?  HSA/HRA Employer Contribution?  Blended Network/POS Plan?   
 Apply Skilled Nursing Facility Copay per Day?   
 Use Separate OOP Maximum for Medical and Drug Spending?   
 Indicate if Plan Meets CSR Standard?   
 Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$2,500.00	\$2,500.00			
Coinsurance (% Insurer's Cost Share)	100.00%		100.00%			
OOP Maximum (\$)		\$6,250.00	\$6,250.00			
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input type="checkbox"/> All	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 61.2%  
 Metal Tier: Bronze

This product, NY Bronze OAEPO 2500 100% HSA PY, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.2%.

**Summary of Benefits Covered**

NY BRONZE OAEPO 3500 50%

New York Small Group

Bronze Plan

**Summary of Features** **In-Network**

<b>Deductible</b>	
Individual	\$3,500
Family	\$7,000
<b>Coinsurance</b> (Member Responsibility)	50%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,800
Family	\$11,600
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	50% after deductible
<b>Specialist Visit</b>	50% after deductible
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)	50% after deductible
<b>Emergency Room Services</b>	50% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	50% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	50% after deductible
<b>Rehabilitative Speech Therapy</b>	50% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	50% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	50% after deductible
<b>X-rays and Diagnostic Imaging</b>	50% after deductible
<b>Skilled Nursing Facility</b>	50% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	50% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	50% after deductible

**Pharmacy** **In-Network**

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$3,500
Family	\$7,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$3,500.00	\$3,500.00			
Coinsurance (%; Insurer's Cost Share)			50.00%			
OOP Maximum (\$)		\$5,800.00	\$5,800.00			
OOP Maximum if Separate (\$)	\$5,800.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/>	Coinsurance, if different	Copay, if separate	Subject to Deductible <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/>	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?    
 Specialty Rx Coinsurance Maximum: \$750   
 Set a Maximum Number of Days for Charging an IP Copay?    
 # Days (1-10):   
 Begin Primary Care Cost-Sharing After a Set Number of Visits?    
 # Visits (1-10):   
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?    
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.   
 Actuarial Value: 61.9%   
 Metal Tier: Bronze

This product, NY Bronze OAEPO 3500 50%, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.9%.

**Summary of Benefits Covered**

NY BRONZE OAEPO 3500 60% HSA PY

New York Small Group

Bronze Plan

**Summary of Features** In-Network

<b>Deductible</b>	
Individual	\$3,500
Family	\$7,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	40% after deductible
<b>Specialist Visit</b>	40% after deductible
<b>All Inpatient Hospital Services</b>  <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	40% after deductible
<b>Emergency Room Services</b>	40% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	40% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	40% after deductible
<b>Rehabilitative Speech Therapy</b>	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	40% after deductible
<b>Skilled Nursing Facility</b>	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	40% after deductible

**Pharmacy** In-Network

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$3,500
Family	\$7,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$3,500.00	\$3,500.00			
Coinsurance (% Insurer's Cost Share)			59.68%			
OOP Maximum (\$)		\$6,250.00	\$6,250.00			
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, e, if	Copay, if separate	Subject to	Subject to Coinsurance	Coinsurance, e, if	Copay, if separate
<b>Medical</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Genetics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful  
 Actuarial Value: 61.0%  
 Metal Tier: Bronze

This product, NY Bronze OAEPO 3500 60% HSA PY, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.0%

**Summary of Benefits Covered**

NY BRONZE OAEPO 4000 80%

New York Small Group

Bronze Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$4,000
Family	\$8,000
<b>Coinsurance</b> (Member Responsibility)	20%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,000
Family	\$12,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$25 per visit after deductible
<b>Specialist Visit</b>	20% after deductible
<b>All Inpatient Hospital Services</b>	
(includes Mental/Behavioral Health and Substance Abuse)	20% after deductible
<b>Emergency Room Services</b>	20% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	20% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	20% after deductible
<b>Rehabilitative Speech Therapy</b>	20% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	20% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	20% after deductible
<b>X-rays and Diagnostic Imaging</b>	20% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	(Integrated with plan deductible) \$4,000
Family	\$8,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

NY BRONZE OAEPO 4000 80%

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$4,000.00	\$4,000.00			
Coinsurance (%; Insurer's Cost Share)			78.99%			
OOP Maximum (\$)		\$6,000.00	\$6,000.00			
OOP Maximum if Separate (\$)	\$6,000.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/>	Coinsurance, if different	Copay, if separate	Subject to Deductible <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/>	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750  
 Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):  
 Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 61.3%

Metal Tier: Bronze

This product, NY Bronze OAEPO 4000 80%, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.3%.

**Summary of Benefits Covered**

NY BRONZE OAEPO 5000 100% HSA PY

New York Small Group

Bronze Plan

**Summary of Features** In-Network

<b>Deductible</b>	
Individual	\$5,000
Family	\$10,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	0% after deductible
<b>Specialist Visit</b>	0% after deductible
<b>All Inpatient Hospital Services</b>  <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
<b>Emergency Room Services</b>	0% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	0% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	0% after deductible
<b>Rehabilitative Speech Therapy</b>	0% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	0% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	0% after deductible
<b>X-rays and Diagnostic Imaging</b>	0% after deductible
<b>Skilled Nursing Facility</b>	0% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	0% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	0% after deductible

**Pharmacy** In-Network

<b>Pharmacy Deductible</b>	
Individual	<i>(Integrated with plan deductible)</i> \$5,000
Family	\$10,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>	
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>				
Desired Metal Tier	Bronze				

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$5,000.00	\$5,000.00			
Coinsurance (% Insurer's Cost Share)	100.00%		100.00%			
OOP Maximum (\$)		\$6,250.00	\$6,250.00			
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00				

  

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to Coinsurance	Coinsurance, if	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

  

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

  

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.6%

Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 100% HSA PY satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.6%.

**Summary of Benefits Covered**

NY BRONZE OAEPO 5000 60%

New York Small Group

Bronze Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$5,000
Family	\$10,000
<b>Coinsurance</b> (Member Responsibility)	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$50 per visit
<b>Specialist Visit</b>	40% after deductible
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	40% after deductible
<b>Emergency Room Services</b>	40% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	40%
<b>Imaging (CT/PET Scans, MRIs)</b>	40% after deductible
<b>Rehabilitative Speech Therapy</b>	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	40% after deductible
<b>Skilled Nursing Facility</b>	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	40% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	(Integrated with plan deductible) \$5,000
Family	\$10,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	50% if no GE available
<b>Non-Preferred Brand Drugs</b>	Not Covered
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$5,000.00	\$5,000.00
Coinsurance (% Insurer's Cost Share)			58.18%
OOP Maximum (\$)	\$6,250.00		\$6,250.00
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00	

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

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

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

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 61.4%  
 Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 60% satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.4%.

**Summary of Benefits Covered**

NY SILVER INDEMNITY 2500 80%

New York Small Group

Silver Plan

**Summary of Features** In-Network Out-of-Network

	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	N/A	\$2,500
Family		\$5,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>		20%
	<i>50 once out-of-pocket max. is satisfied</i>	
<b>Out-of-Pocket Maximum</b>		
Individual	N/A	\$5,500
Family		\$11,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	N/A	20% after deductible
<b>Specialist Visit</b>		20% after deductible
<b>All Inpatient Hospital Services</b>  <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		20% after deductible
<b>Emergency Room Services</b>		20% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>		20% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		20% after deductible
<b>Rehabilitative Speech Therapy</b>		20% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>		20% after deductible
<b>Preventive Care/Screening/Immunization</b>		0%
<b>Laboratory Outpatient and Professional Services</b>		20% after deductible
<b>X-rays and Diagnostic Imaging</b>		20% after deductible
<b>Skilled Nursing Facility</b>		20% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>		20% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>		20% after deductible

**Pharmacy** In-Network Out-of-Network

	In-Network	Out-of-Network
<b>Pharmacy Deductible</b>		
Individual	\$0	\$0
Family	\$0	\$0
<b>Generics</b>	\$10 copay	\$10 copay + 30%
<b>Preferred Brand Drugs</b>	\$50 copay	\$50 + 30%
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	50% up to \$750 + 30%
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.	Same as applicable INN tier cost share + 30%

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00	\$2,500.00			
Coinsurance (%; Insurer's Cost Share)	80.00%	80.00%				
OOP Maximum (\$)	\$5,500.00		\$5,500.00			
OOP Maximum if Separate (\$)	\$5,500.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input type="checkbox"/> All	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/> All	<input type="checkbox"/> All		\$10.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful  
 Actuarial Value: 68.6%  
 Metal Tier: Silver

This product, NY Silver Indemnity 2500 80% satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.6%.

**Summary of Benefits Covered**

NY SILVER OAEPO 2000 60%

New York Small Group

Silver Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,500
Family	\$11,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	\$30 per visit
<b>Specialist Visit</b>	\$50 per visit
<b>All Inpatient Hospital Services</b>  <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	40% after deductible
<b>Emergency Room Services</b>	\$200 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$50 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	40% after deductible
<b>Rehabilitative Speech Therapy</b>	\$50 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$50 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$50 per visit
<b>X-rays and Diagnostic Imaging</b>	40% after deductible
<b>Skilled Nursing Facility</b>	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	40% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$2,000.00			
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%				
OOP Maximum (\$)	\$5,500.00		\$5,500.00			
OOP Maximum if Separate (\$)	\$5,500.00	\$0.00				

  

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> AI	<input type="checkbox"/> AI			<input type="checkbox"/> AI	<input type="checkbox"/> AI		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> AI	<input type="checkbox"/> AI			<input checked="" type="checkbox"/> AI	<input checked="" type="checkbox"/> AI		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

  

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750  
 Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):  
 Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful  
 Actuarial Value: 71.8%  
 Metal Tier: Silver

This product, NY SILVER OAEPO 2000 60%, satisfies the HHS guidelines a Silver plan with an Actuarial Value of 71.8%

**Summary of Benefits Covered**

NY SILVER OAEPO 2000 80% HSA PY

New York Small Group

Silver Plan

**Summary of Features** In-Network

<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Coinsurance</b> (Member Responsibility)	20%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,000
Family	\$10,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	20% after deductible
<b>Specialist Visit</b>	20% after deductible
<b>All Inpatient Hospital Services</b>	
(includes Mental/Behavioral Health and Substance Abuse)	20% after deductible
<b>Emergency Room Services</b>	20% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	20% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	20% after deductible
<b>Rehabilitative Speech Therapy</b>	20% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	20% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	20% after deductible
<b>X-rays and Diagnostic Imaging</b>	20% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible

**Pharmacy** In-Network

<b>Pharmacy Deductible</b>	
Individual	(Integrated with plan deductible) \$2,000
Family	\$4,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$2,000.00	\$2,000.00			
Coinsurance (% Insurer's Cost Share)			78.87%			
OOP Maximum (\$)		\$5,000.00	\$5,000.00			
OOP Maximum if Separate (\$)	\$5,000.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-30):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-30):

**Output**

Status/Error Messages: Calculation Successful  
 Actuarial Value: 68.0%  
 Metal Tier: Silver

This product, NY Silver OAEPO 2000 80% HSA PY, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.0%

**Summary of Benefits Covered**

NY SILVER OAEPO 2000 90%

New York Small Group

Silver Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	10%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,800
Family	\$11,600
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	\$30 per visit
<b>Specialist Visit</b>	\$50 per visit
<b>All Inpatient Hospital Services</b>	
<i>(includes Mental/Behavioral Health and Substance Abuse)</i>	10% after deductible
<b>Emergency Room Services</b>	\$200 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$50 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	10% after deductible
<b>Rehabilitative Speech Therapy</b>	\$50 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$50 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$50 per visit
<b>X-rays and Diagnostic Imaging</b>	10% after deductible
<b>Skilled Nursing Facility</b>	10% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	10% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	10% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

### User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	50.00	\$2,000.00			
Coinsurance (%; Insurer's Cost Share)	90.00%	50.00%				
OOP Maximum (\$)	\$5,800.00		\$5,800.00			
OOP Maximum if Separate (\$)	\$5,800.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/> All	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible <input type="checkbox"/> All	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/> All	<input type="checkbox"/> All		\$10.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 72.0%

Metal Tier: Silver

This product, NY Silver OAEPO 2000 90% satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 72.0%.

**Summary of Benefits Covered**

NY SILVER OAEPO 3000 70%

New York Small Group

Silver Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$3,000
Family	\$6,000
<b>Coinsurance</b> (Member Responsibility)	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$50 per visit
<b>Specialist Visit</b>	\$75 per visit
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	30% after deductible
<b>Emergency Room Services</b>	\$200 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$75 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	30% after deductible
<b>Rehabilitative Speech Therapy</b>	\$75 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$75 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$75 per visit
<b>X-rays and Diagnostic Imaging</b>	30% after deductible
<b>Skilled Nursing Facility</b>	30% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	30% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	30% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	\$3,000.00
Coinsurance (%; Insurer's Cost Share)	70.00%	50.00%	
OOP Maximum (\$)	\$6,250.00		\$6,250.00
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00	

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

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 68.3%  
 Metal Tier: Silver

This product, NY Silver OAEPO 3000 70%, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.3%.

**Summary of Benefits Covered**

NY SILVER OAMC 2000 80/60

New York Small Group

Silver Plan

**Summary of Features**

	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Out-of-Pocket Maximum</b>		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	\$40 per visit	40% after deductible
<b>Specialist Visit</b>	\$60 per visit after deductible	40% after deductible
<b>All Inpatient Hospital Services</b> <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	20% after deductible	40% after deductible
<b>Emergency Room Services</b>	\$200 per visit	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$60 per visit	40% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$60 per visit after deductible	40% after deductible
<b>Rehabilitative Speech Therapy</b>	\$60 per visit after deductible	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$60 per visit after deductible	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%	40% after deductible
<b>Laboratory Outpatient and Professional Services</b>	\$60 per visit after deductible	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	\$60 per visit after deductible	40% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible	40% after deductible

**Pharmacy**

	In-Network	Out-of-Network
<b>Pharmacy Deductible</b>		
Individual	\$0	\$0
Family	\$0	\$0
<b>Generics</b>	\$10 copay	\$10 copay + 30%
<b>Preferred Brand Drugs</b>	\$50 copay	\$50 copay + 30%
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	50% up to \$750 + 30%
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.	Same as INN applicable tier cost share + 30%

\*Pediatric dental benefits are included in the above plan.

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Silver

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00
Coinsurance (% Insurer's Cost Share)	80.00%	50.00%			
OOP Maximum (\$)	\$6,000.00	\$6,000.00			
OOP Maximum if Separate (\$)	\$6,000.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?   
Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?   
# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?   
# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
# Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.  
Actuarial Value: 68.8%  
Metal Tier: Silver

This product, NY Silver OAMC 2000 80/60 satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.8%

**Summary of Benefits Covered**

NY SILVER OAMC 2000 80/60 HSA PY

New York Small Group

Silver Plan

**Summary of Features**

	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>All cost sharing accumulates to the Out-of-Pocket Maximum above</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	20% after deductible	40% after deductible
<b>Specialist Visit</b>	20% after deductible	40% after deductible
<b>All Inpatient Hospital Services</b> <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	20% after deductible	40% after deductible
<b>Emergency Room Services</b>	20% after deductible	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	20% after deductible	40% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	20% after deductible	40% after deductible
<b>Rehabilitative Speech Therapy</b>	20% after deductible	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	20% after deductible	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%	40% after deductible
<b>Laboratory Outpatient and Professional Services</b>	20% after deductible	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	20% after deductible	40% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible	40% after deductible

**Pharmacy**

	In-Network	Out-of-Network
<b>Pharmacy Deductible</b>		
Individual	<i>(Integrated with plan deductible)</i> \$2,000	<i>(Integrated with plan deductible)</i> \$4,000
Family	\$4,000	\$8,000
<b>Generics</b>	\$10 copay	\$10 copay + 30%
<b>Preferred Brand Drugs</b>	\$50 copay	\$50 copay + 30%
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	50% up to \$750 + 30%
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share	Same as applicable INN tier cost share + 30%

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

#### User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>	
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>		Blended Network/PDS Plan? <input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>				
Desired Metal Tier	Silver				

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$2,000.00	\$2,000.00			
Coinsurance (% Insurer's Cost Share)			78.67%			
OOP Maximum (\$)		\$5,000.00	\$5,000.00			
OOP Maximum if Separate (\$)	\$5,000.00	\$10.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to Coinsurance	Coinsurance, if	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$10.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

#### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-30):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

#### Output

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 68.0%

Metal Tier: Silver

This product, NY SILVER OAMC 2000 80/60 HSA PY, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.0%

**Summary of Benefits Covered**

NY GOLD OAEPO 1000 90%

New York Small Group

Gold Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$1,000
Family	\$2,000
<b>Coinsurance</b> (Member Responsibility)	10%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$3,000
Family	\$6,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$30 per visit
<b>Specialist Visit</b>	\$50 per visit
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)	10% after deductible
<b>Emergency Room Services</b>	\$150 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$50 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	10% after deductible
<b>Rehabilitative Speech Therapy</b>	\$50 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$50 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	10% after deductible
<b>X-rays and Diagnostic Imaging</b>	10% after deductible
<b>Skilled Nursing Facility</b>	10% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	10% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	10% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	\$1,000.00			
Coinsurance (%; Insurer's Cost Share)	90.00%	\$0.00%				
OOP Maximum (\$)	\$3,000.00		\$3,000.00			
OOP Maximum if Separate (\$)	\$3,000.00	\$0.00				

  

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input checked="" type="checkbox"/> All	Subject to Coinsurance <input checked="" type="checkbox"/> All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/> All	<input type="checkbox"/> All		\$10.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

  

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

  

**Output**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 79.3%

Metal Tier: Gold

This product, NY Gold OAEPO 1000 90%, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.3%.

**Summary of Benefits Covered**

NY PLATINUM NYC COMMUNITY PLANSM \$20

New York Small Group

Platinum Plan

**Summary of Features** Referred Self-Referred

Summary of Features	Referred	Self-Referred
<b>Deductible</b>		
Individual	N/A	\$5,000
Family	N/A	\$10,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	N/A	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Out-of-Pocket Maximum</b>		
Individual	\$1,000	\$5,250
Family	\$2,000	\$10,500
	<i>All cost sharing applies to the Out-of-Pocket Maximums above. \$0 once out-of-pocket max is satisfied</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	\$20 per visit	30% after deductible
<b>Specialist Visit</b>	\$35 per visit	30% after deductible
<b>All Inpatient Hospital Services</b> <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$500/Admit	30% after deductible
<b>Emergency Room Services</b>	\$100 per visit	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$35 per visit	30% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$35 per visit	30% after deductible
<b>Rehabilitative Speech Therapy</b>	\$35 per visit	30% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$35 per visit	30% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%	30% after deductible
<b>Laboratory Outpatient and Professional Services</b>	0%	30% after deductible
<b>X-rays and Diagnostic Imaging</b>	\$35 per visit	30% after deductible
<b>Skilled Nursing Facility</b>	\$500/Admit	30% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	\$150 per visit	30% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	0%	30% after deductible

**Pharmacy** Referred Self-Referred

Pharmacy	Referred	Self-Referred
<b>Pharmacy Deductible</b>		
Individual	N/A	N/A
Family	N/A	N/A
<b>Generics</b>	\$10 copay	
<b>Preferred Brand Drugs</b>	\$50 copay	
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.	

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	92%
		2nd Tier Utilization:	8%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$5,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	50.00%	70.00%	50.00%	
GOP Maximum (\$)	\$1,000.00		\$5,250.00		
GOP Maximum if Separate (\$)	\$1,000.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00
All Inpatient Hospital Services (inc. MSHA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$750

Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 89.3%

Metal Tier: Platinum

This product, NY Platinum NYC Community PlanSM \$20 satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 89.3%.

**Summary of Benefits Covered**

NY PLATINUM NYC COMMUNITY PLANSM \$30

New York Small Group

Platinum Plan

**Summary of Features** Referred Self-Referred

	Referred	Self-Referred
<b>Deductible</b>		
Individual	N/A	\$5,000
Family	N/A	\$10,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	N/A	30%
<b>Out-of-Pocket Maximum</b>	<i>\$0 once out-of-pocket max. is satisfied</i>	
Individual	\$1,000	\$5,250
Family	\$2,000	\$10,500
	<i>All cost sharing applies to the Out-of-Pocket Maximums above. \$0 once out-of-pocket max is satisfied</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	\$30 per visit	30% after deductible
<b>Specialist Visit</b>	\$50 per visit	30% after deductible
<b>All Inpatient Hospital Services</b> <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$1,000/Admit	30% after deductible
<b>Emergency Room Services</b>	\$150 per visit	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$50 per visit	30% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$50 per visit	30% after deductible
<b>Rehabilitative Speech Therapy</b>	\$50 per visit	30% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$50 per visit	30% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%	30% after deductible
<b>Laboratory Outpatient and Professional Services</b>	0%	30% after deductible
<b>X-rays and Diagnostic Imaging</b>	\$50 per visit	30% after deductible
<b>Skilled Nursing Facility</b>	\$1,000/Admit	30% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	\$150 per visit	30% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	0%	30% after deductible

**Pharmacy** Referred Self-Referred

	Referred	Self-Referred
<b>Pharmacy Deductible</b>		
Individual	N/A	N/A
Family	N/A	N/A
<b>Generics</b>	\$10 copay	
<b>Preferred Brand Drugs</b>	\$50 copay	
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.	

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	92%
		2nd Tier Utilization:	8%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$5,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	50.00%	70.00%	50.00%	
OOP Maximum (\$)	\$1,000.00		\$5,250.00		
OOP Maximum (if Separate (\$)	\$1,000.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$750

Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 88.7%

Metal Tier: Platinum

This product, NY Platinum NYC Community PlanSM \$30 satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.7%.

**Summary of Benefits Covered**

**NY BRONZE OAEPO 2500 100% HSA PY RE**

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

**New York Small Group**

Bronze Plan

**Summary of Features** **In-Network**

<b>Deductible</b>	
Individual	\$2,500
Family	\$5,000
<b>Coinsurance</b> (Member Responsibility)	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or illness</b> (excludes Preventative and X-rays)	\$50 per visit after deductible
<b>Specialist Visit</b>	\$75 per visit after deductible
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)	\$1,000/Admit after deductible
<b>Emergency Room Services</b>	\$200 per visit after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$75 per visit after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$75 per visit after deductible
<b>Rehabilitative Speech Therapy</b>	\$75 per visit after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$75 per visit after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$75 per visit after deductible
<b>X-rays and Diagnostic Imaging</b>	\$75 per visit after deductible
<b>Skilled Nursing Facility</b>	\$1,000/Admit after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	\$500 per visit after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	0% after deductible

**Pharmacy** **In-Network**

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$2,500
Family	\$5,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$55 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$2,500.00	\$2,500.00			
Coinsurance (% , Insurer's Cost Share)	100.00%		100.00%			
OOP Maximum (\$)	\$6,250.00		\$6,250.00			
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00				

  

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/> AB	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input checked="" type="checkbox"/> AB	Subject to Coinsurance <input checked="" type="checkbox"/> AB	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	89%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input checked="" type="checkbox"/> AI	<input type="checkbox"/> AB		\$10.00	<input checked="" type="checkbox"/> AI	<input checked="" type="checkbox"/> AB		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

  

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

  

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 61.2%

Metal Tier: Bronze

This product, NY Bronze OAEPO 2500 100% HSA PY RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.2%.

**Summary of Benefits Covered**

NY BRONZE OAEPO 3500 50% RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Bronze Plan

Summary of Features		In-Network
<b>Deductible</b>		
Individual		\$3,500
Family		\$7,000
<b>Coinsurance</b> (Member Responsibility)		50%
		<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>		
Individual		\$5,800
Family		\$11,600
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)		50% after deductible
<b>Specialist Visit</b>		50% after deductible
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)		50% after deductible
<b>Emergency Room Services</b>		50% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>		50% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		50% after deductible
<b>Rehabilitative Speech Therapy</b>		50% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>		50% after deductible
<b>Preventive Care/Screening/Immunization</b>		0%
<b>Laboratory Outpatient and Professional Services</b>		50% after deductible
<b>X-rays and Diagnostic Imaging</b>		50% after deductible
<b>Skilled Nursing Facility</b>		50% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>		50% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>		50% after deductible

Pharmacy		In-Network
<b>Pharmacy Deductible</b>		
Individual		(Integrated with plan deductible) \$3,500
Family		\$7,000
<b>Generics</b>		\$10 copay
<b>Preferred Brand Drugs</b>		\$50 copay
<b>Non-Preferred Brand Drugs</b>		50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>		Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$3,500.00	\$3,500.00			
Coinsurance (%; Insurer's Cost Share)			50.00%			
OOP Maximum (\$)		\$5,800.00	\$5,800.00			
OOP Maximum if Separate (\$)	\$5,800.00	\$0.00				

  

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/> All	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input checked="" type="checkbox"/> All	Subject to Coinsurance <input checked="" type="checkbox"/> All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

  

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750  
 Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):  
 Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output:**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 61.9%

Metal Tier: Bronze

This product, NY Bronze OAEPO 3500 50% RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.9%.

**Summary of Benefits Covered**

NY BRONZE OAEPO 3500 60% HSA PY RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Bronze Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$3,500
Family	\$7,000
<b>Coinsurance</b> (Member Responsibility)	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	40% after deductible
<b>Specialist Visit</b>	40% after deductible
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	40% after deductible
<b>Emergency Room Services</b>	40% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	40% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	40% after deductible
<b>Rehabilitative Speech Therapy</b>	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	40% after deductible
<b>Skilled Nursing Facility</b>	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	40% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$3,500
Family	\$7,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$3,500.00			
Coinsurance (%; Insurer's Cost Share)					59.68%
OOP Maximum (\$)	\$6,250.00	\$6,250.00			
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, e, if	Copay, if separate	Subject to	Subject to Coinsurance	Coinsurance, e, if	Copay, if separate
<b>Medical</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful  
 Actuarial Value: 61.0%  
 Metal Tier: Bronze

This product, NY Bronze OAEPO 3500 60% HSA PY RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.0%

**Summary of Benefits Covered**

**NY BRONZE OAEPO 4000 80% RE**

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

**New York Small Group**

Bronze Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$4,000
Family	\$8,000
<b>Coinsurance</b> (Member Responsibility)	20%
<b>Out-of-Pocket Maximum</b>	\$0 once out-of-pocket max. is satisfied
Individual	\$6,000
Family	\$12,000
	All cost sharing accumulates to the Out of Pocket Maximum above
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$25 per visit after deductible
<b>Specialist Visit</b>	20% after deductible
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	20% after deductible
<b>Emergency Room Services</b>	20% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	20% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	20% after deductible
<b>Rehabilitative Speech Therapy</b>	20% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	20% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	20% after deductible
<b>X-rays and Diagnostic Imaging</b>	20% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$4,000
Family	\$8,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$4,000.00	\$4,000.00			
Coinsurance (%; Insurer's Cost Share)			78.99%			
OOP Maximum (\$)		\$6,000.00	\$6,000.00			
OOP Maximum if Separate (\$)	\$6,000.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/>	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input checked="" type="checkbox"/>	Subject to Coinsurance <input checked="" type="checkbox"/>	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750  
 Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):  
 Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 61.3%

Metal Tier: Bronze

This product, NY Bronze OAEPO 4000 80% RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.3%.

**Summary of Benefits Covered**

NY BRONZE OAEPO 5000 100% HSA PY RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Bronze Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$5,000
Family	\$10,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	0%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	0% after deductible
<b>Specialist Visit</b>	0% after deductible
<b>All Inpatient Hospital Services</b>  <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
<b>Emergency Room Services</b>	0% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	0% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	0% after deductible
<b>Rehabilitative Speech Therapy</b>	0% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	0% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	0% after deductible
<b>X-rays and Diagnostic Imaging</b>	0% after deductible
<b>Skilled Nursing Facility</b>	0% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	0% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	0% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$5,000
Family	\$10,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$5,000.00	\$5,000.00			
Coinsurance (%; Insurer's Cost Share)	100.00%		100.00%			
OOP Maximum (\$)	\$6,250.00		\$6,250.00			
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to Coinsurance	Coinsurance, if	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.6%

Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 100% HSA PY RE satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.6%.

**Summary of Benefits Covered**

**NY BRONZE OAEPO 5000 60% RE**

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

**New York Small Group**

Bronze Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$5,000
Family	\$10,000
<b>Coinsurance</b> (Member Responsibility)	40%
<b>Out-of-Pocket Maximum</b>	\$0 once out-of-pocket max. is satisfied
Individual	\$6,250
Family	\$12,500
	All cost sharing accumulates to the Out of Pocket Maximum above
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$50 per visit
<b>Specialist Visit</b>	40% after deductible
<b>All Inpatient Hospital Services</b>	
(includes Mental/Behavioral Health and Substance Abuse)	40% after deductible
<b>Emergency Room Services</b>	40% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	40%
<b>Imaging (CT/PET Scans, MRIs)</b>	40% after deductible
<b>Rehabilitative Speech Therapy</b>	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	40% after deductible
<b>Skilled Nursing Facility</b>	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	40% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	(Integrated with plan deductible)
Family	\$5,000
	\$10,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	50% if no GE available
<b>Non-Preferred Brand Drugs</b>	Not Covered
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$5,000.00			
Coinsurance (% Insurer's Cost Share)		58.18%			
OOP Maximum (\$)	\$6,250.00	\$6,250.00			
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible? <input type="checkbox"/>	Subject to Coinsurance <input type="checkbox"/> AS	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input type="checkbox"/> AS	Subject to Coinsurance <input type="checkbox"/> AS	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 61.4%

Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 60% RE satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.4%.

**Summary of Benefits Covered**

**NY SILVER INDEMNITY 2500 80% RE**

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

**New York Small Group**

Silver Plan

Summary of Features	In-Network	Out-of-Network
<b>Deductible</b>	N/A	\$2,500
Individual		\$5,000
Family		
<b>Coinsurance</b> <i>(Member Responsibility)</i>		20%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Out-of-Pocket Maximum</b>	N/A	\$5,500
Individual		\$11,000
Family		
	<i>All cost sharing accumulates to the Out of Pocket Maximum above.</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	N/A	20% after deductible
<b>Specialist Visit</b>		20% after deductible
<b>All Inpatient Hospital Services</b>  <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		20% after deductible
<b>Emergency Room Services</b>		20% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>		20% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		20% after deductible
<b>Rehabilitative Speech Therapy</b>		20% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>		20% after deductible
<b>Preventive Care/Screening/Immunization</b>		0%
<b>Laboratory Outpatient and Professional Services</b>		20% after deductible
<b>X-rays and Diagnostic Imaging</b>		20% after deductible
<b>Skilled Nursing Facility</b>		20% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>		20% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>		20% after deductible

Pharmacy	In-Network	Out-of-Network
<b>Pharmacy Deductible</b>		
Individual	\$0	\$0
Family	\$0	\$0
<b>Generics</b>	\$10 copay	\$10 copay + 30%
<b>Preferred Brand Drugs</b>	\$50 copay	\$50 + 30%
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	50% up to \$750 + 30%
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.	Same as applicable INN tier cost share + 30%

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00	\$2,500.00
Coinsurance (% Insurer's Cost Share)	80.00%	50.00%	
OOP Maximum (\$)	\$5,500.00		\$5,500.00
OOP Maximum if Separate (\$)	\$5,500.00	\$0.00	

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

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance All	Coinsurance, if different	Copay, if separate	Subject to Deductible All	Subject to Coinsurance All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 68.6%

Metal Tier: Silver

This product, NY Silver Indemnity 2500 80% RE satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.6%.

**Summary of Benefits Covered**

NY SILVER OAEPO 2000 60% RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Silver Plan

Summary of Features	In-Network
<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Coinsurance</b> (Member Responsibility)	40%
	\$0 once out-of-pocket max. is satisfied
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,500
Family	\$11,000
	All cost sharing accumulates to the Out of Pocket Maximum above
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$30 per visit
<b>Specialist Visit</b>	\$50 per visit
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	40% after deductible
<b>Emergency Room Services</b>	\$200 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$50 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	40% after deductible
<b>Rehabilitative Speech Therapy</b>	\$50 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$50 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$50 per visit
<b>X-rays and Diagnostic Imaging</b>	40% after deductible
<b>Skilled Nursing Facility</b>	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	40% after deductible

Pharmacy	In-Network
<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$2,000.00		
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%			
OOP Maximum (\$)	\$5,500.00				
OOP Maximum if Separate (\$)	\$5,500.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750  
 Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):  
 Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):  
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful  
 Actuarial Value: 71.8%  
 Metal Tier: Silver

This product, NY SILVER OAEPO 2000 60% RE, satisfies the HHS guidelines a Silver plan with an Actuarial Value of 71.8%

**Summary of Benefits Covered**

NY SILVER OAEPO 2000 80% HSA PY RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Silver Plan

**Summary of Features** In-Network

<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Coinsurance</b> (Member Responsibility)	20%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,000
Family	\$10,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	20% after deductible
<b>Specialist Visit</b>	20% after deductible
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	20% after deductible
<b>Emergency Room Services</b>	20% after deductible
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	20% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	20% after deductible
<b>Rehabilitative Speech Therapy</b>	20% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	20% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	20% after deductible
<b>X-rays and Diagnostic Imaging</b>	20% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible

**Pharmacy** In-Network

<b>Pharmacy Deductible</b>	(Integrated with plan deductible)
Individual	\$2,000
Family	\$4,000
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier:

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

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$2,000.00	\$2,000.00			
Coinsurance (%; Insurer's Cost Share)			76-87%			
OOP Maximum (\$)		\$5,000.00	\$5,000.00			
OOP Maximum if Separate (\$)	\$5,000.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?   
 # Days (1-30):

Begin Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-30):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-30):

**Output**

Calculate

Status/Error Messages: Calculation Successful

Actuarial Value: 68.0%

Metal Tier: Silver

This product, NY Silver OAEPO 2000 80% HSA PY RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.0%

**Summary of Benefits Covered**

NY SILVER OAEPO 2000 90% RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

**New York Small Group**

Silver Plan

**Summary of Features** In-Network

<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Coinsurance</b> (Member Responsibility)	10%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,800
Family	\$11,600
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$30 per visit
<b>Specialist Visit</b>	\$50 per visit
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	10% after deductible
<b>Emergency Room Services</b>	\$200 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$50 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	10% after deductible
<b>Rehabilitative Speech Therapy</b>	\$50 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$50 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$50 per visit
<b>X-rays and Diagnostic Imaging</b>	10% after deductible
<b>Skilled Nursing Facility</b>	10% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	10% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	10% after deductible

**Pharmacy** In-Network

<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$2,000.00			
Coinsurance (% Insurer's Cost Share)	90.00%	50.00%				
OOP Maximum (\$)	\$5,800.00		\$5,800.00			
OOP Maximum if Separate (\$)	\$5,800.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible <input checked="" type="checkbox"/> All	Subject to Coinsurance <input checked="" type="checkbox"/> All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/> All	<input type="checkbox"/> All		\$10.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 72.0%

Metal Tier: Silver

This product, NY Silver OAEPO 2000 90% RE satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 72.0%.

**Summary of Benefits Covered**

NY SILVER OAEPO 3000 70% RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Silver Plan

**Summary of Features** In-Network

<b>Deductible</b>	
Individual	\$3,000
Family	\$6,000
<b>Coinsurance</b> (Member Responsibility)	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$50 per visit
<b>Specialist Visit</b>	\$75 per visit
<b>All Inpatient Hospital Services</b>  (includes Mental/Behavioral Health and Substance Abuse)	30% after deductible
<b>Emergency Room Services</b>	\$200 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$75 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	30% after deductible
<b>Rehabilitative Speech Therapy</b>	\$75 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$75 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	\$75 per visit
<b>X-rays and Diagnostic Imaging</b>	30% after deductible
<b>Skilled Nursing Facility</b>	30% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	30% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	30% after deductible

**Pharmacy** In-Network

<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>	
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:	
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>				
Desired Metal Tier	Silver				

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	70.00%	50.00%			
OOP Maximum (\$)	\$6,250.00				
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance <input type="checkbox"/> All	Coinsurance, if different	Copay, if separate	Subject to Deductible? <input checked="" type="checkbox"/> All	Subject to Coinsurance <input checked="" type="checkbox"/> All	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/> All	<input type="checkbox"/> All		\$10.00	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 68.3%

Metal Tier: Silver

This product, NY Silver OAEPO 3000 70% RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.3%.

**Summary of Benefits Covered**

NY SILVER OAMC 2000 80/60 RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Silver Plan

**Summary of Features**

	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Coinsurance</b> <i>(Member Responsibility)</i>	20%	40%
<i>\$0 once out-of-pocket max. is satisfied</i>		
<b>Out-of-Pocket Maximum</b>		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>		
<b>Primary Care Visit to Treat an Injury or Illness</b> <i>(excludes Preventative and X-rays)</i>	\$40 per visit	40% after deductible
<b>Specialist Visit</b>	\$60 per visit after deductible	40% after deductible
<b>All Inpatient Hospital Services</b> <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	20% after deductible	40% after deductible
<b>Emergency Room Services</b>	\$200 per visit	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$60 per visit	40% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$60 per visit after deductible	40% after deductible
<b>Rehabilitative Speech Therapy</b>	\$60 per visit after deductible	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$60 per visit after deductible	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%	40% after deductible
<b>Laboratory Outpatient and Professional Services</b>	\$60 per visit after deductible	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	\$60 per visit after deductible	40% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible	40% after deductible

**Pharmacy**

	In-Network	Out-of-Network
<b>Pharmacy Deductible</b>		
Individual	\$0	\$0
Family	\$0	\$0
<b>Generics</b>	\$10 copay	\$10 copay + 30%
<b>Preferred Brand Drugs</b>	\$50 copay	\$50 copay + 30%
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	50% up to \$750 + 30%
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share	Same as INN applicable tier cost share + 30%

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>	<b>HSA/HRA Options</b>		<b>Narrow Network Options</b>	
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>	
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:	
Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:	
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>				
Desired Metal-Tier:	Silver				

  

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00
Coinsurance (% Insurer's Cost Share)	80.00%	50.00%			
OOP Maximum (\$)	\$6,000.00	\$6,000.00			
OOP Maximum if Separate (\$)	\$6,000.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 68.8%  
 Metal Tier: Silver

This product, NY Silver OAMC 2000 80/60 RE satisfies the HH5 guidelines for a Silver plan with an Actuarial Value of 68.8%

**Summary of Benefits Covered**

NY SILVER OAMC 2000 80/60 HSA PY RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Silver Plan

Summary of Features	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Coinurance</b> (Member Responsibility)	20%	40%
	<i>50 once out-of-pocket max. is satisfied</i>	
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
	<i>All cost sharing accumulates to the Out-of-Pocket Maximum above</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	20% after deductible	40% after deductible
<b>Specialist Visit</b>	20% after deductible	40% after deductible
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)	20% after deductible	40% after deductible
<b>Emergency Room Services</b>	20% after deductible	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	20% after deductible	40% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	20% after deductible	40% after deductible
<b>Rehabilitative Speech Therapy</b>	20% after deductible	40% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	20% after deductible	40% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%	40% after deductible
<b>Laboratory Outpatient and Professional Services</b>	20% after deductible	40% after deductible
<b>X-rays and Diagnostic Imaging</b>	20% after deductible	40% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible	40% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	20% after deductible	40% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	20% after deductible	40% after deductible

Pharmacy	In-Network	Out-of-Network
<b>Pharmacy Deductible</b>	(Integrated with plan deductible)	(Integrated with plan deductible)
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Generics</b>	\$10 copay	\$10 copay + 30%
<b>Preferred Brand Drugs</b>	\$50 copay	\$50 copay + 30%
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	50% up to \$750 + 30%
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.	Same as applicable INN tier cost share + 30%

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$2,000.00	\$2,000.00
Coinsurance (% Insurer's Cost Share)			78.67%
OOP Maximum (\$)	\$5,000.00		\$5,000.00
OOP Maximum if Separate (\$)	\$5,000.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to Coinsurance	Coinsurance, if	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-30):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-30):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful  
 Actuarial Value: 68.0%  
 Metal Tier: Silver

This product, NY SILVER OAMC 2000 80/60 HSA PY RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.0%

**Summary of Benefits Covered**

NY GOLD OAEPO 1000 90% RE

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Gold Plan

**Summary of Features**

In-Network

<b>Deductible</b>	
Individual	\$1,000
Family	\$2,000
<b>Coinsurance</b> (Member Responsibility)	10%
	<i>\$0 once out-of-pocket max. is satisfied</i>
<b>Out-of-Pocket Maximum</b>	
Individual	\$3,000
Family	\$6,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$30 per visit
<b>Specialist Visit</b>	\$50 per visit
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)	10% after deductible
<b>Emergency Room Services</b>	\$150 per visit
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$50 per visit
<b>Imaging (CT/PET Scans, MRIs)</b>	10% after deductible
<b>Rehabilitative Speech Therapy</b>	\$50 per visit
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$50 per visit
<b>Preventive Care/Screening/Immunization</b>	0%
<b>Laboratory Outpatient and Professional Services</b>	10% after deductible
<b>X-rays and Diagnostic Imaging</b>	10% after deductible
<b>Skilled Nursing Facility</b>	10% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	10% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	10% after deductible

**Pharmacy**

In-Network

<b>Pharmacy Deductible</b>	
Individual	\$0
Family	\$0
<b>Generics</b>	\$10 copay
<b>Preferred Brand Drugs</b>	\$50 copay
<b>Non-Preferred Brand Drugs</b>	50% up to \$750
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.

\*Pediatric dental benefits are included in the above plan.

### Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

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

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

  

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	\$1,000.00			
Coinsurance (% Insurer's Cost Share)	90.00%	50.00%				
OOP Maximum (\$)	\$3,000.00		\$3,000.00			
OOP Maximum if Separate (\$)	\$3,000.00	\$0.00				

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance <input type="checkbox"/> AE	Coinsurance, if different	Copay, if separate	Subject to Deductible <input checked="" type="checkbox"/> AE	Subject to Coinsurance <input checked="" type="checkbox"/> AE	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
Generics	<input type="checkbox"/> AE	<input type="checkbox"/> AE		\$10.00	<input checked="" type="checkbox"/> AE	<input checked="" type="checkbox"/> AE		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$750

Set a Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.3%

Metal Tier: Gold

This product, NY Gold OAEPO 1000 90% RE, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.3%.

**Summary of Benefits Covered**

**NY PLATINUM NYC COMMUNITY PLANSM \$20 RE**

\* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

**New York Small Group**

Platinum Plan

**Summary of Features** Referred Self-Referred

Summary of Features	Referred	Self-Referred
<b>Deductible</b>		
Individual	N/A	\$5,000
Family	N/A	\$10,000
<b>Coinsurance</b> (Member Responsibility)	N/A	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
<b>Out-of-Pocket Maximum</b>		
Individual	\$1,000	\$5,250
Family	\$2,000	\$10,500
	<i>All cost sharing applies to the Out-of-Pocket Maximums above. \$0 once out-of-pocket max is satisfied</i>	
<b>Primary Care Visit to Treat an Injury or Illness</b> (excludes Preventative and X-rays)	\$20 per visit	30% after deductible
<b>Specialist Visit</b>	\$35 per visit	30% after deductible
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)	\$500/Admit	30% after deductible
<b>Emergency Room Services</b>	\$100 per visit	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>	\$35 per visit	30% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$35 per visit	30% after deductible
<b>Rehabilitative Speech Therapy</b>	\$35 per visit	30% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>	\$35 per visit	30% after deductible
<b>Preventive Care/Screening/Immunization</b>	0%	30% after deductible
<b>Laboratory Outpatient and Professional Services</b>	0%	30% after deductible
<b>X-rays and Diagnostic Imaging</b>	\$35 per visit	30% after deductible
<b>Skilled Nursing Facility</b>	\$500/Admit	30% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>	\$150 per visit	30% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>	0%	30% after deductible

**Pharmacy** Referred Self-Referred

Pharmacy	Referred	Self-Referred
<b>Pharmacy Deductible</b>		
Individual	N/A	N/A
Family	N/A	N/A
<b>Generics</b>	\$10 copay	
<b>Preferred Brand Drugs</b>	\$50 copay	
<b>Non-Preferred Brand Drugs</b>	50% up to \$750	
<b>Specialty Drugs (i.e. high-cost)</b>	Same as applicable tier cost share.	

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate If Plan Meets CSR Standard?

Desired Metal Tier: **Platin** ▼

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	92%
		2nd Tier Utilization:	8%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$5,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	50.00%	70.00%	50.00%	
OOP Maximum (\$)	\$1,000.00		\$5,250.00		
OOP Maximum if Separate (\$)	\$1,000.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00
All Inpatient Hospital Services (inc. MHSAs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
Specialty Rx Coinsurance Maximum: \$750

Maximum Number of Days for Charging an IP Copay?   
# Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
# Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 89.3%

Metal Tier: Platinum

This product, NY Platinum NYC Community PlanSM \$20 RE satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 89.3%.

**Summary of Benefits Covered**

**NY PLATINUM NYC COMMUNITY PLANSM \$30 RE**

\*Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

**New York Small Group**

Platinum Plan

Summary of Features		Referred	Self-Referred
<b>Deductible</b>			
Individual		N/A	\$5,000
Family		N/A	\$10,000
<b>Coinsurance</b> (Member Responsibility)		N/A	30%
<i>\$0 once out-of-pocket max. is satisfied</i>			
<b>Out-of-Pocket Maximum</b>			
Individual		\$1,000	\$5,250
Family		\$2,000	\$10,500
<i>All cost sharing applies to the Out-of-Pocket Maximums above. \$0 once out-of-pocket max is satisfied</i>			
<b>Primary Care Visit to Treat an injury or Illness</b> (excludes Preventative and X-rays)		\$30 per visit	30% after deductible
<b>Specialist Visit</b>		\$50 per visit	30% after deductible
<b>All Inpatient Hospital Services</b> (includes Mental/Behavioral Health and Substance Abuse)		\$1,000/Admit	30% after deductible
<b>Emergency Room Services</b>		\$150 per visit	Paid as In-Network
<b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>		\$50 per visit	30% after deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$50 per visit	30% after deductible
<b>Rehabilitative Speech Therapy</b>		\$50 per visit	30% after deductible
<b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>		\$50 per visit	30% after deductible
<b>Preventive Care/Screening/Immunization</b>		0%	30% after deductible
<b>Laboratory Outpatient and Professional Services</b>		0%	30% after deductible
<b>X-rays and Diagnostic Imaging</b>		\$50 per visit	30% after deductible
<b>Skilled Nursing Facility</b>		\$1,000/Admit	30% after deductible
<b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>		\$150 per visit	30% after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>		0%	30% after deductible
<b>Pharmacy</b>		<b>Referred</b>	<b>Self-Referred</b>
<b>Pharmacy Deductible</b>			
Individual		N/A	N/A
Family		N/A	N/A
<b>Generics</b>		\$10 copay	
<b>Preferred Brand Drugs</b>		\$50 copay	
<b>Non-Preferred Brand Drugs</b>		50% up to \$750	
<b>Specialty Drugs (i.e. high-cost)</b>		Same as applicable tier cost share.	

\*Pediatric dental benefits are included in the above plan.

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	92%
		2nd Tier Utilization:	8%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$5,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	50.00%	70.00%	50.00%	
OOP Maximum (\$)	\$1,000.00	\$1,000.00	\$5,250.00		
OOP Maximum if Separate (\$)	\$1,000.00	\$0.00			

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$750

Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 88.7%

Metal Tier: Platinum

This product, NY Platinum NYC Community PlansM \$30 RE satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.7%.

Plan Relativity Factors

Table 1 - EPO

New Plan Name	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	INN Coins	INN Deductible	INN OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
OA EPO Bronze 3500 50	0.866782	\$10	\$50	50% up to \$750	50%	\$3,500	\$5,800	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 4000 80	0.857372	\$10	\$50	50% up to \$750	80%	\$4,000	\$6,000	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 5000 60	0.859123	\$10	50% if no GE available	Not Covered	60%	\$5,000	\$6,250	\$50	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 2500 100 PY	0.857130	\$10	\$55	50% up to \$750	100%	\$2,500	\$6,250	\$50	\$75	Plan Coins	\$1000 / admit	\$200
OA EPO HSA Comp 3500 60 PY	0.853849	\$10	\$50	50% up to \$750	60%	\$3,500	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 5000 100 PY	0.848250	\$10	\$50	50% up to \$750	100%	\$5,000	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Silver 3000 70	0.984765	\$10	\$50	50% up to \$750	70%	\$3,000	\$6,250	\$50	\$75	Plan Coins	Plan Coins	\$200
OA EPO Silver 2000 60	1.034655	\$10	\$50	50% up to \$750	60%	\$2,000	\$5,500	\$30	\$50	Plan Coins	Plan Coins	\$200
OA EPO Silver 2000 90	1.037968	\$10	\$50	50% up to \$750	90%	\$2,000	\$5,800	\$30	\$50	Plan Coins	Plan Coins	\$200
OA EPO HSA Comp 2000 80 PY	0.980387	\$10	\$50	50% up to \$750	80%	\$2,000	\$5,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Gold 1000 90	1.199415	\$10	\$50	50% up to \$750	90%	\$1,000	\$3,000	\$30	\$50	Plan Coins	Plan Coins	\$150
OA EPO Bronze 3500 50 RE	0.860757	\$10	\$50	50% up to \$750	50%	\$3,500	\$5,800	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 4000 80 RE	0.851412	\$10	\$50	50% up to \$750	80%	\$4,000	\$6,000	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 5000 60 RE	0.853151	\$10	50% if no GE available	Not Covered	60%	\$5,000	\$6,250	\$50	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 2500 100 PY RE	0.851172	\$10	\$55	50% up to \$750	100%	\$2,500	\$6,250	\$50	\$75	Plan Coins	\$1000 / admit	\$200
OA EPO HSA Comp 3500 60 PY RE	0.847914	\$10	\$50	50% up to \$750	60%	\$3,500	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 5000 100 PY RE	0.842354	\$10	\$50	50% up to \$750	100%	\$5,000	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Silver 3000 70 RE	0.970212	\$10	\$50	50% up to \$750	70%	\$3,000	\$6,250	\$50	\$75	Plan Coins	Plan Coins	\$200
OA EPO Silver 2000 60 RE	1.019365	\$10	\$50	50% up to \$750	60%	\$2,000	\$5,500	\$30	\$50	Plan Coins	Plan Coins	\$200
OA EPO Silver 2000 90 RE	1.022629	\$10	\$50	50% up to \$750	90%	\$2,000	\$5,800	\$30	\$50	Plan Coins	Plan Coins	\$200
OA EPO HSA Comp 2000 80 PY RE	0.965898	\$10	\$50	50% up to \$750	80%	\$2,000	\$5,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Gold 1000 90 RE	1.181689	\$10	\$50	50% up to \$750	90%	\$1,000	\$3,000	\$30	\$50	Plan Coins	Plan Coins	\$150

**Plan Relativity Factors**  
Table 2 - Indemnity

New Plan Number	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	OON Coins	OON Deductible	OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
Indemnity Silver 2500 80	1.285766	\$10	\$50	50% up to \$750	20%	\$2,500	\$5,500	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Indemnity Silver 2500 80 RE	1.266765	\$10	\$50	50% up to \$750	20%	\$2,500	\$5,500	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins

**Plan Relativity Factors**

Table 3 - MC

New Plan Number	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	INN Coins	INN Deductible	INN OOP Max	OON Coins	OON Deductible	OON OOP Max	INN Primary Copay	INN Specialist Copay	INN SPU Copay	INN Hospital Copay	INN ER Copay
OA MC Silver 2000 80	0.992479	\$10	\$50	50% up to \$750	80%	\$2,000	\$6,000	60%	\$ 4,000	\$12,000	\$40	\$60	Plan Coins	Plan Coins	\$200
OA MC HSA Comp 2000 80 PY	0.980387	\$10	\$50	50% up to \$750	80%	\$2,000	\$5,000	60%	\$ 4,000	\$10,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA MC Silver 2000 80 RE	0.977812	\$10	\$50	50% up to \$750	80%	\$2,000	\$6,000	60%	\$ 4,000	\$12,000	\$40	\$60	Plan Coins	Plan Coins	\$200
OA MC HSA Comp 2000 80 PY RE	0.965898	\$10	\$50	50% up to \$750	80%	\$2,000	\$5,000	60%	\$ 4,000	\$10,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins

**Plan Relativity Factors**

Table 4 - NYCCP

New Plan Name	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	INN Coins	INN Deductible	INN OOP Max	Non-Designated Coins	Non-Designated Deductible	Non-Designated OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
NYC Community Plan Platinum 30	1.028459	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	30%	\$5,000	\$5,250	\$30	\$50	100% Coins	\$1000 / admit	\$150
NYC Community Plan Platinum 20	1.035104	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	30%	\$5,000	\$5,250	\$20	\$35	100% Coins	\$500 / admit	\$100
NYC Community Plan Platinum 30 RE	1.013260	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	\$0	\$5,000	\$5,250	\$30	\$50	100% Coins	\$1000 / admit	\$150
NYC Community Plan Platinum 20 RE	1.019807	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	\$0	\$5,000	\$5,250	\$20	\$35	100% Coins	\$500 / admit	\$100

**Aetna Life Insurance Company  
New York Small Group**

**Premium Rates**

Monthly rates for effective dates January 1, 2014 through December 31, 2014 are shown in pages D-2 through D-33.

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA01

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$343.05	\$583.19	\$686.11	\$977.71	\$353.35	\$600.69	\$706.69	\$1,007.04
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$339.33	\$576.86	\$678.66	\$967.09	\$349.51	\$594.17	\$699.02	\$996.10
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$340.02	\$578.04	\$680.05	\$969.07	\$350.22	\$595.38	\$700.45	\$998.14
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$339.23	\$576.70	\$678.47	\$966.82	\$349.41	\$594.00	\$698.82	\$995.82
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$337.94	\$574.49	\$675.87	\$963.12	\$348.07	\$591.73	\$696.15	\$992.01
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$335.72	\$570.72	\$671.44	\$956.80	\$345.79	\$587.85	\$691.58	\$985.51
14018886	OA EPO Silver 3000 70	Silver	EPO	\$389.75	\$662.58	\$779.50	\$1,110.79	\$401.44	\$682.45	\$802.89	\$1,144.11
14018884	OA EPO Silver 2000 60	Silver	EPO	\$409.50	\$696.14	\$818.99	\$1,167.06	\$421.78	\$717.03	\$843.56	\$1,202.07
14018885	OA EPO Silver 2000 90	Silver	EPO	\$410.81	\$698.37	\$821.61	\$1,170.80	\$423.13	\$719.32	\$846.26	\$1,205.92
14018890	OA MC Silver 2000 80	Silver	MC	\$392.80	\$667.77	\$785.61	\$1,119.49	\$404.59	\$687.80	\$809.17	\$1,153.07
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$388.02	\$659.63	\$776.03	\$1,105.85	\$399.66	\$679.42	\$799.32	\$1,139.03
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$388.02	\$659.63	\$776.03	\$1,105.85	\$399.66	\$679.42	\$799.32	\$1,139.03
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$508.88	\$865.10	\$1,017.76	\$1,450.31	\$524.15	\$891.05	\$1,048.29	\$1,493.82
14018883	OA EPO Gold 1000 90	Gold	EPO	\$474.70	\$807.00	\$949.41	\$1,352.91	\$488.95	\$831.21	\$977.89	\$1,393.49
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$340.67	\$579.14	\$681.34	\$970.91	\$350.89	\$596.51	\$701.78	\$1,000.04
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$336.97	\$572.85	\$673.94	\$960.37	\$347.08	\$590.04	\$694.16	\$989.18
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$337.66	\$574.02	\$675.32	\$962.33	\$347.79	\$591.24	\$695.58	\$991.20
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$336.88	\$572.69	\$673.75	\$960.10	\$346.98	\$589.87	\$693.97	\$988.90
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$335.59	\$570.50	\$671.17	\$956.42	\$345.65	\$587.61	\$691.31	\$985.12
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$333.39	\$566.76	\$666.77	\$950.15	\$343.39	\$583.76	\$686.78	\$978.66
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$383.99	\$652.78	\$767.98	\$1,094.37	\$395.51	\$672.37	\$791.02	\$1,127.20
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$403.44	\$685.85	\$806.89	\$1,149.82	\$415.55	\$706.43	\$831.09	\$1,184.31
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$404.74	\$688.05	\$809.47	\$1,153.50	\$416.88	\$708.69	\$833.76	\$1,188.10
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$387.00	\$657.90	\$774.00	\$1,102.95	\$398.61	\$677.63	\$797.22	\$1,136.03
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$382.28	\$649.88	\$764.57	\$1,089.51	\$393.75	\$669.38	\$787.50	\$1,122.19
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$382.28	\$649.88	\$764.57	\$1,089.51	\$393.75	\$669.38	\$787.50	\$1,122.19
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$501.36	\$852.31	\$1,002.72	\$1,428.88	\$516.40	\$877.88	\$1,032.80	\$1,471.74
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$467.69	\$795.07	\$935.38	\$1,332.91	\$481.72	\$818.92	\$963.44	\$1,372.90

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA01

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$351.75	\$597.98	\$703.51	\$1,002.50	\$362.31	\$615.92	\$724.61	\$1,032.57
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$347.94	\$591.49	\$695.87	\$991.62	\$358.37	\$609.23	\$716.75	\$1,021.36
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$348.65	\$592.70	\$697.29	\$993.64	\$359.11	\$610.48	\$718.21	\$1,023.45
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$347.84	\$591.32	\$695.67	\$991.34	\$358.27	\$609.06	\$716.54	\$1,021.08
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$346.51	\$589.06	\$693.01	\$987.54	\$356.90	\$606.73	\$713.80	\$1,017.17
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$344.23	\$585.20	\$688.47	\$981.06	\$354.56	\$602.75	\$709.12	\$1,010.50
14018886	OA EPO Silver 3000 70	Silver	EPO	\$399.63	\$679.38	\$799.27	\$1,138.95	\$411.62	\$699.76	\$823.24	\$1,173.12
14018884	OA EPO Silver 2000 60	Silver	EPO	\$419.88	\$713.80	\$839.76	\$1,196.66	\$432.48	\$735.21	\$864.95	\$1,232.56
14018885	OA EPO Silver 2000 90	Silver	EPO	\$421.22	\$716.08	\$842.45	\$1,200.49	\$433.86	\$737.56	\$867.72	\$1,236.50
14018890	OA MC Silver 2000 80	Silver	MC	\$402.76	\$684.70	\$805.53	\$1,147.88	\$414.85	\$705.24	\$829.69	\$1,182.31
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$397.86	\$676.36	\$795.71	\$1,133.89	\$409.79	\$696.65	\$819.58	\$1,167.91
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$397.86	\$676.36	\$795.71	\$1,133.89	\$409.79	\$696.65	\$819.58	\$1,167.91
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$521.78	\$887.03	\$1,043.57	\$1,487.09	\$537.44	\$913.64	\$1,074.88	\$1,531.70
14018883	OA EPO Gold 1000 90	Gold	EPO	\$486.74	\$827.46	\$973.48	\$1,387.21	\$501.34	\$852.28	\$1,002.69	\$1,428.83
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$349.31	\$593.83	\$698.62	\$995.53	\$359.79	\$611.64	\$719.58	\$1,025.40
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$345.52	\$587.38	\$691.03	\$984.72	\$355.88	\$605.00	\$711.76	\$1,014.26
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$346.22	\$588.58	\$692.44	\$986.73	\$356.61	\$606.24	\$713.22	\$1,016.34
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$345.42	\$587.21	\$690.84	\$984.44	\$355.78	\$604.83	\$711.56	\$1,013.98
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$344.10	\$584.96	\$688.19	\$980.68	\$354.42	\$602.51	\$708.84	\$1,010.10
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$341.84	\$581.13	\$683.68	\$974.25	\$352.10	\$598.56	\$704.19	\$1,003.47
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$393.73	\$669.34	\$787.45	\$1,122.12	\$405.54	\$689.42	\$811.08	\$1,155.79
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$413.67	\$703.25	\$827.35	\$1,178.97	\$426.08	\$724.34	\$852.17	\$1,214.34
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$415.00	\$705.50	\$830.00	\$1,182.75	\$427.45	\$726.66	\$854.90	\$1,218.23
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$396.81	\$674.58	\$793.62	\$1,130.91	\$408.72	\$694.82	\$817.43	\$1,164.84
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$391.98	\$666.36	\$783.95	\$1,117.13	\$403.74	\$686.35	\$807.47	\$1,150.65
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$391.98	\$666.36	\$783.95	\$1,117.13	\$403.74	\$686.35	\$807.47	\$1,150.65
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$514.07	\$873.92	\$1,028.15	\$1,465.11	\$529.50	\$900.14	\$1,058.99	\$1,509.06
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$479.55	\$815.23	\$959.10	\$1,366.71	\$493.93	\$839.69	\$987.87	\$1,407.71

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA01

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$360.70	\$613.19	\$721.40	\$1,027.99	\$371.52	\$631.58	\$743.04	\$1,058.83
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$356.78	\$606.53	\$713.57	\$1,016.83	\$367.49	\$624.73	\$734.97	\$1,047.34
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$357.51	\$607.77	\$715.02	\$1,018.91	\$368.24	\$626.00	\$736.47	\$1,049.47
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$356.68	\$606.36	\$713.36	\$1,016.54	\$367.38	\$624.55	\$734.77	\$1,047.04
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$355.32	\$604.04	\$710.63	\$1,012.65	\$365.98	\$622.16	\$731.95	\$1,043.03
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$352.99	\$600.08	\$705.97	\$1,006.01	\$363.58	\$618.08	\$727.15	\$1,036.19
14018886	OA EPO Silver 3000 70	Silver	EPO	\$409.80	\$696.65	\$819.59	\$1,167.92	\$422.09	\$717.55	\$844.18	\$1,202.95
14018884	OA EPO Silver 2000 60	Silver	EPO	\$430.56	\$731.95	\$861.11	\$1,227.09	\$443.47	\$753.90	\$886.95	\$1,263.90
14018885	OA EPO Silver 2000 90	Silver	EPO	\$431.94	\$734.29	\$863.87	\$1,231.02	\$444.89	\$756.32	\$889.79	\$1,267.95
14018890	OA MC Silver 2000 80	Silver	MC	\$413.01	\$702.11	\$826.01	\$1,177.07	\$425.40	\$723.17	\$850.79	\$1,212.38
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$407.97	\$693.56	\$815.95	\$1,162.72	\$420.21	\$714.36	\$840.43	\$1,197.61
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$407.97	\$693.56	\$815.95	\$1,162.72	\$420.21	\$714.36	\$840.43	\$1,197.61
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$535.05	\$909.59	\$1,070.11	\$1,524.90	\$551.10	\$936.88	\$1,102.21	\$1,570.65
14018883	OA EPO Gold 1000 90	Gold	EPO	\$499.12	\$848.50	\$998.24	\$1,422.49	\$514.09	\$873.96	\$1,028.18	\$1,465.16
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$358.19	\$608.93	\$716.38	\$1,020.85	\$368.94	\$627.19	\$737.87	\$1,051.47
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$354.30	\$602.31	\$708.61	\$1,009.76	\$364.93	\$620.38	\$729.86	\$1,040.06
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$355.03	\$603.54	\$710.05	\$1,011.82	\$365.68	\$621.65	\$731.35	\$1,042.18
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$354.20	\$602.14	\$708.41	\$1,009.48	\$364.83	\$620.21	\$729.66	\$1,039.76
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$352.85	\$599.84	\$705.69	\$1,005.61	\$363.43	\$617.84	\$726.86	\$1,035.78
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$350.53	\$595.91	\$701.07	\$999.02	\$361.05	\$613.78	\$722.10	\$1,028.99
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$403.74	\$686.36	\$807.48	\$1,150.66	\$415.85	\$706.95	\$831.70	\$1,185.18
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$424.19	\$721.13	\$848.39	\$1,208.95	\$436.92	\$742.76	\$873.84	\$1,245.22
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$425.55	\$723.44	\$851.10	\$1,212.82	\$438.32	\$745.14	\$876.64	\$1,249.21
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$406.90	\$691.73	\$813.80	\$1,159.67	\$419.11	\$712.49	\$838.22	\$1,194.46
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$401.94	\$683.31	\$803.89	\$1,145.54	\$414.00	\$703.80	\$828.01	\$1,179.91
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$401.94	\$683.31	\$803.89	\$1,145.54	\$414.00	\$703.80	\$828.01	\$1,179.91
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$527.15	\$896.15	\$1,054.29	\$1,502.37	\$542.96	\$923.03	\$1,085.92	\$1,547.44
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$491.74	\$835.96	\$983.49	\$1,401.47	\$506.49	\$861.04	\$1,012.99	\$1,443.51

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA01

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$369.90	\$628.82	\$739.79	\$1,054.20	\$380.99	\$647.69	\$761.99	\$1,085.83
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$365.88	\$622.00	\$731.76	\$1,042.76	\$376.86	\$640.66	\$753.71	\$1,074.04
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$366.63	\$623.27	\$733.26	\$1,044.89	\$377.63	\$641.97	\$755.25	\$1,076.24
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$365.78	\$621.82	\$731.55	\$1,042.47	\$376.75	\$640.48	\$753.50	\$1,073.74
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$364.38	\$619.44	\$728.75	\$1,038.47	\$375.31	\$638.02	\$750.62	\$1,069.63
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$361.99	\$615.38	\$723.98	\$1,031.66	\$372.85	\$633.84	\$745.69	\$1,062.61
14018886	OA EPO Silver 3000 70	Silver	EPO	\$420.25	\$714.42	\$840.49	\$1,197.70	\$432.85	\$735.85	\$865.70	\$1,233.63
14018884	OA EPO Silver 2000 60	Silver	EPO	\$441.54	\$750.61	\$883.07	\$1,258.38	\$454.78	\$773.13	\$909.56	\$1,296.13
14018885	OA EPO Silver 2000 90	Silver	EPO	\$442.95	\$753.01	\$885.90	\$1,262.41	\$456.24	\$775.60	\$912.48	\$1,300.28
14018890	OA MC Silver 2000 80	Silver	MC	\$423.54	\$720.01	\$847.07	\$1,207.08	\$436.24	\$741.61	\$872.49	\$1,243.29
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$418.38	\$711.24	\$836.75	\$1,192.37	\$430.93	\$732.58	\$861.86	\$1,228.14
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$418.38	\$711.24	\$836.75	\$1,192.37	\$430.93	\$732.58	\$861.86	\$1,228.14
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$548.70	\$932.78	\$1,097.39	\$1,563.78	\$565.16	\$960.77	\$1,130.31	\$1,610.70
14018883	OA EPO Gold 1000 90	Gold	EPO	\$511.85	\$870.14	\$1,023.69	\$1,458.76	\$527.20	\$896.24	\$1,054.40	\$1,502.52
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$367.33	\$624.45	\$734.65	\$1,046.88	\$378.34	\$643.19	\$756.69	\$1,078.28
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$363.34	\$617.67	\$726.67	\$1,035.51	\$374.24	\$636.20	\$748.47	\$1,066.58
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$364.08	\$618.93	\$728.16	\$1,037.63	\$375.00	\$637.50	\$750.00	\$1,068.75
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$363.23	\$617.50	\$726.47	\$1,035.22	\$374.13	\$636.02	\$748.26	\$1,066.28
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$361.84	\$615.14	\$723.69	\$1,031.26	\$372.70	\$633.59	\$745.40	\$1,062.19
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$359.47	\$611.10	\$718.94	\$1,024.49	\$370.26	\$629.43	\$740.51	\$1,055.23
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$414.03	\$703.86	\$828.07	\$1,180.00	\$426.46	\$724.97	\$852.91	\$1,215.40
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$435.01	\$739.52	\$870.02	\$1,239.78	\$448.06	\$761.70	\$896.12	\$1,276.97
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$436.40	\$741.89	\$872.81	\$1,243.75	\$449.50	\$764.14	\$898.99	\$1,281.06
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$417.28	\$709.37	\$834.56	\$1,189.24	\$429.80	\$730.65	\$859.59	\$1,224.92
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$412.19	\$700.73	\$824.39	\$1,174.75	\$424.56	\$721.75	\$849.12	\$1,209.99
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$412.19	\$700.73	\$824.39	\$1,174.75	\$424.56	\$721.75	\$849.12	\$1,209.99
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$540.59	\$919.00	\$1,081.18	\$1,540.67	\$556.81	\$946.57	\$1,113.61	\$1,586.89
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$504.28	\$857.28	\$1,008.56	\$1,437.20	\$519.41	\$883.00	\$1,038.82	\$1,480.32

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$376.52	\$640.09	\$753.05	\$1,073.09	\$387.82	\$659.29	\$775.64	\$1,105.29
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$372.44	\$633.14	\$744.87	\$1,061.44	\$383.61	\$652.14	\$767.22	\$1,093.29
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$373.20	\$634.43	\$746.39	\$1,063.61	\$384.39	\$653.47	\$768.78	\$1,095.52
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$372.33	\$632.96	\$744.66	\$1,061.14	\$383.50	\$651.95	\$767.00	\$1,092.98
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$370.91	\$630.54	\$741.81	\$1,057.08	\$382.03	\$649.46	\$764.07	\$1,088.79
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$368.47	\$626.40	\$736.95	\$1,050.15	\$379.53	\$645.20	\$759.06	\$1,081.65
14018886	OA EPO Silver 3000 70	Silver	EPO	\$427.77	\$727.22	\$855.55	\$1,219.16	\$440.61	\$749.03	\$881.22	\$1,255.73
14018884	OA EPO Silver 2000 60	Silver	EPO	\$449.45	\$764.06	\$898.89	\$1,280.92	\$462.93	\$786.98	\$925.86	\$1,319.35
14018885	OA EPO Silver 2000 90	Silver	EPO	\$450.89	\$766.51	\$901.77	\$1,285.02	\$464.41	\$789.50	\$928.82	\$1,323.57
14018890	OA MC Silver 2000 80	Silver	MC	\$431.13	\$732.91	\$862.25	\$1,228.71	\$444.06	\$754.90	\$888.12	\$1,265.57
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$425.87	\$723.98	\$851.75	\$1,213.74	\$438.65	\$745.70	\$877.30	\$1,250.15
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$425.87	\$723.98	\$851.75	\$1,213.74	\$438.65	\$745.70	\$877.30	\$1,250.15
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$558.53	\$949.50	\$1,117.05	\$1,591.80	\$575.28	\$977.98	\$1,150.57	\$1,639.56
14018883	OA EPO Gold 1000 90	Gold	EPO	\$521.02	\$885.73	\$1,042.03	\$1,484.90	\$536.65	\$912.30	\$1,073.29	\$1,529.45
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$373.91	\$635.64	\$747.81	\$1,065.63	\$385.12	\$654.71	\$770.25	\$1,097.60
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$369.85	\$628.74	\$739.69	\$1,054.06	\$380.94	\$647.60	\$761.88	\$1,085.69
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$370.60	\$630.02	\$741.20	\$1,056.22	\$381.72	\$648.92	\$763.44	\$1,087.90
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$369.74	\$628.56	\$739.49	\$1,053.77	\$380.84	\$647.42	\$761.67	\$1,085.38
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$368.33	\$626.16	\$736.65	\$1,049.73	\$379.38	\$644.94	\$758.75	\$1,081.23
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$365.91	\$622.05	\$731.82	\$1,042.85	\$376.89	\$640.71	\$753.78	\$1,074.14
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$421.45	\$716.47	\$842.91	\$1,201.14	\$434.10	\$737.96	\$868.19	\$1,237.17
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$442.80	\$752.77	\$885.61	\$1,261.99	\$456.09	\$775.35	\$912.18	\$1,299.85
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$444.22	\$755.18	\$888.44	\$1,266.03	\$457.55	\$777.83	\$915.10	\$1,304.01
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$424.75	\$722.08	\$849.51	\$1,210.55	\$437.50	\$743.74	\$874.99	\$1,246.87
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$419.58	\$713.28	\$839.16	\$1,195.80	\$432.17	\$734.68	\$864.33	\$1,231.67
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$419.58	\$713.28	\$839.16	\$1,195.80	\$432.17	\$734.68	\$864.33	\$1,231.67
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$550.27	\$935.46	\$1,100.55	\$1,568.28	\$566.78	\$963.53	\$1,133.56	\$1,615.33
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$513.32	\$872.64	\$1,026.63	\$1,462.95	\$528.72	\$898.82	\$1,057.43	\$1,506.84

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$386.07	\$656.32	\$772.14	\$1,100.30	\$397.65	\$676.01	\$795.31	\$1,133.31
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$381.88	\$649.20	\$763.76	\$1,088.36	\$393.34	\$668.67	\$786.67	\$1,121.01
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$382.66	\$650.52	\$765.32	\$1,090.58	\$394.14	\$670.04	\$788.28	\$1,123.30
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$381.77	\$649.01	\$763.54	\$1,088.05	\$393.23	\$668.48	\$786.45	\$1,120.69
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$380.31	\$646.53	\$760.62	\$1,083.89	\$391.72	\$665.92	\$783.44	\$1,116.40
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$377.82	\$642.29	\$755.63	\$1,076.78	\$389.15	\$661.56	\$778.30	\$1,109.08
14018886	OA EPO Silver 3000 70	Silver	EPO	\$438.62	\$745.66	\$877.24	\$1,250.07	\$451.78	\$768.03	\$903.56	\$1,287.57
14018884	OA EPO Silver 2000 60	Silver	EPO	\$460.84	\$783.43	\$921.69	\$1,313.40	\$474.67	\$806.94	\$949.34	\$1,352.81
14018885	OA EPO Silver 2000 90	Silver	EPO	\$462.32	\$785.94	\$924.64	\$1,317.61	\$476.19	\$809.52	\$952.38	\$1,357.14
14018890	OA MC Silver 2000 80	Silver	MC	\$442.06	\$751.50	\$884.12	\$1,259.86	\$455.32	\$774.04	\$910.64	\$1,297.66
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$436.67	\$742.34	\$873.34	\$1,244.51	\$449.77	\$764.61	\$899.54	\$1,281.85
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$436.67	\$742.34	\$873.34	\$1,244.51	\$449.77	\$764.61	\$899.54	\$1,281.85
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$572.69	\$973.57	\$1,145.38	\$1,632.17	\$589.87	\$1,002.78	\$1,179.74	\$1,681.13
14018883	OA EPO Gold 1000 90	Gold	EPO	\$534.23	\$908.19	\$1,068.46	\$1,522.55	\$550.26	\$935.43	\$1,100.51	\$1,568.23
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$383.39	\$651.76	\$766.78	\$1,092.66	\$394.89	\$671.31	\$789.78	\$1,125.43
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$379.23	\$644.68	\$758.45	\$1,080.79	\$390.60	\$664.02	\$781.20	\$1,113.22
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$380.00	\$646.00	\$760.00	\$1,083.00	\$391.40	\$665.38	\$782.80	\$1,115.49
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$379.12	\$644.50	\$758.24	\$1,080.49	\$390.49	\$663.84	\$780.98	\$1,112.90
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$377.67	\$642.03	\$755.33	\$1,076.35	\$389.00	\$661.30	\$777.99	\$1,108.64
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$375.19	\$637.82	\$750.38	\$1,069.29	\$386.45	\$656.96	\$772.89	\$1,101.37
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$432.14	\$734.64	\$864.28	\$1,231.60	\$445.10	\$756.68	\$890.21	\$1,268.55
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$454.03	\$771.86	\$908.07	\$1,293.99	\$467.65	\$795.01	\$935.31	\$1,332.81
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$455.49	\$774.33	\$910.97	\$1,298.14	\$469.15	\$797.56	\$938.30	\$1,337.08
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$435.52	\$740.39	\$871.05	\$1,241.25	\$448.59	\$762.60	\$897.18	\$1,278.48
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$430.22	\$731.37	\$860.44	\$1,226.12	\$443.12	\$753.31	\$886.25	\$1,262.91
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$430.22	\$731.37	\$860.44	\$1,226.12	\$443.12	\$753.31	\$886.25	\$1,262.91
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$564.23	\$959.19	\$1,128.45	\$1,608.05	\$581.15	\$987.96	\$1,162.31	\$1,656.29
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$526.33	\$894.77	\$1,052.67	\$1,500.05	\$542.12	\$921.61	\$1,084.25	\$1,545.05

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$395.89	\$673.01	\$791.78	\$1,128.28	\$407.77	\$693.20	\$815.53	\$1,162.13
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$391.59	\$665.70	\$783.18	\$1,116.03	\$403.34	\$685.68	\$806.68	\$1,149.51
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$392.39	\$667.06	\$784.78	\$1,118.31	\$404.16	\$687.08	\$808.32	\$1,151.86
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$391.48	\$665.52	\$782.96	\$1,115.72	\$403.22	\$685.48	\$806.45	\$1,149.19
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$389.98	\$662.97	\$779.96	\$1,111.45	\$401.68	\$682.86	\$803.36	\$1,144.79
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$387.42	\$658.62	\$774.85	\$1,104.16	\$399.05	\$678.38	\$798.09	\$1,137.28
14018886	OA EPO Silver 3000 70	Silver	EPO	\$449.78	\$764.62	\$899.55	\$1,281.86	\$463.27	\$787.56	\$926.54	\$1,320.32
14018884	OA EPO Silver 2000 60	Silver	EPO	\$472.56	\$803.36	\$945.12	\$1,346.80	\$486.74	\$827.46	\$973.48	\$1,387.21
14018885	OA EPO Silver 2000 90	Silver	EPO	\$474.08	\$805.93	\$948.15	\$1,351.11	\$488.30	\$830.11	\$976.59	\$1,391.65
14018890	OA MC Silver 2000 80	Silver	MC	\$453.30	\$770.61	\$906.60	\$1,291.90	\$466.90	\$793.73	\$933.80	\$1,330.66
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$447.78	\$761.22	\$895.55	\$1,276.16	\$461.21	\$784.06	\$922.42	\$1,314.45
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$447.78	\$761.22	\$895.55	\$1,276.16	\$461.21	\$784.06	\$922.42	\$1,314.45
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$587.25	\$998.33	\$1,174.51	\$1,673.67	\$604.87	\$1,028.28	\$1,209.74	\$1,723.88
14018883	OA EPO Gold 1000 90	Gold	EPO	\$547.81	\$931.28	\$1,095.63	\$1,561.27	\$564.25	\$959.22	\$1,128.50	\$1,608.11
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$393.14	\$668.33	\$786.27	\$1,120.44	\$404.93	\$688.38	\$809.86	\$1,154.05
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$388.87	\$661.08	\$777.74	\$1,108.28	\$400.53	\$680.91	\$801.07	\$1,141.52
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$389.66	\$662.43	\$779.33	\$1,110.54	\$401.35	\$682.30	\$802.71	\$1,143.86
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$388.76	\$660.89	\$777.52	\$1,107.96	\$400.42	\$680.72	\$800.84	\$1,141.20
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$387.27	\$658.36	\$774.54	\$1,103.72	\$398.89	\$678.11	\$797.78	\$1,136.83
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$384.73	\$654.04	\$769.46	\$1,096.49	\$396.27	\$673.67	\$792.55	\$1,129.38
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$443.13	\$753.32	\$886.26	\$1,262.92	\$456.42	\$775.92	\$912.85	\$1,300.80
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$465.58	\$791.48	\$931.16	\$1,326.90	\$479.55	\$815.23	\$959.09	\$1,366.71
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$467.07	\$794.02	\$934.14	\$1,331.15	\$481.08	\$817.84	\$962.16	\$1,371.08
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$446.60	\$759.22	\$893.20	\$1,272.81	\$460.00	\$782.00	\$920.00	\$1,310.99
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$441.16	\$749.97	\$882.32	\$1,257.30	\$454.39	\$772.47	\$908.79	\$1,295.02
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$441.16	\$749.97	\$882.32	\$1,257.30	\$454.39	\$772.47	\$908.79	\$1,295.02
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$578.57	\$983.58	\$1,157.15	\$1,648.94	\$595.93	\$1,013.08	\$1,191.86	\$1,698.41
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$539.72	\$917.52	\$1,079.43	\$1,538.19	\$555.91	\$945.05	\$1,111.82	\$1,584.34

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$405.98	\$690.17	\$811.97	\$1,157.05	\$418.16	\$710.88	\$836.33	\$1,191.76
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$401.58	\$682.68	\$803.15	\$1,144.49	\$413.62	\$703.16	\$827.25	\$1,178.83
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$402.40	\$684.07	\$804.79	\$1,146.83	\$414.47	\$704.60	\$828.94	\$1,181.23
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$401.46	\$682.49	\$802.93	\$1,144.17	\$413.51	\$702.96	\$827.01	\$1,178.49
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$399.93	\$679.87	\$799.85	\$1,139.79	\$411.92	\$700.27	\$823.85	\$1,173.98
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$397.30	\$675.42	\$794.61	\$1,132.32	\$409.22	\$695.68	\$818.45	\$1,166.28
14018886	OA EPO Silver 3000 70	Silver	EPO	\$461.24	\$784.12	\$922.49	\$1,314.55	\$475.08	\$807.64	\$950.16	\$1,353.98
14018884	OA EPO Silver 2000 60	Silver	EPO	\$484.61	\$823.84	\$969.22	\$1,381.14	\$499.15	\$848.56	\$998.30	\$1,422.58
14018885	OA EPO Silver 2000 90	Silver	EPO	\$486.16	\$826.48	\$972.33	\$1,385.57	\$500.75	\$851.27	\$1,001.50	\$1,427.13
14018890	OA MC Silver 2000 80	Silver	MC	\$464.86	\$790.26	\$929.72	\$1,324.84	\$478.80	\$813.97	\$957.61	\$1,364.59
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$459.19	\$780.63	\$918.39	\$1,308.70	\$472.97	\$804.05	\$945.94	\$1,347.96
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$459.19	\$780.63	\$918.39	\$1,308.70	\$472.97	\$804.05	\$945.94	\$1,347.96
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$602.23	\$1,023.79	\$1,204.45	\$1,716.35	\$620.29	\$1,054.50	\$1,240.59	\$1,767.84
14018883	OA EPO Gold 1000 90	Gold	EPO	\$561.78	\$955.03	\$1,123.56	\$1,601.08	\$578.64	\$983.68	\$1,157.27	\$1,649.11
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$403.16	\$685.37	\$806.32	\$1,149.01	\$415.26	\$705.94	\$830.51	\$1,183.48
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$398.78	\$677.93	\$797.57	\$1,136.54	\$410.75	\$698.27	\$821.50	\$1,170.63
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$399.60	\$679.32	\$799.20	\$1,138.86	\$411.59	\$699.70	\$823.17	\$1,173.02
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$398.67	\$677.74	\$797.34	\$1,136.22	\$410.63	\$698.08	\$821.26	\$1,170.30
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$397.15	\$675.15	\$794.29	\$1,131.87	\$409.06	\$695.40	\$818.12	\$1,165.82
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$394.54	\$670.72	\$789.08	\$1,124.44	\$406.38	\$690.84	\$812.76	\$1,158.18
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$454.43	\$772.53	\$908.86	\$1,295.12	\$468.06	\$795.70	\$936.12	\$1,333.97
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$477.45	\$811.67	\$954.90	\$1,360.73	\$491.77	\$836.02	\$983.55	\$1,401.56
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$478.98	\$814.26	\$957.96	\$1,365.09	\$493.35	\$838.69	\$986.70	\$1,406.04
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$457.99	\$778.58	\$915.98	\$1,305.27	\$471.73	\$801.94	\$943.46	\$1,344.42
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$452.41	\$769.09	\$904.82	\$1,289.36	\$465.98	\$792.17	\$931.96	\$1,328.04
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$452.41	\$769.09	\$904.82	\$1,289.36	\$465.98	\$792.17	\$931.96	\$1,328.04
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$593.33	\$1,008.66	\$1,186.66	\$1,690.98	\$611.13	\$1,038.92	\$1,222.26	\$1,741.71
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$553.48	\$940.92	\$1,106.96	\$1,577.42	\$570.08	\$969.14	\$1,140.17	\$1,624.74

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$372.34	\$632.98	\$744.68	\$1,061.17	\$383.51	\$651.97	\$767.02	\$1,093.00
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$368.30	\$626.11	\$736.60	\$1,049.65	\$379.35	\$644.89	\$758.69	\$1,081.14
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$369.05	\$627.38	\$738.10	\$1,051.79	\$380.12	\$646.21	\$760.24	\$1,083.35
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$368.19	\$625.93	\$736.39	\$1,049.35	\$379.24	\$644.71	\$758.48	\$1,080.83
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$366.78	\$623.53	\$733.57	\$1,045.34	\$377.79	\$642.24	\$755.58	\$1,076.70
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$364.38	\$619.44	\$728.76	\$1,038.48	\$375.31	\$638.03	\$750.62	\$1,069.64
14018886	OA EPO Silver 3000 70	Silver	EPO	\$423.02	\$719.14	\$846.04	\$1,205.61	\$435.71	\$740.71	\$871.42	\$1,241.78
14018884	OA EPO Silver 2000 60	Silver	EPO	\$444.45	\$755.57	\$888.91	\$1,266.69	\$457.79	\$778.24	\$915.57	\$1,304.69
14018885	OA EPO Silver 2000 90	Silver	EPO	\$445.88	\$757.99	\$891.75	\$1,270.75	\$459.25	\$780.73	\$918.50	\$1,308.87
14018890	OA MC Silver 2000 80	Silver	MC	\$426.34	\$724.77	\$852.67	\$1,215.06	\$439.13	\$746.51	\$878.25	\$1,251.51
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$421.14	\$715.94	\$842.28	\$1,200.25	\$433.78	\$737.42	\$867.55	\$1,236.26
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$421.14	\$715.94	\$842.28	\$1,200.25	\$433.78	\$737.42	\$867.55	\$1,236.26
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$552.32	\$938.95	\$1,104.64	\$1,574.12	\$568.89	\$967.11	\$1,137.78	\$1,621.34
14018883	OA EPO Gold 1000 90	Gold	EPO	\$515.23	\$875.89	\$1,030.46	\$1,468.40	\$530.68	\$902.16	\$1,061.37	\$1,512.45
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$369.75	\$628.58	\$739.50	\$1,053.79	\$380.84	\$647.44	\$761.69	\$1,085.41
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$365.74	\$621.75	\$731.48	\$1,042.35	\$376.71	\$640.41	\$753.42	\$1,073.62
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$366.48	\$623.02	\$732.97	\$1,044.48	\$377.48	\$641.71	\$754.96	\$1,075.82
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$365.63	\$621.58	\$731.27	\$1,042.06	\$376.60	\$640.23	\$753.21	\$1,073.32
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$364.23	\$619.20	\$728.47	\$1,038.07	\$375.16	\$637.78	\$750.32	\$1,069.21
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$361.85	\$615.14	\$723.69	\$1,031.26	\$372.70	\$633.59	\$745.40	\$1,062.20
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$416.77	\$708.51	\$833.54	\$1,187.79	\$429.27	\$729.76	\$858.55	\$1,223.43
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$437.88	\$744.40	\$875.77	\$1,247.97	\$451.02	\$766.74	\$902.04	\$1,285.41
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$439.29	\$746.79	\$878.57	\$1,251.97	\$452.47	\$769.19	\$904.93	\$1,289.53
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$420.03	\$714.06	\$840.07	\$1,197.10	\$432.64	\$735.48	\$865.27	\$1,233.01
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$414.92	\$705.36	\$829.83	\$1,182.51	\$427.36	\$726.52	\$854.73	\$1,217.99
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$414.92	\$705.36	\$829.83	\$1,182.51	\$427.36	\$726.52	\$854.73	\$1,217.99
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$544.16	\$925.07	\$1,088.32	\$1,550.85	\$560.48	\$952.82	\$1,120.97	\$1,597.38
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$507.61	\$862.94	\$1,015.23	\$1,446.70	\$522.84	\$888.83	\$1,045.68	\$1,490.10

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$381.78	\$649.03	\$763.56	\$1,088.08	\$393.24	\$668.50	\$786.47	\$1,120.72
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$377.64	\$641.98	\$755.27	\$1,076.27	\$388.97	\$661.24	\$777.93	\$1,108.55
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$378.41	\$643.29	\$756.82	\$1,078.46	\$389.76	\$662.59	\$779.52	\$1,110.82
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$377.53	\$641.80	\$755.06	\$1,075.96	\$388.86	\$661.06	\$777.71	\$1,108.24
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$376.09	\$639.34	\$752.17	\$1,071.84	\$387.37	\$658.53	\$774.74	\$1,104.00
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$373.62	\$635.15	\$747.24	\$1,064.81	\$384.83	\$654.21	\$769.66	\$1,096.76
14018886	OA EPO Silver 3000 70	Silver	EPO	\$433.75	\$737.37	\$867.50	\$1,236.18	\$446.76	\$759.49	\$893.52	\$1,273.27
14018884	OA EPO Silver 2000 60	Silver	EPO	\$455.72	\$774.73	\$911.45	\$1,298.81	\$469.39	\$797.97	\$938.79	\$1,337.77
14018885	OA EPO Silver 2000 90	Silver	EPO	\$457.18	\$777.21	\$914.36	\$1,302.97	\$470.90	\$800.53	\$941.79	\$1,342.06
14018890	OA MC Silver 2000 80	Silver	MC	\$437.15	\$743.15	\$874.29	\$1,245.87	\$450.26	\$765.44	\$900.52	\$1,283.24
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$431.82	\$734.09	\$863.64	\$1,230.69	\$444.77	\$756.12	\$889.55	\$1,267.61
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$431.82	\$734.09	\$863.64	\$1,230.69	\$444.77	\$756.12	\$889.55	\$1,267.61
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$566.33	\$962.76	\$1,132.65	\$1,614.03	\$583.32	\$991.64	\$1,166.63	\$1,662.45
14018883	OA EPO Gold 1000 90	Gold	EPO	\$528.29	\$898.10	\$1,056.59	\$1,505.63	\$544.14	\$925.04	\$1,088.28	\$1,550.80
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$379.13	\$644.52	\$758.26	\$1,080.51	\$390.50	\$663.85	\$781.00	\$1,112.93
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$375.01	\$637.52	\$750.02	\$1,068.78	\$386.26	\$656.65	\$772.52	\$1,100.85
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$375.78	\$638.82	\$751.56	\$1,070.97	\$387.05	\$657.99	\$774.10	\$1,103.10
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$374.91	\$637.34	\$749.81	\$1,068.48	\$386.15	\$656.46	\$772.31	\$1,100.54
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$373.47	\$634.90	\$746.94	\$1,064.39	\$384.68	\$653.95	\$769.35	\$1,096.32
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$371.02	\$630.74	\$742.04	\$1,057.41	\$382.15	\$649.66	\$764.31	\$1,089.14
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$427.34	\$726.48	\$854.68	\$1,217.91	\$440.16	\$748.27	\$880.32	\$1,254.45
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$448.99	\$763.28	\$897.98	\$1,279.62	\$462.46	\$786.18	\$924.92	\$1,318.00
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$450.43	\$765.72	\$900.85	\$1,283.71	\$463.94	\$788.70	\$927.88	\$1,322.23
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$430.69	\$732.17	\$861.37	\$1,227.45	\$443.61	\$754.13	\$887.21	\$1,264.28
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$425.44	\$723.24	\$850.88	\$1,212.50	\$438.20	\$744.94	\$876.40	\$1,248.87
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$425.44	\$723.24	\$850.88	\$1,212.50	\$438.20	\$744.94	\$876.40	\$1,248.87
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$557.96	\$948.53	\$1,115.92	\$1,590.18	\$574.70	\$976.98	\$1,149.39	\$1,637.88
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$520.49	\$884.82	\$1,040.97	\$1,483.38	\$536.10	\$911.37	\$1,072.20	\$1,527.88

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$391.49	\$665.53	\$782.98	\$1,115.75	\$403.23	\$685.50	\$806.47	\$1,149.22
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$387.24	\$658.31	\$774.48	\$1,103.63	\$398.86	\$678.06	\$797.71	\$1,136.74
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$388.03	\$659.65	\$776.06	\$1,105.89	\$399.67	\$679.44	\$799.34	\$1,139.06
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$387.13	\$658.12	\$774.26	\$1,103.32	\$398.74	\$677.87	\$797.49	\$1,136.42
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$385.65	\$655.60	\$771.30	\$1,099.10	\$397.22	\$675.27	\$794.44	\$1,132.07
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$383.12	\$651.30	\$766.24	\$1,091.89	\$394.61	\$670.84	\$789.23	\$1,124.65
14018886	OA EPO Silver 3000 70	Silver	EPO	\$444.78	\$756.12	\$889.56	\$1,267.62	\$458.12	\$778.81	\$916.24	\$1,305.65
14018884	OA EPO Silver 2000 60	Silver	EPO	\$467.31	\$794.43	\$934.62	\$1,331.84	\$481.33	\$818.26	\$962.66	\$1,371.79
14018885	OA EPO Silver 2000 90	Silver	EPO	\$468.81	\$796.97	\$937.62	\$1,336.10	\$482.87	\$820.88	\$965.74	\$1,376.18
14018890	OA MC Silver 2000 80	Silver	MC	\$448.26	\$762.05	\$896.52	\$1,277.55	\$461.71	\$784.91	\$923.42	\$1,315.87
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$442.80	\$752.76	\$885.60	\$1,261.98	\$456.08	\$775.34	\$912.17	\$1,299.84
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$442.80	\$752.76	\$885.60	\$1,261.98	\$456.08	\$775.34	\$912.17	\$1,299.84
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$580.73	\$987.24	\$1,161.46	\$1,655.07	\$598.15	\$1,016.85	\$1,196.30	\$1,704.73
14018883	OA EPO Gold 1000 90	Gold	EPO	\$541.73	\$920.94	\$1,083.45	\$1,543.92	\$557.98	\$948.56	\$1,115.96	\$1,590.24
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$388.77	\$660.91	\$777.54	\$1,107.99	\$400.43	\$680.73	\$800.86	\$1,141.23
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$384.55	\$653.73	\$769.10	\$1,095.96	\$396.08	\$673.34	\$792.17	\$1,128.84
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$385.33	\$655.07	\$770.67	\$1,098.20	\$396.89	\$674.72	\$793.79	\$1,131.15
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$384.44	\$653.55	\$768.88	\$1,095.65	\$395.97	\$673.15	\$791.95	\$1,128.52
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$382.97	\$651.05	\$765.94	\$1,091.46	\$394.46	\$670.58	\$788.91	\$1,124.20
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$380.46	\$646.78	\$760.91	\$1,084.30	\$391.87	\$666.18	\$783.74	\$1,116.83
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$438.21	\$744.95	\$876.41	\$1,248.88	\$451.35	\$767.30	\$902.70	\$1,286.35
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$460.41	\$782.69	\$920.81	\$1,312.16	\$474.22	\$806.17	\$948.44	\$1,351.52
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$461.88	\$785.20	\$923.76	\$1,316.36	\$475.74	\$808.75	\$951.47	\$1,355.85
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$441.64	\$750.78	\$883.28	\$1,258.67	\$454.89	\$773.31	\$909.77	\$1,296.43
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$436.26	\$741.64	\$872.51	\$1,243.33	\$449.34	\$763.89	\$898.69	\$1,280.63
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$436.26	\$741.64	\$872.51	\$1,243.33	\$449.34	\$763.89	\$898.69	\$1,280.63
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$572.15	\$972.65	\$1,144.29	\$1,630.62	\$589.31	\$1,001.83	\$1,178.62	\$1,679.53
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$533.72	\$907.32	\$1,067.44	\$1,521.10	\$549.73	\$934.54	\$1,099.46	\$1,566.74

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$401.47	\$682.50	\$802.95	\$1,144.20	\$413.52	\$702.98	\$827.03	\$1,178.52
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$397.11	\$675.09	\$794.23	\$1,131.78	\$409.03	\$695.35	\$818.06	\$1,165.73
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$397.93	\$676.47	\$795.85	\$1,134.09	\$409.86	\$696.77	\$819.73	\$1,168.11
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$397.00	\$674.90	\$794.00	\$1,131.46	\$408.91	\$695.15	\$817.82	\$1,165.40
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$395.48	\$672.32	\$790.96	\$1,127.12	\$407.35	\$692.49	\$814.69	\$1,160.94
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$392.89	\$667.91	\$785.78	\$1,119.73	\$404.68	\$687.95	\$809.35	\$1,153.33
14018886	OA EPO Silver 3000 70	Silver	EPO	\$456.12	\$775.40	\$912.24	\$1,299.94	\$469.80	\$798.67	\$939.61	\$1,338.94
14018884	OA EPO Silver 2000 60	Silver	EPO	\$479.23	\$814.69	\$958.45	\$1,365.80	\$493.60	\$839.13	\$987.21	\$1,406.77
14018885	OA EPO Silver 2000 90	Silver	EPO	\$480.76	\$817.30	\$961.52	\$1,370.17	\$495.18	\$841.81	\$990.37	\$1,411.28
14018890	OA MC Silver 2000 80	Silver	MC	\$459.69	\$781.48	\$919.39	\$1,310.12	\$473.48	\$804.92	\$946.97	\$1,349.43
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$454.09	\$771.96	\$908.18	\$1,294.16	\$467.71	\$795.11	\$935.43	\$1,332.99
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$454.09	\$771.96	\$908.18	\$1,294.16	\$467.71	\$795.11	\$935.43	\$1,332.99
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$595.54	\$1,012.41	\$1,191.07	\$1,697.28	\$613.40	\$1,042.78	\$1,226.80	\$1,748.20
14018883	OA EPO Gold 1000 90	Gold	EPO	\$555.54	\$944.42	\$1,111.08	\$1,583.29	\$572.21	\$972.75	\$1,144.41	\$1,630.79
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$398.68	\$677.76	\$797.36	\$1,136.24	\$410.64	\$698.09	\$821.29	\$1,170.33
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$394.35	\$670.40	\$788.71	\$1,123.91	\$406.18	\$690.51	\$812.37	\$1,157.63
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$395.16	\$671.77	\$790.32	\$1,126.20	\$407.01	\$691.92	\$814.03	\$1,159.99
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$394.24	\$670.21	\$788.49	\$1,123.59	\$406.07	\$690.32	\$812.14	\$1,157.30
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$392.73	\$667.65	\$785.47	\$1,119.29	\$404.52	\$687.68	\$809.03	\$1,152.87
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$390.16	\$663.27	\$780.32	\$1,111.95	\$401.86	\$683.17	\$803.73	\$1,145.31
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$449.38	\$763.94	\$898.76	\$1,280.73	\$462.86	\$786.86	\$925.72	\$1,319.15
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$472.15	\$802.65	\$944.29	\$1,345.61	\$486.31	\$826.73	\$972.62	\$1,385.98
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$473.66	\$805.22	\$947.31	\$1,349.92	\$487.87	\$829.37	\$975.73	\$1,390.42
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$452.90	\$769.93	\$905.80	\$1,290.76	\$466.49	\$793.03	\$932.97	\$1,329.49
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$447.38	\$760.55	\$894.76	\$1,275.04	\$460.80	\$783.36	\$921.60	\$1,313.29
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$447.38	\$760.55	\$894.76	\$1,275.04	\$460.80	\$783.36	\$921.60	\$1,313.29
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$586.74	\$997.45	\$1,173.47	\$1,672.20	\$604.34	\$1,027.37	\$1,208.67	\$1,722.36
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$547.33	\$930.46	\$1,094.66	\$1,559.89	\$563.75	\$958.37	\$1,127.50	\$1,606.69

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA04

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$418.36	\$711.21	\$836.72	\$1,192.32	\$430.91	\$732.55	\$861.82	\$1,228.09
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$413.82	\$703.49	\$827.64	\$1,179.38	\$426.23	\$724.59	\$852.46	\$1,214.76
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$414.66	\$704.93	\$829.33	\$1,181.79	\$427.10	\$726.07	\$854.21	\$1,217.24
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$413.70	\$703.29	\$827.40	\$1,179.05	\$426.11	\$724.39	\$852.22	\$1,214.42
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$412.12	\$700.60	\$824.23	\$1,174.53	\$424.48	\$721.62	\$848.96	\$1,209.77
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$409.41	\$696.01	\$818.83	\$1,166.83	\$421.70	\$716.89	\$843.39	\$1,201.84
14018886	OA EPO Silver 3000 70	Silver	EPO	\$475.31	\$808.02	\$950.61	\$1,354.62	\$489.56	\$832.26	\$979.13	\$1,395.26
14018884	OA EPO Silver 2000 60	Silver	EPO	\$499.38	\$848.95	\$998.77	\$1,423.25	\$514.37	\$874.42	\$1,028.73	\$1,465.94
14018885	OA EPO Silver 2000 90	Silver	EPO	\$500.98	\$851.67	\$1,001.97	\$1,427.80	\$516.01	\$877.22	\$1,032.03	\$1,470.64
14018890	OA MC Silver 2000 80	Silver	MC	\$479.03	\$814.35	\$958.06	\$1,365.23	\$493.40	\$838.78	\$986.80	\$1,406.19
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$473.19	\$804.43	\$946.38	\$1,348.60	\$487.39	\$828.56	\$974.78	\$1,389.05
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$473.19	\$804.43	\$946.38	\$1,348.60	\$487.39	\$828.56	\$974.78	\$1,389.05
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$620.59	\$1,055.00	\$1,241.17	\$1,768.67	\$639.20	\$1,086.65	\$1,278.41	\$1,821.73
14018883	OA EPO Gold 1000 90	Gold	EPO	\$578.91	\$984.14	\$1,157.82	\$1,649.89	\$596.27	\$1,013.67	\$1,192.55	\$1,699.38
14019510	NYC Community Plan Platinum 30	Platinum	EPO	\$496.39	\$843.87	\$992.79	\$1,414.72	\$511.29	\$869.19	\$1,022.57	\$1,457.17
14019509	NYC Community Plan Platinum 20	Platinum	EPO	\$499.60	\$849.32	\$999.20	\$1,423.86	\$514.59	\$874.80	\$1,029.18	\$1,466.58
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$415.45	\$706.27	\$830.90	\$1,184.04	\$427.92	\$727.46	\$855.83	\$1,219.56
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$410.94	\$698.60	\$821.88	\$1,171.18	\$423.27	\$719.56	\$846.54	\$1,206.32
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$411.78	\$700.03	\$823.56	\$1,173.57	\$424.13	\$721.03	\$848.27	\$1,208.78
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$410.83	\$698.40	\$821.65	\$1,170.85	\$423.15	\$719.36	\$846.30	\$1,205.98
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$409.25	\$695.73	\$818.51	\$1,166.37	\$421.53	\$716.60	\$843.06	\$1,201.36
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$406.57	\$691.17	\$813.14	\$1,158.72	\$418.77	\$711.90	\$837.53	\$1,193.48
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$468.28	\$796.08	\$936.56	\$1,334.60	\$482.33	\$819.96	\$964.66	\$1,374.64
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$492.01	\$836.41	\$984.01	\$1,402.21	\$506.77	\$861.50	\$1,013.53	\$1,444.28
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$493.58	\$839.09	\$987.16	\$1,406.70	\$508.39	\$864.26	\$1,016.78	\$1,448.91
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$471.95	\$802.31	\$943.90	\$1,345.05	\$486.11	\$826.38	\$972.22	\$1,385.41
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$466.20	\$792.54	\$932.40	\$1,328.67	\$480.18	\$816.31	\$960.37	\$1,368.53
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$466.20	\$792.54	\$932.40	\$1,328.67	\$480.18	\$816.31	\$960.37	\$1,368.53
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$611.41	\$1,039.40	\$1,222.83	\$1,742.53	\$629.76	\$1,070.59	\$1,259.51	\$1,794.81
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$570.35	\$969.60	\$1,140.70	\$1,625.50	\$587.46	\$998.69	\$1,174.93	\$1,674.27
14019508	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$489.06	\$831.40	\$978.12	\$1,393.82	\$503.73	\$856.34	\$1,007.46	\$1,435.63
14019507	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$492.22	\$836.77	\$984.44	\$1,402.82	\$506.98	\$861.87	\$1,013.97	\$1,444.91

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA04

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$428.97	\$729.25	\$857.94	\$1,222.56	\$441.84	\$751.12	\$883.67	\$1,259.24
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$424.31	\$721.33	\$848.62	\$1,209.29	\$437.04	\$742.97	\$874.08	\$1,245.57
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$425.18	\$722.80	\$850.36	\$1,211.76	\$437.93	\$744.49	\$875.87	\$1,248.11
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$424.19	\$721.13	\$848.38	\$1,208.95	\$436.92	\$742.76	\$873.83	\$1,245.21
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$422.57	\$718.37	\$845.14	\$1,204.32	\$435.24	\$739.92	\$870.49	\$1,240.45
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$419.80	\$713.65	\$839.59	\$1,196.42	\$432.39	\$735.06	\$864.78	\$1,232.31
14018886	OA EPO Silver 3000 70	Silver	EPO	\$487.36	\$828.51	\$974.72	\$1,388.97	\$501.98	\$853.36	\$1,003.96	\$1,430.64
14018884	OA EPO Silver 2000 60	Silver	EPO	\$512.05	\$870.48	\$1,024.10	\$1,459.34	\$527.41	\$896.60	\$1,054.82	\$1,503.12
14018885	OA EPO Silver 2000 90	Silver	EPO	\$513.69	\$873.27	\$1,027.38	\$1,464.01	\$529.10	\$899.47	\$1,058.20	\$1,507.93
14018890	OA MC Silver 2000 80	Silver	MC	\$491.18	\$835.00	\$982.35	\$1,399.85	\$505.91	\$860.05	\$1,011.82	\$1,441.85
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$485.19	\$824.82	\$970.38	\$1,382.79	\$499.75	\$849.57	\$999.49	\$1,424.28
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$485.19	\$824.82	\$970.38	\$1,382.79	\$499.75	\$849.57	\$999.49	\$1,424.28
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$636.32	\$1,081.75	\$1,272.64	\$1,813.52	\$655.41	\$1,114.20	\$1,310.82	\$1,867.92
14018883	OA EPO Gold 1000 90	Gold	EPO	\$593.59	\$1,009.10	\$1,187.17	\$1,691.72	\$611.39	\$1,039.37	\$1,222.79	\$1,742.48
14019510	NYC Community Plan Platinum 30	Platinum	EPO	\$508.99	\$865.27	\$1,017.96	\$1,450.60	\$524.25	\$891.23	\$1,048.50	\$1,494.12
14019509	NYC Community Plan Platinum 20	Platinum	EPO	\$512.27	\$870.86	\$1,024.54	\$1,459.97	\$527.64	\$896.99	\$1,055.28	\$1,503.77
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$425.99	\$724.18	\$851.97	\$1,214.06	\$438.77	\$745.90	\$877.53	\$1,250.48
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$421.36	\$716.31	\$842.72	\$1,200.88	\$434.00	\$737.80	\$868.00	\$1,236.91
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$422.22	\$717.78	\$844.44	\$1,203.33	\$434.89	\$739.31	\$869.78	\$1,239.43
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$421.24	\$716.11	\$842.49	\$1,200.54	\$433.88	\$737.60	\$867.76	\$1,236.56
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$419.63	\$713.37	\$839.26	\$1,195.95	\$432.22	\$734.77	\$864.44	\$1,231.83
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$416.88	\$708.69	\$833.76	\$1,188.10	\$429.39	\$729.95	\$858.77	\$1,223.75
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$480.16	\$816.26	\$960.31	\$1,368.44	\$494.56	\$840.75	\$989.12	\$1,409.50
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$504.48	\$857.62	\$1,008.96	\$1,437.77	\$519.62	\$883.35	\$1,039.23	\$1,480.90
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$506.10	\$860.36	\$1,012.19	\$1,442.37	\$521.28	\$886.17	\$1,042.56	\$1,485.65
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$483.92	\$822.66	\$967.83	\$1,379.16	\$498.43	\$847.34	\$996.87	\$1,420.54
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$478.02	\$812.63	\$956.04	\$1,362.36	\$492.36	\$837.01	\$984.72	\$1,403.23
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$478.02	\$812.63	\$956.04	\$1,362.36	\$492.36	\$837.01	\$984.72	\$1,403.23
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$626.92	\$1,065.76	\$1,253.84	\$1,786.72	\$645.73	\$1,097.73	\$1,291.45	\$1,840.32
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$584.81	\$994.19	\$1,169.63	\$1,666.72	\$602.36	\$1,024.01	\$1,204.72	\$1,716.72
14019508	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$501.46	\$852.48	\$1,002.92	\$1,429.16	\$516.50	\$878.06	\$1,033.01	\$1,472.04
14019507	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$504.70	\$857.99	\$1,009.40	\$1,438.39	\$519.84	\$883.73	\$1,039.68	\$1,481.55

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA04

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$439.88	\$747.79	\$879.75	\$1,253.65	\$453.07	\$770.22	\$906.15	\$1,291.26
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$435.10	\$739.67	\$870.20	\$1,240.04	\$448.15	\$761.86	\$896.31	\$1,277.24
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$435.99	\$741.18	\$871.98	\$1,242.57	\$449.07	\$763.42	\$898.14	\$1,279.85
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$434.98	\$739.46	\$869.96	\$1,239.69	\$448.03	\$761.65	\$896.05	\$1,276.88
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$433.31	\$736.63	\$866.63	\$1,234.94	\$446.31	\$758.73	\$892.62	\$1,271.99
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$430.47	\$731.80	\$860.94	\$1,226.84	\$443.39	\$753.76	\$886.77	\$1,263.65
14018886	OA EPO Silver 3000 70	Silver	EPO	\$499.75	\$849.58	\$999.50	\$1,424.29	\$514.74	\$875.06	\$1,029.49	\$1,467.02
14018884	OA EPO Silver 2000 60	Silver	EPO	\$525.07	\$892.62	\$1,050.14	\$1,496.45	\$540.82	\$919.40	\$1,081.64	\$1,541.34
14018885	OA EPO Silver 2000 90	Silver	EPO	\$526.75	\$895.48	\$1,053.50	\$1,501.24	\$542.55	\$922.34	\$1,085.11	\$1,546.28
14018890	OA MC Silver 2000 80	Silver	MC	\$503.67	\$856.23	\$1,007.33	\$1,435.45	\$518.78	\$881.92	\$1,037.55	\$1,478.51
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$497.53	\$845.80	\$995.06	\$1,417.96	\$512.45	\$871.17	\$1,024.91	\$1,460.50
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$497.53	\$845.80	\$995.06	\$1,417.96	\$512.45	\$871.17	\$1,024.91	\$1,460.50
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$652.50	\$1,109.26	\$1,305.01	\$1,859.63	\$672.08	\$1,142.53	\$1,344.16	\$1,915.42
14018883	OA EPO Gold 1000 90	Gold	EPO	\$608.68	\$1,034.76	\$1,217.36	\$1,734.74	\$626.94	\$1,065.80	\$1,253.88	\$1,786.78
14019510	NYC Community Plan Platinum 30	Platinum	EPO	\$521.94	\$887.27	\$1,043.85	\$1,487.48	\$537.58	\$913.89	\$1,075.16	\$1,532.11
14019509	NYC Community Plan Platinum 20	Platinum	EPO	\$525.31	\$893.00	\$1,050.59	\$1,497.10	\$541.06	\$919.79	\$1,082.11	\$1,542.01
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$436.82	\$742.59	\$873.64	\$1,244.93	\$449.92	\$764.87	\$899.85	\$1,282.28
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$432.08	\$734.53	\$864.15	\$1,231.42	\$445.04	\$756.57	\$890.08	\$1,268.36
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$432.96	\$736.03	\$865.92	\$1,233.93	\$445.95	\$758.11	\$891.90	\$1,270.95
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$431.95	\$734.32	\$863.91	\$1,231.07	\$444.91	\$756.35	\$889.83	\$1,268.00
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$430.30	\$731.51	\$860.60	\$1,226.36	\$443.21	\$753.46	\$886.42	\$1,263.15
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$427.48	\$726.72	\$854.96	\$1,218.32	\$440.30	\$748.52	\$880.61	\$1,254.87
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$492.37	\$837.02	\$984.73	\$1,403.24	\$507.14	\$862.13	\$1,014.27	\$1,445.34
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$517.31	\$879.43	\$1,034.62	\$1,474.33	\$532.83	\$905.81	\$1,065.66	\$1,518.56
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$518.97	\$882.24	\$1,037.93	\$1,479.05	\$534.53	\$908.71	\$1,069.07	\$1,523.42
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$496.22	\$843.58	\$992.44	\$1,414.23	\$511.11	\$868.88	\$1,022.22	\$1,456.66
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$490.18	\$833.30	\$980.35	\$1,397.00	\$504.88	\$858.30	\$1,009.76	\$1,438.91
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$490.18	\$833.30	\$980.35	\$1,397.00	\$504.88	\$858.30	\$1,009.76	\$1,438.91
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$642.86	\$1,092.86	\$1,285.72	\$1,832.15	\$662.15	\$1,125.65	\$1,324.29	\$1,887.12
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$599.69	\$1,019.47	\$1,199.37	\$1,709.11	\$617.68	\$1,050.05	\$1,235.35	\$1,760.38
14019508	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$514.23	\$874.16	\$1,028.42	\$1,465.50	\$529.64	\$900.38	\$1,059.28	\$1,509.47
14019507	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$517.55	\$879.81	\$1,035.07	\$1,474.97	\$533.06	\$906.20	\$1,066.12	\$1,519.22

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA04

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$451.09	\$766.86	\$902.19	\$1,285.61	\$464.63	\$789.86	\$929.25	\$1,324.18
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$446.20	\$758.53	\$892.39	\$1,271.66	\$459.58	\$781.29	\$919.16	\$1,309.81
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$447.11	\$760.08	\$894.21	\$1,274.25	\$460.52	\$782.88	\$921.04	\$1,312.48
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$446.07	\$758.32	\$892.14	\$1,271.30	\$459.45	\$781.07	\$918.90	\$1,309.44
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$444.36	\$755.42	\$888.72	\$1,266.43	\$457.69	\$778.08	\$915.39	\$1,304.43
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$441.45	\$750.46	\$882.90	\$1,258.13	\$454.69	\$772.98	\$909.38	\$1,295.87
14018886	OA EPO Silver 3000 70	Silver	EPO	\$512.49	\$871.24	\$1,024.99	\$1,460.61	\$527.87	\$897.38	\$1,055.74	\$1,504.43
14018884	OA EPO Silver 2000 60	Silver	EPO	\$538.46	\$915.38	\$1,076.92	\$1,534.60	\$554.61	\$942.84	\$1,109.22	\$1,580.64
14018885	OA EPO Silver 2000 90	Silver	EPO	\$540.18	\$918.31	\$1,080.36	\$1,539.52	\$556.39	\$945.86	\$1,112.77	\$1,585.70
14018890	OA MC Silver 2000 80	Silver	MC	\$516.51	\$878.06	\$1,033.02	\$1,472.05	\$532.00	\$904.41	\$1,064.01	\$1,516.21
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$510.22	\$867.37	\$1,020.43	\$1,454.11	\$525.52	\$893.39	\$1,051.04	\$1,497.74
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$510.22	\$867.37	\$1,020.43	\$1,454.11	\$525.52	\$893.39	\$1,051.04	\$1,497.74
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$669.14	\$1,137.54	\$1,338.28	\$1,907.05	\$689.22	\$1,171.67	\$1,378.43	\$1,964.27
14018883	OA EPO Gold 1000 90	Gold	EPO	\$624.20	\$1,061.14	\$1,248.41	\$1,778.98	\$642.93	\$1,092.98	\$1,285.86	\$1,832.35
14019510	NYC Community Plan Platinum 30	Platinum	EPO	\$535.26	\$909.90	\$1,070.47	\$1,525.41	\$551.29	\$937.19	\$1,102.58	\$1,571.18
14019509	NYC Community Plan Platinum 20	Platinum	EPO	\$538.71	\$915.78	\$1,077.38	\$1,535.27	\$554.85	\$943.25	\$1,109.70	\$1,581.33
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$447.96	\$761.53	\$895.91	\$1,276.68	\$461.40	\$784.37	\$922.79	\$1,314.98
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$443.09	\$753.26	\$886.19	\$1,262.82	\$456.39	\$775.86	\$912.77	\$1,300.70
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$444.00	\$754.80	\$888.00	\$1,265.40	\$457.32	\$777.44	\$914.64	\$1,303.36
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$442.97	\$753.05	\$885.94	\$1,262.46	\$456.26	\$775.64	\$912.52	\$1,300.34
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$441.27	\$750.17	\$882.55	\$1,257.63	\$454.51	\$772.67	\$909.02	\$1,295.36
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$438.38	\$745.25	\$876.76	\$1,249.38	\$451.53	\$767.60	\$903.06	\$1,286.86
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$504.92	\$858.36	\$1,009.84	\$1,439.02	\$520.07	\$884.12	\$1,040.14	\$1,482.19
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$530.50	\$901.85	\$1,061.00	\$1,511.93	\$546.42	\$928.91	\$1,092.83	\$1,557.28
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$532.20	\$904.74	\$1,064.40	\$1,516.77	\$548.17	\$931.88	\$1,096.33	\$1,562.27
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$508.88	\$865.09	\$1,017.75	\$1,450.29	\$524.14	\$891.04	\$1,048.28	\$1,493.80
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$502.68	\$854.55	\$1,005.35	\$1,432.62	\$517.76	\$880.18	\$1,035.51	\$1,475.60
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$502.68	\$854.55	\$1,005.35	\$1,432.62	\$517.76	\$880.18	\$1,035.51	\$1,475.60
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$659.25	\$1,120.73	\$1,318.51	\$1,878.87	\$679.03	\$1,154.35	\$1,358.06	\$1,935.24
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$614.98	\$1,045.46	\$1,229.96	\$1,752.69	\$633.43	\$1,076.83	\$1,266.85	\$1,805.27
14019508	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$527.35	\$896.45	\$1,054.65	\$1,502.87	\$543.14	\$923.34	\$1,086.29	\$1,547.96
14019507	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$530.75	\$902.24	\$1,061.46	\$1,512.58	\$546.65	\$929.31	\$1,093.30	\$1,557.96

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$292.85	\$497.85	\$585.70	\$834.63	\$301.64	\$512.78	\$603.27	\$859.67
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$289.67	\$492.44	\$579.34	\$825.57	\$298.36	\$507.22	\$596.73	\$850.33
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$290.26	\$493.45	\$580.53	\$827.25	\$298.97	\$508.25	\$597.94	\$852.07
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$289.59	\$492.30	\$579.18	\$825.33	\$298.28	\$507.07	\$596.56	\$850.09
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$288.48	\$490.42	\$576.96	\$822.17	\$297.14	\$505.13	\$594.27	\$846.84
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$286.59	\$487.20	\$573.18	\$816.78	\$295.19	\$501.82	\$590.38	\$841.29
14018886	OA EPO Silver 3000 70	Silver	EPO	\$332.71	\$565.61	\$665.43	\$948.23	\$342.69	\$582.58	\$685.39	\$976.68
14018884	OA EPO Silver 2000 60	Silver	EPO	\$349.57	\$594.27	\$699.14	\$996.27	\$360.06	\$612.10	\$720.11	\$1,026.16
14018885	OA EPO Silver 2000 90	Silver	EPO	\$350.69	\$596.17	\$701.38	\$999.46	\$361.21	\$614.06	\$722.42	\$1,029.45
14018890	OA MC Silver 2000 80	Silver	MC	\$335.32	\$570.04	\$670.64	\$955.66	\$345.38	\$587.14	\$690.76	\$984.33
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$331.23	\$563.10	\$662.47	\$944.02	\$341.17	\$579.99	\$682.34	\$972.34
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$331.23	\$563.10	\$662.47	\$944.02	\$341.17	\$579.99	\$682.34	\$972.34
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$434.41	\$738.50	\$868.82	\$1,238.07	\$447.44	\$760.65	\$894.88	\$1,275.21
14018883	OA EPO Gold 1000 90	Gold	EPO	\$405.24	\$688.90	\$810.47	\$1,154.92	\$417.39	\$709.57	\$834.78	\$1,189.57
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$290.82	\$494.39	\$581.63	\$828.83	\$299.54	\$509.22	\$599.08	\$853.69
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$287.66	\$489.02	\$575.32	\$819.83	\$296.29	\$503.69	\$592.58	\$844.42
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$288.25	\$490.02	\$576.49	\$821.50	\$296.89	\$504.72	\$593.79	\$846.15
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$287.58	\$488.88	\$575.16	\$819.60	\$296.21	\$503.55	\$592.41	\$844.18
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$286.48	\$487.01	\$572.95	\$816.46	\$295.07	\$501.62	\$590.14	\$840.95
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$284.60	\$483.82	\$569.20	\$811.11	\$293.14	\$498.33	\$586.27	\$835.44
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$327.80	\$557.25	\$655.59	\$934.22	\$337.63	\$573.97	\$675.26	\$962.25
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$344.40	\$585.49	\$688.81	\$981.55	\$354.74	\$603.05	\$709.47	\$1,011.00
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$345.51	\$587.36	\$691.01	\$984.69	\$355.87	\$604.98	\$711.74	\$1,014.23
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$330.36	\$561.62	\$660.73	\$941.54	\$340.28	\$578.47	\$680.55	\$969.78
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$326.34	\$554.78	\$652.68	\$930.07	\$336.13	\$571.42	\$672.26	\$957.97
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$326.34	\$554.78	\$652.68	\$930.07	\$336.13	\$571.42	\$672.26	\$957.97
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$427.99	\$727.58	\$855.98	\$1,219.77	\$440.83	\$749.41	\$881.66	\$1,256.37
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$399.25	\$678.72	\$798.49	\$1,137.85	\$411.22	\$699.08	\$822.45	\$1,171.99

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$300.28	\$510.47	\$600.56	\$855.79	\$309.29	\$525.79	\$618.57	\$881.47
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$297.02	\$504.93	\$594.04	\$846.50	\$305.93	\$520.08	\$611.86	\$871.90
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$297.62	\$505.96	\$595.25	\$848.23	\$306.55	\$521.14	\$613.11	\$873.68
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$296.93	\$504.79	\$593.87	\$846.26	\$305.84	\$519.93	\$611.68	\$871.65
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$295.80	\$502.86	\$591.59	\$843.02	\$304.67	\$517.94	\$609.34	\$868.31
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$293.86	\$499.56	\$587.72	\$837.49	\$302.67	\$514.54	\$605.35	\$862.62
14018886	OA EPO Silver 3000 70	Silver	EPO	\$341.15	\$579.96	\$682.30	\$972.28	\$351.38	\$597.35	\$702.77	\$1,001.45
14018884	OA EPO Silver 2000 60	Silver	EPO	\$358.43	\$609.34	\$716.87	\$1,021.54	\$369.19	\$627.62	\$738.37	\$1,052.18
14018885	OA EPO Silver 2000 90	Silver	EPO	\$359.58	\$611.29	\$719.16	\$1,024.81	\$370.37	\$629.63	\$740.74	\$1,055.55
14018890	OA MC Silver 2000 80	Silver	MC	\$343.82	\$584.50	\$687.65	\$979.89	\$354.14	\$602.03	\$708.27	\$1,009.29
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$339.63	\$577.38	\$679.27	\$967.96	\$349.82	\$594.70	\$699.65	\$996.99
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$339.63	\$577.38	\$679.27	\$967.96	\$349.82	\$594.70	\$699.65	\$996.99
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$445.43	\$757.22	\$890.85	\$1,269.46	\$458.79	\$779.94	\$917.58	\$1,307.55
14018883	OA EPO Gold 1000 90	Gold	EPO	\$415.51	\$706.37	\$831.02	\$1,184.21	\$427.98	\$727.56	\$855.95	\$1,219.73
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$298.19	\$506.92	\$596.38	\$849.84	\$307.14	\$522.13	\$614.27	\$875.34
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$294.95	\$501.42	\$589.91	\$840.62	\$303.80	\$516.46	\$607.60	\$865.83
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$295.56	\$502.44	\$591.11	\$842.33	\$304.42	\$517.52	\$608.84	\$867.60
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$294.87	\$501.28	\$589.74	\$840.38	\$303.72	\$516.32	\$607.43	\$865.59
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$293.74	\$499.36	\$587.48	\$837.16	\$302.55	\$514.34	\$605.11	\$862.28
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$291.82	\$496.09	\$583.63	\$831.67	\$300.57	\$510.97	\$601.14	\$856.62
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$336.11	\$571.38	\$672.22	\$957.91	\$346.19	\$588.53	\$692.38	\$986.65
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$353.14	\$600.33	\$706.27	\$1,006.44	\$363.73	\$618.34	\$727.46	\$1,036.63
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$354.27	\$602.25	\$708.54	\$1,009.66	\$364.90	\$620.32	\$729.79	\$1,039.95
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$338.74	\$575.86	\$677.48	\$965.41	\$348.90	\$593.14	\$697.81	\$994.38
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$334.61	\$568.84	\$669.23	\$953.65	\$344.65	\$585.91	\$689.31	\$982.26
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$334.61	\$568.84	\$669.23	\$953.65	\$344.65	\$585.91	\$689.31	\$982.26
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$438.84	\$746.03	\$877.69	\$1,250.70	\$452.01	\$768.41	\$904.02	\$1,288.22
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$409.37	\$695.93	\$818.74	\$1,166.71	\$421.65	\$716.81	\$843.30	\$1,201.71

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$307.91	\$523.45	\$615.83	\$877.55	\$317.15	\$539.16	\$634.30	\$903.88
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$304.57	\$517.77	\$609.14	\$868.03	\$313.71	\$533.30	\$627.42	\$894.07
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$305.19	\$518.83	\$610.39	\$869.80	\$314.35	\$534.39	\$628.70	\$895.89
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$304.48	\$517.62	\$608.97	\$867.78	\$313.62	\$533.15	\$627.24	\$893.81
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$303.32	\$515.64	\$606.64	\$864.46	\$312.42	\$531.11	\$624.84	\$890.39
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$301.33	\$512.26	\$602.66	\$858.79	\$310.37	\$527.63	\$620.74	\$884.55
14018886	OA EPO Silver 3000 70	Silver	EPO	\$349.83	\$594.70	\$699.65	\$997.00	\$360.32	\$612.54	\$720.64	\$1,026.91
14018884	OA EPO Silver 2000 60	Silver	EPO	\$367.55	\$624.83	\$735.10	\$1,047.51	\$378.57	\$643.58	\$757.15	\$1,078.94
14018885	OA EPO Silver 2000 90	Silver	EPO	\$368.73	\$626.83	\$737.45	\$1,050.87	\$379.79	\$645.64	\$759.57	\$1,082.39
14018890	OA MC Silver 2000 80	Silver	MC	\$352.57	\$599.36	\$705.13	\$1,004.81	\$363.14	\$617.34	\$726.29	\$1,034.96
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$348.27	\$592.06	\$696.54	\$992.57	\$358.72	\$609.82	\$717.44	\$1,022.35
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$348.27	\$592.06	\$696.54	\$992.57	\$358.72	\$609.82	\$717.44	\$1,022.35
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$456.75	\$776.48	\$913.50	\$1,301.74	\$470.45	\$799.77	\$940.91	\$1,340.80
14018883	OA EPO Gold 1000 90	Gold	EPO	\$426.08	\$724.33	\$852.15	\$1,214.32	\$438.86	\$746.06	\$877.72	\$1,250.75
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$305.77	\$519.81	\$611.55	\$871.45	\$314.95	\$535.41	\$629.89	\$897.60
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$302.45	\$514.17	\$604.91	\$861.99	\$311.53	\$529.60	\$623.05	\$887.85
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$303.07	\$515.22	\$606.14	\$863.75	\$312.16	\$530.68	\$624.33	\$889.67
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$302.37	\$514.03	\$604.74	\$861.75	\$311.44	\$529.45	\$622.88	\$887.60
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$301.21	\$512.06	\$602.42	\$858.45	\$310.25	\$527.42	\$620.49	\$884.20
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$299.24	\$508.70	\$598.47	\$852.82	\$308.21	\$523.96	\$616.43	\$878.41
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$344.66	\$585.91	\$689.31	\$982.27	\$355.00	\$603.49	\$709.99	\$1,011.74
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$362.12	\$615.60	\$724.23	\$1,032.03	\$372.98	\$634.07	\$745.96	\$1,062.99
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$363.28	\$617.57	\$726.55	\$1,035.34	\$374.17	\$636.10	\$748.35	\$1,066.40
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$347.36	\$590.50	\$694.71	\$989.96	\$357.78	\$608.22	\$715.55	\$1,019.66
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$343.12	\$583.31	\$686.25	\$977.90	\$353.42	\$600.81	\$706.83	\$1,007.24
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$343.12	\$583.31	\$686.25	\$977.90	\$353.42	\$600.81	\$706.83	\$1,007.24
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$450.00	\$765.00	\$900.00	\$1,282.51	\$463.50	\$787.95	\$927.00	\$1,320.98
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$419.78	\$713.63	\$839.56	\$1,196.37	\$432.37	\$735.04	\$864.75	\$1,232.26

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$315.77	\$536.80	\$631.53	\$899.93	\$325.24	\$552.90	\$650.48	\$926.93
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$312.34	\$530.97	\$624.67	\$890.16	\$321.71	\$546.90	\$643.41	\$916.87
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$312.97	\$532.06	\$625.95	\$891.98	\$322.36	\$548.02	\$644.73	\$918.74
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$312.25	\$530.82	\$624.50	\$889.91	\$321.62	\$546.75	\$643.23	\$916.61
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$311.05	\$528.79	\$622.11	\$886.50	\$320.39	\$544.65	\$640.77	\$913.10
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$309.01	\$525.32	\$618.03	\$880.69	\$318.28	\$541.08	\$636.57	\$907.11
14018886	OA EPO Silver 3000 70	Silver	EPO	\$358.75	\$609.87	\$717.49	\$1,022.43	\$369.51	\$628.16	\$739.02	\$1,053.10
14018884	OA EPO Silver 2000 60	Silver	EPO	\$376.92	\$640.76	\$753.84	\$1,074.22	\$388.23	\$659.99	\$776.46	\$1,106.45
14018885	OA EPO Silver 2000 90	Silver	EPO	\$378.13	\$642.82	\$756.25	\$1,077.66	\$389.47	\$662.10	\$778.94	\$1,109.99
14018890	OA MC Silver 2000 80	Silver	MC	\$361.56	\$614.65	\$723.11	\$1,030.43	\$372.40	\$633.08	\$744.81	\$1,061.35
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$357.15	\$607.16	\$714.30	\$1,017.88	\$367.87	\$625.37	\$735.73	\$1,048.42
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$357.15	\$607.16	\$714.30	\$1,017.88	\$367.87	\$625.37	\$735.73	\$1,048.42
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$468.40	\$796.28	\$936.80	\$1,334.94	\$482.45	\$820.17	\$964.90	\$1,374.99
14018883	OA EPO Gold 1000 90	Gold	EPO	\$436.94	\$742.80	\$873.88	\$1,245.28	\$450.05	\$765.09	\$900.10	\$1,282.64
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$313.57	\$533.07	\$627.14	\$893.67	\$322.98	\$549.06	\$645.95	\$920.49
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$310.17	\$527.28	\$620.33	\$883.97	\$319.47	\$543.10	\$638.94	\$910.49
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$310.80	\$528.36	\$621.60	\$885.78	\$320.12	\$544.21	\$640.25	\$912.35
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$310.08	\$527.13	\$620.16	\$883.72	\$319.38	\$542.95	\$638.76	\$910.24
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$308.89	\$525.12	\$617.78	\$880.34	\$318.16	\$540.87	\$636.32	\$906.75
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$306.87	\$521.67	\$613.73	\$874.57	\$316.07	\$537.32	\$632.14	\$900.81
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$353.44	\$600.86	\$706.89	\$1,007.32	\$364.05	\$618.88	\$728.09	\$1,037.54
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$371.35	\$631.30	\$742.70	\$1,058.35	\$382.49	\$650.23	\$764.98	\$1,090.10
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$372.54	\$633.32	\$745.08	\$1,061.74	\$383.72	\$652.32	\$767.43	\$1,093.59
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$356.21	\$605.56	\$712.43	\$1,015.21	\$366.90	\$623.73	\$733.80	\$1,045.66
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$351.87	\$598.18	\$703.75	\$1,002.84	\$362.43	\$616.13	\$724.86	\$1,032.92
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$351.87	\$598.18	\$703.75	\$1,002.84	\$362.43	\$616.13	\$724.86	\$1,032.92
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$461.48	\$784.51	\$922.95	\$1,315.21	\$475.32	\$808.05	\$950.64	\$1,354.67
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$430.48	\$731.82	\$860.97	\$1,226.88	\$443.40	\$753.78	\$886.80	\$1,263.69

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$330.50	\$561.86	\$661.01	\$941.94	\$340.42	\$578.71	\$680.84	\$970.19
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$326.92	\$555.76	\$653.83	\$931.71	\$336.72	\$572.43	\$673.45	\$959.66
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$327.58	\$556.89	\$655.17	\$933.61	\$337.41	\$573.60	\$674.82	\$961.62
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$326.82	\$555.60	\$653.65	\$931.45	\$336.63	\$572.27	\$673.26	\$959.39
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$325.57	\$553.47	\$651.15	\$927.88	\$335.34	\$570.08	\$670.68	\$955.72
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$323.44	\$549.84	\$646.88	\$921.80	\$333.14	\$566.34	\$666.28	\$949.45
14018886	OA EPO Silver 3000 70	Silver	EPO	\$375.49	\$638.33	\$750.98	\$1,070.15	\$386.76	\$657.48	\$773.51	\$1,102.25
14018884	OA EPO Silver 2000 60	Silver	EPO	\$394.51	\$670.67	\$789.03	\$1,124.36	\$406.35	\$690.79	\$812.70	\$1,158.10
14018885	OA EPO Silver 2000 90	Silver	EPO	\$395.78	\$672.82	\$791.55	\$1,127.97	\$407.65	\$693.01	\$815.30	\$1,161.80
14018890	OA MC Silver 2000 80	Silver	MC	\$378.43	\$643.33	\$756.86	\$1,078.53	\$389.79	\$662.63	\$779.57	\$1,110.89
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$373.82	\$635.50	\$747.64	\$1,065.39	\$385.04	\$654.56	\$770.07	\$1,097.35
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$373.82	\$635.50	\$747.64	\$1,065.39	\$385.04	\$654.56	\$770.07	\$1,097.35
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$490.26	\$833.45	\$980.53	\$1,397.25	\$504.97	\$858.45	\$1,009.94	\$1,439.17
14018883	OA EPO Gold 1000 90	Gold	EPO	\$457.34	\$777.47	\$914.67	\$1,303.41	\$471.06	\$800.80	\$942.11	\$1,342.51
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$328.21	\$557.95	\$656.41	\$935.39	\$338.05	\$574.69	\$676.11	\$963.45
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$324.64	\$551.89	\$649.29	\$925.23	\$334.38	\$568.45	\$668.77	\$952.99
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$325.31	\$553.02	\$650.61	\$927.12	\$335.07	\$569.61	\$670.13	\$954.94
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$324.55	\$551.74	\$649.10	\$924.97	\$334.29	\$568.29	\$668.58	\$952.72
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$323.31	\$549.63	\$646.62	\$921.43	\$333.01	\$566.12	\$666.02	\$949.08
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$321.19	\$546.02	\$642.38	\$915.39	\$330.83	\$562.40	\$661.65	\$942.85
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$369.94	\$628.90	\$739.88	\$1,054.33	\$381.04	\$647.77	\$762.08	\$1,085.96
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$388.68	\$660.76	\$777.37	\$1,107.75	\$400.34	\$680.59	\$800.69	\$1,140.98
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$389.93	\$662.88	\$779.86	\$1,111.30	\$401.63	\$682.76	\$803.25	\$1,144.64
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$372.84	\$633.83	\$745.68	\$1,062.59	\$384.02	\$652.84	\$768.05	\$1,094.47
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$368.30	\$626.10	\$736.59	\$1,049.65	\$379.35	\$644.89	\$758.69	\$1,081.14
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$368.30	\$626.10	\$736.59	\$1,049.65	\$379.35	\$644.89	\$758.69	\$1,081.14
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$483.02	\$821.13	\$966.04	\$1,376.60	\$497.51	\$845.76	\$995.02	\$1,417.90
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$450.58	\$765.98	\$901.16	\$1,284.15	\$464.10	\$788.96	\$928.19	\$1,322.67

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$338.88	\$576.10	\$677.77	\$965.82	\$349.05	\$593.39	\$698.10	\$994.80
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$335.21	\$569.85	\$670.41	\$955.34	\$345.26	\$586.95	\$690.52	\$984.00
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$335.89	\$571.01	\$671.78	\$957.29	\$345.97	\$588.14	\$691.93	\$986.01
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$335.11	\$569.69	\$670.22	\$955.07	\$345.16	\$586.78	\$690.33	\$983.72
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$333.83	\$567.51	\$667.66	\$951.41	\$343.84	\$584.53	\$687.69	\$979.95
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$331.64	\$563.79	\$663.28	\$945.17	\$341.59	\$580.70	\$683.18	\$973.53
14018886	OA EPO Silver 3000 70	Silver	EPO	\$385.01	\$654.52	\$770.03	\$1,097.29	\$396.56	\$674.16	\$793.13	\$1,130.20
14018884	OA EPO Silver 2000 60	Silver	EPO	\$404.52	\$687.68	\$809.04	\$1,152.88	\$416.65	\$708.31	\$833.31	\$1,187.46
14018885	OA EPO Silver 2000 90	Silver	EPO	\$405.81	\$689.88	\$811.63	\$1,156.57	\$417.99	\$710.58	\$835.98	\$1,191.26
14018890	OA MC Silver 2000 80	Silver	MC	\$388.03	\$659.65	\$776.06	\$1,105.88	\$399.67	\$679.44	\$799.34	\$1,139.06
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$383.30	\$651.61	\$766.60	\$1,092.41	\$394.80	\$671.16	\$789.60	\$1,125.18
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$383.30	\$651.61	\$766.60	\$1,092.41	\$394.80	\$671.16	\$789.60	\$1,125.18
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$502.69	\$854.58	\$1,005.39	\$1,432.68	\$517.78	\$880.22	\$1,035.55	\$1,475.66
14018883	OA EPO Gold 1000 90	Gold	EPO	\$468.93	\$797.19	\$937.87	\$1,336.46	\$483.00	\$821.10	\$966.00	\$1,376.56
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$336.53	\$572.10	\$673.06	\$959.11	\$346.63	\$589.26	\$693.25	\$987.88
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$332.88	\$565.89	\$665.75	\$948.70	\$342.86	\$582.87	\$685.72	\$977.16
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$333.56	\$567.04	\$667.11	\$950.63	\$343.56	\$584.06	\$687.12	\$979.15
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$332.78	\$565.73	\$665.56	\$948.43	\$342.77	\$582.70	\$685.53	\$976.88
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$331.51	\$563.56	\$663.02	\$944.80	\$341.45	\$580.47	\$682.91	\$973.14
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$329.33	\$559.87	\$658.67	\$938.60	\$339.21	\$576.66	\$678.43	\$966.76
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$379.32	\$644.85	\$758.65	\$1,081.07	\$390.70	\$664.19	\$781.40	\$1,113.50
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$398.54	\$677.52	\$797.08	\$1,135.84	\$410.50	\$697.84	\$820.99	\$1,169.91
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$399.82	\$679.69	\$799.63	\$1,139.48	\$411.81	\$700.08	\$823.62	\$1,173.66
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$382.29	\$649.90	\$764.59	\$1,089.54	\$393.76	\$669.40	\$787.53	\$1,122.22
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$377.64	\$641.98	\$755.27	\$1,076.26	\$388.97	\$661.24	\$777.93	\$1,108.55
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$377.64	\$641.98	\$755.27	\$1,076.26	\$388.97	\$661.24	\$777.93	\$1,108.55
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$495.27	\$841.95	\$990.53	\$1,411.51	\$510.12	\$867.21	\$1,020.25	\$1,453.85
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$462.00	\$785.41	\$924.01	\$1,316.71	\$475.86	\$808.97	\$951.73	\$1,356.21

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$347.50	\$590.75	\$695.00	\$990.38	\$357.93	\$608.48	\$715.85	\$1,020.09
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$343.73	\$584.34	\$687.46	\$979.63	\$354.04	\$601.87	\$708.08	\$1,009.02
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$344.43	\$585.53	\$688.86	\$981.63	\$354.76	\$603.10	\$709.53	\$1,011.08
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$343.63	\$584.18	\$687.27	\$979.35	\$353.94	\$601.70	\$707.88	\$1,008.73
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$342.32	\$581.94	\$684.63	\$975.60	\$352.59	\$599.40	\$705.17	\$1,004.87
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$340.07	\$578.12	\$680.15	\$969.21	\$350.27	\$595.47	\$700.55	\$998.28
14018886	OA EPO Silver 3000 70	Silver	EPO	\$394.80	\$671.17	\$789.61	\$1,125.19	\$406.65	\$691.30	\$813.29	\$1,158.94
14018884	OA EPO Silver 2000 60	Silver	EPO	\$414.80	\$705.17	\$829.61	\$1,182.19	\$427.25	\$726.32	\$854.50	\$1,217.66
14018885	OA EPO Silver 2000 90	Silver	EPO	\$416.13	\$707.43	\$832.27	\$1,185.98	\$428.62	\$728.65	\$857.23	\$1,221.56
14018890	OA MC Silver 2000 80	Silver	MC	\$397.90	\$676.42	\$795.79	\$1,134.00	\$409.83	\$696.72	\$819.66	\$1,168.02
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$393.05	\$668.18	\$786.10	\$1,120.19	\$404.84	\$688.23	\$809.68	\$1,153.79
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$393.05	\$668.18	\$786.10	\$1,120.19	\$404.84	\$688.23	\$809.68	\$1,153.79
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$515.48	\$876.31	\$1,030.96	\$1,469.11	\$530.94	\$902.60	\$1,061.88	\$1,513.18
14018883	OA EPO Gold 1000 90	Gold	EPO	\$480.86	\$817.46	\$961.72	\$1,370.45	\$495.28	\$841.98	\$990.57	\$1,411.56
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$345.09	\$586.65	\$690.17	\$983.50	\$355.44	\$604.25	\$710.88	\$1,013.00
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$341.34	\$580.28	\$682.68	\$972.82	\$351.58	\$597.69	\$703.16	\$1,002.00
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$342.04	\$581.46	\$684.07	\$974.81	\$352.30	\$598.91	\$704.60	\$1,004.05
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$341.24	\$580.11	\$682.49	\$972.55	\$351.48	\$597.52	\$702.96	\$1,001.72
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$339.94	\$577.89	\$679.88	\$968.82	\$350.14	\$595.23	\$700.27	\$997.89
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$337.71	\$574.11	\$675.42	\$962.47	\$347.84	\$591.33	\$695.68	\$991.34
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$388.97	\$661.25	\$777.94	\$1,108.56	\$400.64	\$681.08	\$801.28	\$1,141.82
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$408.67	\$694.75	\$817.35	\$1,164.72	\$420.93	\$715.59	\$841.87	\$1,199.66
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$409.98	\$696.97	\$819.97	\$1,168.45	\$422.28	\$717.88	\$844.57	\$1,203.51
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$392.02	\$666.43	\$784.03	\$1,117.24	\$403.78	\$686.42	\$807.55	\$1,150.76
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$387.24	\$658.31	\$774.48	\$1,103.63	\$398.86	\$678.06	\$797.71	\$1,136.74
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$387.24	\$658.31	\$774.48	\$1,103.63	\$398.86	\$678.06	\$797.71	\$1,136.74
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$507.86	\$863.36	\$1,015.72	\$1,447.40	\$523.10	\$889.26	\$1,046.19	\$1,490.82
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$473.75	\$805.38	\$947.50	\$1,350.19	\$487.96	\$829.54	\$975.93	\$1,390.70

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$356.36	\$605.82	\$712.73	\$1,015.64	\$367.05	\$623.99	\$734.11	\$1,046.10
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$352.49	\$599.24	\$704.99	\$1,004.61	\$363.07	\$617.22	\$726.14	\$1,034.75
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$353.21	\$600.46	\$706.43	\$1,006.66	\$363.81	\$618.48	\$727.62	\$1,036.86
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$352.40	\$599.07	\$704.79	\$1,004.33	\$362.97	\$617.04	\$725.93	\$1,034.46
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$351.05	\$596.78	\$702.09	\$1,000.48	\$361.58	\$614.68	\$723.16	\$1,030.50
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$348.74	\$592.87	\$697.49	\$993.92	\$359.21	\$610.65	\$718.41	\$1,023.74
14018886	OA EPO Silver 3000 70	Silver	EPO	\$404.87	\$688.28	\$809.74	\$1,153.88	\$417.02	\$708.93	\$834.03	\$1,188.50
14018884	OA EPO Silver 2000 60	Silver	EPO	\$425.38	\$723.15	\$850.76	\$1,212.34	\$438.14	\$744.84	\$876.29	\$1,248.71
14018885	OA EPO Silver 2000 90	Silver	EPO	\$426.74	\$725.46	\$853.49	\$1,216.22	\$439.55	\$747.23	\$879.09	\$1,252.71
14018890	OA MC Silver 2000 80	Silver	MC	\$408.04	\$693.67	\$816.08	\$1,162.92	\$420.28	\$714.48	\$840.57	\$1,197.81
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$403.07	\$685.22	\$806.14	\$1,148.75	\$415.16	\$705.78	\$830.32	\$1,183.21
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$403.07	\$685.22	\$806.14	\$1,148.75	\$415.16	\$705.78	\$830.32	\$1,183.21
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$528.62	\$898.66	\$1,057.24	\$1,506.57	\$544.48	\$925.62	\$1,088.96	\$1,551.77
14018883	OA EPO Gold 1000 90	Gold	EPO	\$493.12	\$838.30	\$986.24	\$1,405.39	\$507.91	\$863.45	\$1,015.83	\$1,447.55
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$353.89	\$601.61	\$707.77	\$1,008.58	\$364.50	\$619.65	\$729.01	\$1,038.83
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$350.04	\$595.08	\$700.09	\$997.63	\$360.55	\$612.93	\$721.09	\$1,027.55
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$350.76	\$596.29	\$701.52	\$999.66	\$361.28	\$614.18	\$722.56	\$1,029.65
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$349.95	\$594.91	\$699.89	\$997.34	\$360.44	\$612.75	\$720.89	\$1,027.27
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$348.61	\$592.63	\$697.21	\$993.53	\$359.06	\$610.41	\$718.13	\$1,023.33
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$346.32	\$588.74	\$692.64	\$987.01	\$356.71	\$606.41	\$713.42	\$1,016.62
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$398.89	\$678.11	\$797.77	\$1,136.83	\$410.85	\$698.45	\$821.71	\$1,170.93
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$419.10	\$712.46	\$838.19	\$1,194.42	\$431.67	\$733.84	\$863.34	\$1,230.25
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$420.44	\$714.74	\$840.87	\$1,198.25	\$433.05	\$736.19	\$866.10	\$1,234.19
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$402.01	\$683.42	\$804.02	\$1,145.73	\$414.07	\$703.92	\$828.14	\$1,180.11
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$397.11	\$675.09	\$794.23	\$1,131.77	\$409.03	\$695.35	\$818.05	\$1,165.73
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$397.11	\$675.09	\$794.23	\$1,131.77	\$409.03	\$695.35	\$818.05	\$1,165.73
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$520.81	\$885.38	\$1,041.62	\$1,484.31	\$536.43	\$911.94	\$1,072.87	\$1,528.84
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$485.83	\$825.91	\$971.66	\$1,384.62	\$500.41	\$850.69	\$1,000.81	\$1,426.16

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA07

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$343.05	\$583.19	\$686.11	\$977.71	\$353.35	\$600.69	\$706.69	\$1,007.04
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$339.33	\$576.86	\$678.66	\$967.09	\$349.51	\$594.17	\$699.02	\$996.10
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$340.02	\$578.04	\$680.05	\$969.07	\$350.22	\$595.38	\$700.45	\$998.14
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$339.23	\$576.70	\$678.47	\$966.82	\$349.41	\$594.00	\$698.82	\$995.82
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$337.94	\$574.49	\$675.87	\$963.12	\$348.07	\$591.73	\$696.15	\$992.01
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$335.72	\$570.72	\$671.44	\$956.80	\$345.79	\$587.85	\$691.58	\$985.51
14018886	OA EPO Silver 3000 70	Silver	EPO	\$389.75	\$662.58	\$779.50	\$1,110.79	\$401.44	\$682.45	\$802.89	\$1,144.11
14018884	OA EPO Silver 2000 60	Silver	EPO	\$409.50	\$696.14	\$818.99	\$1,167.06	\$421.78	\$717.03	\$843.56	\$1,202.07
14018885	OA EPO Silver 2000 90	Silver	EPO	\$410.81	\$698.37	\$821.61	\$1,170.80	\$423.13	\$719.32	\$846.26	\$1,205.92
14018890	OA MC Silver 2000 80	Silver	MC	\$392.80	\$667.77	\$785.61	\$1,119.49	\$404.59	\$687.80	\$809.17	\$1,153.07
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$388.02	\$659.63	\$776.03	\$1,105.85	\$399.66	\$679.42	\$799.32	\$1,139.03
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$388.02	\$659.63	\$776.03	\$1,105.85	\$399.66	\$679.42	\$799.32	\$1,139.03
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$508.88	\$865.10	\$1,017.76	\$1,450.31	\$524.15	\$891.05	\$1,048.29	\$1,493.82
14018883	OA EPO Gold 1000 90	Gold	EPO	\$474.70	\$807.00	\$949.41	\$1,352.91	\$488.95	\$831.21	\$977.89	\$1,393.49
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$340.67	\$579.14	\$681.34	\$970.91	\$350.89	\$596.51	\$701.78	\$1,000.04
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$336.97	\$572.85	\$673.94	\$960.37	\$347.08	\$590.04	\$694.16	\$989.18
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$337.66	\$574.02	\$675.32	\$962.33	\$347.79	\$591.24	\$695.58	\$991.20
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$336.88	\$572.69	\$673.75	\$960.10	\$346.98	\$589.87	\$693.97	\$988.90
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$335.59	\$570.50	\$671.17	\$956.42	\$345.65	\$587.61	\$691.31	\$985.12
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$333.39	\$566.76	\$666.77	\$950.15	\$343.39	\$583.76	\$686.78	\$978.66
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$383.99	\$652.78	\$767.98	\$1,094.37	\$395.51	\$672.37	\$791.02	\$1,127.20
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$403.44	\$685.85	\$806.89	\$1,149.82	\$415.55	\$706.43	\$831.09	\$1,184.31
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$404.74	\$688.05	\$809.47	\$1,153.50	\$416.88	\$708.69	\$833.76	\$1,188.10
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$387.00	\$657.90	\$774.00	\$1,102.95	\$398.61	\$677.63	\$797.22	\$1,136.03
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$382.28	\$649.88	\$764.57	\$1,089.51	\$393.75	\$669.38	\$787.50	\$1,122.19
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$382.28	\$649.88	\$764.57	\$1,089.51	\$393.75	\$669.38	\$787.50	\$1,122.19
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$501.36	\$852.31	\$1,002.72	\$1,428.88	\$516.40	\$877.88	\$1,032.80	\$1,471.74
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$467.69	\$795.07	\$935.38	\$1,332.91	\$481.72	\$818.92	\$963.44	\$1,372.90

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA07

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$351.75	\$597.98	\$703.51	\$1,002.50	\$362.31	\$615.92	\$724.61	\$1,032.57
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$347.94	\$591.49	\$695.87	\$991.62	\$358.37	\$609.23	\$716.75	\$1,021.36
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$348.65	\$592.70	\$697.29	\$993.64	\$359.11	\$610.48	\$718.21	\$1,023.45
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$347.84	\$591.32	\$695.67	\$991.34	\$358.27	\$609.06	\$716.54	\$1,021.08
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$346.51	\$589.06	\$693.01	\$987.54	\$356.90	\$606.73	\$713.80	\$1,017.17
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$344.23	\$585.20	\$688.47	\$981.06	\$354.56	\$602.75	\$709.12	\$1,010.50
14018886	OA EPO Silver 3000 70	Silver	EPO	\$399.63	\$679.38	\$799.27	\$1,138.95	\$411.62	\$699.76	\$823.24	\$1,173.12
14018884	OA EPO Silver 2000 60	Silver	EPO	\$419.88	\$713.80	\$839.76	\$1,196.66	\$432.48	\$735.21	\$864.95	\$1,232.56
14018885	OA EPO Silver 2000 90	Silver	EPO	\$421.22	\$716.08	\$842.45	\$1,200.49	\$433.86	\$737.56	\$867.72	\$1,236.50
14018890	OA MC Silver 2000 80	Silver	MC	\$402.76	\$684.70	\$805.53	\$1,147.88	\$414.85	\$705.24	\$829.69	\$1,182.31
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$397.86	\$676.36	\$795.71	\$1,133.89	\$409.79	\$696.65	\$819.58	\$1,167.91
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$397.86	\$676.36	\$795.71	\$1,133.89	\$409.79	\$696.65	\$819.58	\$1,167.91
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$521.78	\$887.03	\$1,043.57	\$1,487.09	\$537.44	\$913.64	\$1,074.88	\$1,531.70
14018883	OA EPO Gold 1000 90	Gold	EPO	\$486.74	\$827.46	\$973.48	\$1,387.21	\$501.34	\$852.28	\$1,002.69	\$1,428.83
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$349.31	\$593.83	\$698.62	\$995.53	\$359.79	\$611.64	\$719.58	\$1,025.40
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$345.52	\$587.38	\$691.03	\$984.72	\$355.88	\$605.00	\$711.76	\$1,014.26
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$346.22	\$588.58	\$692.44	\$986.73	\$356.61	\$606.24	\$713.22	\$1,016.34
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$345.42	\$587.21	\$690.84	\$984.44	\$355.78	\$604.83	\$711.56	\$1,013.98
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$344.10	\$584.96	\$688.19	\$980.68	\$354.42	\$602.51	\$708.84	\$1,010.10
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$341.84	\$581.13	\$683.68	\$974.25	\$352.10	\$598.56	\$704.19	\$1,003.47
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$393.73	\$669.34	\$787.45	\$1,122.12	\$405.54	\$689.42	\$811.08	\$1,155.79
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$413.67	\$703.25	\$827.35	\$1,178.97	\$426.08	\$724.34	\$852.17	\$1,214.34
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$415.00	\$705.50	\$830.00	\$1,182.75	\$427.45	\$726.66	\$854.90	\$1,218.23
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$396.81	\$674.58	\$793.62	\$1,130.91	\$408.72	\$694.82	\$817.43	\$1,164.84
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$391.98	\$666.36	\$783.95	\$1,117.13	\$403.74	\$686.35	\$807.47	\$1,150.65
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$391.98	\$666.36	\$783.95	\$1,117.13	\$403.74	\$686.35	\$807.47	\$1,150.65
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$514.07	\$873.92	\$1,028.15	\$1,465.11	\$529.50	\$900.14	\$1,058.99	\$1,509.06
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$479.55	\$815.23	\$959.10	\$1,366.71	\$493.93	\$839.69	\$987.87	\$1,407.71

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA07

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$360.70	\$613.19	\$721.40	\$1,027.99	\$371.52	\$631.58	\$743.04	\$1,058.83
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$356.78	\$606.53	\$713.57	\$1,016.83	\$367.49	\$624.73	\$734.97	\$1,047.34
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$357.51	\$607.77	\$715.02	\$1,018.91	\$368.24	\$626.00	\$736.47	\$1,049.47
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$356.68	\$606.36	\$713.36	\$1,016.54	\$367.38	\$624.55	\$734.77	\$1,047.04
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$355.32	\$604.04	\$710.63	\$1,012.65	\$365.98	\$622.16	\$731.95	\$1,043.03
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$352.99	\$600.08	\$705.97	\$1,006.01	\$363.58	\$618.08	\$727.15	\$1,036.19
14018886	OA EPO Silver 3000 70	Silver	EPO	\$409.80	\$696.65	\$819.59	\$1,167.92	\$422.09	\$717.55	\$844.18	\$1,202.95
14018884	OA EPO Silver 2000 60	Silver	EPO	\$430.56	\$731.95	\$861.11	\$1,227.09	\$443.47	\$753.90	\$886.95	\$1,263.90
14018885	OA EPO Silver 2000 90	Silver	EPO	\$431.94	\$734.29	\$863.87	\$1,231.02	\$444.89	\$756.32	\$889.79	\$1,267.95
14018890	OA MC Silver 2000 80	Silver	MC	\$413.01	\$702.11	\$826.01	\$1,177.07	\$425.40	\$723.17	\$850.79	\$1,212.38
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$407.97	\$693.56	\$815.95	\$1,162.72	\$420.21	\$714.36	\$840.43	\$1,197.61
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$407.97	\$693.56	\$815.95	\$1,162.72	\$420.21	\$714.36	\$840.43	\$1,197.61
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$535.05	\$909.59	\$1,070.11	\$1,524.90	\$551.10	\$936.88	\$1,102.21	\$1,570.65
14018883	OA EPO Gold 1000 90	Gold	EPO	\$499.12	\$848.50	\$998.24	\$1,422.49	\$514.09	\$873.96	\$1,028.18	\$1,465.16
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$358.19	\$608.93	\$716.38	\$1,020.85	\$368.94	\$627.19	\$737.87	\$1,051.47
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$354.30	\$602.31	\$708.61	\$1,009.76	\$364.93	\$620.38	\$729.86	\$1,040.06
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$355.03	\$603.54	\$710.05	\$1,011.82	\$365.68	\$621.65	\$731.35	\$1,042.18
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$354.20	\$602.14	\$708.41	\$1,009.48	\$364.83	\$620.21	\$729.66	\$1,039.76
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$352.85	\$599.84	\$705.69	\$1,005.61	\$363.43	\$617.84	\$726.86	\$1,035.78
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$350.53	\$595.91	\$701.07	\$999.02	\$361.05	\$613.78	\$722.10	\$1,028.99
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$403.74	\$686.36	\$807.48	\$1,150.66	\$415.85	\$706.95	\$831.70	\$1,185.18
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$424.19	\$721.13	\$848.39	\$1,208.95	\$436.92	\$742.76	\$873.84	\$1,245.22
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$425.55	\$723.44	\$851.10	\$1,212.82	\$438.32	\$745.14	\$876.64	\$1,249.21
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$406.90	\$691.73	\$813.80	\$1,159.67	\$419.11	\$712.49	\$838.22	\$1,194.46
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$401.94	\$683.31	\$803.89	\$1,145.54	\$414.00	\$703.80	\$828.01	\$1,179.91
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$401.94	\$683.31	\$803.89	\$1,145.54	\$414.00	\$703.80	\$828.01	\$1,179.91
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$527.15	\$896.15	\$1,054.29	\$1,502.37	\$542.96	\$923.03	\$1,085.92	\$1,547.44
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$491.74	\$835.96	\$983.49	\$1,401.47	\$506.49	\$861.04	\$1,012.99	\$1,443.51

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA07

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$369.90	\$628.82	\$739.79	\$1,054.20	\$380.99	\$647.69	\$761.99	\$1,085.83
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$365.88	\$622.00	\$731.76	\$1,042.76	\$376.86	\$640.66	\$753.71	\$1,074.04
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$366.63	\$623.27	\$733.26	\$1,044.89	\$377.63	\$641.97	\$755.25	\$1,076.24
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$365.78	\$621.82	\$731.55	\$1,042.47	\$376.75	\$640.48	\$753.50	\$1,073.74
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$364.38	\$619.44	\$728.75	\$1,038.47	\$375.31	\$638.02	\$750.62	\$1,069.63
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$361.99	\$615.38	\$723.98	\$1,031.66	\$372.85	\$633.84	\$745.69	\$1,062.61
14018886	OA EPO Silver 3000 70	Silver	EPO	\$420.25	\$714.42	\$840.49	\$1,197.70	\$432.85	\$735.85	\$865.70	\$1,233.63
14018884	OA EPO Silver 2000 60	Silver	EPO	\$441.54	\$750.61	\$883.07	\$1,258.38	\$454.78	\$773.13	\$909.56	\$1,296.13
14018885	OA EPO Silver 2000 90	Silver	EPO	\$442.95	\$753.01	\$885.90	\$1,262.41	\$456.24	\$775.60	\$912.48	\$1,300.28
14018890	OA MC Silver 2000 80	Silver	MC	\$423.54	\$720.01	\$847.07	\$1,207.08	\$436.24	\$741.61	\$872.49	\$1,243.29
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$418.38	\$711.24	\$836.75	\$1,192.37	\$430.93	\$732.58	\$861.86	\$1,228.14
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$418.38	\$711.24	\$836.75	\$1,192.37	\$430.93	\$732.58	\$861.86	\$1,228.14
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$548.70	\$932.78	\$1,097.39	\$1,563.78	\$565.16	\$960.77	\$1,130.31	\$1,610.70
14018883	OA EPO Gold 1000 90	Gold	EPO	\$511.85	\$870.14	\$1,023.69	\$1,458.76	\$527.20	\$896.24	\$1,054.40	\$1,502.52
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$367.33	\$624.45	\$734.65	\$1,046.88	\$378.34	\$643.19	\$756.69	\$1,078.28
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$363.34	\$617.67	\$726.67	\$1,035.51	\$374.24	\$636.20	\$748.47	\$1,066.58
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$364.08	\$618.93	\$728.16	\$1,037.63	\$375.00	\$637.50	\$750.00	\$1,068.75
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$363.23	\$617.50	\$726.47	\$1,035.22	\$374.13	\$636.02	\$748.26	\$1,066.28
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$361.84	\$615.14	\$723.69	\$1,031.26	\$372.70	\$633.59	\$745.40	\$1,062.19
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$359.47	\$611.10	\$718.94	\$1,024.49	\$370.26	\$629.43	\$740.51	\$1,055.23
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$414.03	\$703.86	\$828.07	\$1,180.00	\$426.46	\$724.97	\$852.91	\$1,215.40
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$435.01	\$739.52	\$870.02	\$1,239.78	\$448.06	\$761.70	\$896.12	\$1,276.97
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$436.40	\$741.89	\$872.81	\$1,243.75	\$449.50	\$764.14	\$898.99	\$1,281.06
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$417.28	\$709.37	\$834.56	\$1,189.24	\$429.80	\$730.65	\$859.59	\$1,224.92
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$412.19	\$700.73	\$824.39	\$1,174.75	\$424.56	\$721.75	\$849.12	\$1,209.99
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$412.19	\$700.73	\$824.39	\$1,174.75	\$424.56	\$721.75	\$849.12	\$1,209.99
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$540.59	\$919.00	\$1,081.18	\$1,540.67	\$556.81	\$946.57	\$1,113.61	\$1,586.89
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$504.28	\$857.28	\$1,008.56	\$1,437.20	\$519.41	\$883.00	\$1,038.82	\$1,480.32

**1Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA08

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 1Q 2014	Child(ren) Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014	Premium Rate 1Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$418.36	\$711.21	\$836.72	\$1,192.32	\$430.91	\$732.55	\$861.82	\$1,228.09
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$413.82	\$703.49	\$827.64	\$1,179.38	\$426.23	\$724.59	\$852.46	\$1,214.76
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$414.66	\$704.93	\$829.33	\$1,181.79	\$427.10	\$726.07	\$854.21	\$1,217.24
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$413.70	\$703.29	\$827.40	\$1,179.05	\$426.11	\$724.39	\$852.22	\$1,214.42
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$412.12	\$700.60	\$824.23	\$1,174.53	\$424.48	\$721.62	\$848.96	\$1,209.77
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$409.41	\$696.01	\$818.83	\$1,166.83	\$421.70	\$716.89	\$843.39	\$1,201.84
14018886	OA EPO Silver 3000 70	Silver	EPO	\$475.31	\$808.02	\$950.61	\$1,354.62	\$489.56	\$832.26	\$979.13	\$1,395.26
14018884	OA EPO Silver 2000 60	Silver	EPO	\$499.38	\$848.95	\$998.77	\$1,423.25	\$514.37	\$874.42	\$1,028.73	\$1,465.94
14018885	OA EPO Silver 2000 90	Silver	EPO	\$500.98	\$851.67	\$1,001.97	\$1,427.80	\$516.01	\$877.22	\$1,032.03	\$1,470.64
14018890	OA MC Silver 2000 80	Silver	MC	\$479.03	\$814.35	\$958.06	\$1,365.23	\$493.40	\$838.78	\$986.80	\$1,406.19
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$473.19	\$804.43	\$946.38	\$1,348.60	\$487.39	\$828.56	\$974.78	\$1,389.05
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$473.19	\$804.43	\$946.38	\$1,348.60	\$487.39	\$828.56	\$974.78	\$1,389.05
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$620.59	\$1,055.00	\$1,241.17	\$1,768.67	\$639.20	\$1,086.65	\$1,278.41	\$1,821.73
14018883	OA EPO Gold 1000 90	Gold	EPO	\$578.91	\$984.14	\$1,157.82	\$1,649.89	\$596.27	\$1,013.67	\$1,192.55	\$1,699.38
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$415.45	\$706.27	\$830.90	\$1,184.04	\$427.92	\$727.46	\$855.83	\$1,219.56
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$410.94	\$698.60	\$821.88	\$1,171.18	\$423.27	\$719.56	\$846.54	\$1,206.32
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$411.78	\$700.03	\$823.56	\$1,173.57	\$424.13	\$721.03	\$848.27	\$1,208.78
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$410.83	\$698.40	\$821.65	\$1,170.85	\$423.15	\$719.36	\$846.30	\$1,205.98
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$409.25	\$695.73	\$818.51	\$1,166.37	\$421.53	\$716.60	\$843.06	\$1,201.36
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$406.57	\$691.17	\$813.14	\$1,158.72	\$418.77	\$711.90	\$837.53	\$1,193.48
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$468.28	\$796.08	\$936.56	\$1,334.60	\$482.33	\$819.96	\$964.66	\$1,374.64
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$492.01	\$836.41	\$984.01	\$1,402.21	\$506.77	\$861.50	\$1,013.53	\$1,444.28
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$493.58	\$839.09	\$987.16	\$1,406.70	\$508.39	\$864.26	\$1,016.78	\$1,448.91
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$471.95	\$802.31	\$943.90	\$1,345.05	\$486.11	\$826.38	\$972.22	\$1,385.41
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$466.20	\$792.54	\$932.40	\$1,328.67	\$480.18	\$816.31	\$960.37	\$1,368.53
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$466.20	\$792.54	\$932.40	\$1,328.67	\$480.18	\$816.31	\$960.37	\$1,368.53
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$611.41	\$1,039.40	\$1,222.83	\$1,742.53	\$629.76	\$1,070.59	\$1,259.51	\$1,794.81
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$570.35	\$969.60	\$1,140.70	\$1,625.50	\$587.46	\$998.69	\$1,174.93	\$1,674.27

**2Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA08

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 2Q 2014	Child(ren) Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014	Premium Rate 2Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$428.97	\$729.25	\$857.94	\$1,222.56	\$441.84	\$751.12	\$883.67	\$1,259.24
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$424.31	\$721.33	\$848.62	\$1,209.29	\$437.04	\$742.97	\$874.08	\$1,245.57
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$425.18	\$722.80	\$850.36	\$1,211.76	\$437.93	\$744.49	\$875.87	\$1,248.11
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$424.19	\$721.13	\$848.38	\$1,208.95	\$436.92	\$742.76	\$873.83	\$1,245.21
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$422.57	\$718.37	\$845.14	\$1,204.32	\$435.24	\$739.92	\$870.49	\$1,240.45
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$419.80	\$713.65	\$839.59	\$1,196.42	\$432.39	\$735.06	\$864.78	\$1,232.31
14018886	OA EPO Silver 3000 70	Silver	EPO	\$487.36	\$828.51	\$974.72	\$1,388.97	\$501.98	\$853.36	\$1,003.96	\$1,430.64
14018884	OA EPO Silver 2000 60	Silver	EPO	\$512.05	\$870.48	\$1,024.10	\$1,459.34	\$527.41	\$896.60	\$1,054.82	\$1,503.12
14018885	OA EPO Silver 2000 90	Silver	EPO	\$513.69	\$873.27	\$1,027.38	\$1,464.01	\$529.10	\$899.47	\$1,058.20	\$1,507.93
14018890	OA MC Silver 2000 80	Silver	MC	\$491.18	\$835.00	\$982.35	\$1,399.85	\$505.91	\$860.05	\$1,011.82	\$1,441.85
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$485.19	\$824.82	\$970.38	\$1,382.79	\$499.75	\$849.57	\$999.49	\$1,424.28
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$485.19	\$824.82	\$970.38	\$1,382.79	\$499.75	\$849.57	\$999.49	\$1,424.28
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$636.32	\$1,081.75	\$1,272.64	\$1,813.52	\$655.41	\$1,114.20	\$1,310.82	\$1,867.92
14018883	OA EPO Gold 1000 90	Gold	EPO	\$593.59	\$1,009.10	\$1,187.17	\$1,691.72	\$611.39	\$1,039.37	\$1,222.79	\$1,742.48
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$425.99	\$724.18	\$851.97	\$1,214.06	\$438.77	\$745.90	\$877.53	\$1,250.48
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$421.36	\$716.31	\$842.72	\$1,200.88	\$434.00	\$737.80	\$868.00	\$1,236.91
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$422.22	\$717.78	\$844.44	\$1,203.33	\$434.89	\$739.31	\$869.78	\$1,239.43
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$421.24	\$716.11	\$842.49	\$1,200.54	\$433.88	\$737.60	\$867.76	\$1,236.56
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$419.63	\$713.37	\$839.26	\$1,195.95	\$432.22	\$734.77	\$864.44	\$1,231.83
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$416.88	\$708.69	\$833.76	\$1,188.10	\$429.39	\$729.95	\$858.77	\$1,223.75
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$480.16	\$816.26	\$960.31	\$1,368.44	\$494.56	\$840.75	\$989.12	\$1,409.50
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$504.48	\$857.62	\$1,008.96	\$1,437.77	\$519.62	\$883.35	\$1,039.23	\$1,480.90
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$506.10	\$860.36	\$1,012.19	\$1,442.37	\$521.28	\$886.17	\$1,042.56	\$1,485.65
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$483.92	\$822.66	\$967.83	\$1,379.16	\$498.43	\$847.34	\$996.87	\$1,420.54
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$478.02	\$812.63	\$956.04	\$1,362.36	\$492.36	\$837.01	\$984.72	\$1,403.23
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$478.02	\$812.63	\$956.04	\$1,362.36	\$492.36	\$837.01	\$984.72	\$1,403.23
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$626.92	\$1,065.76	\$1,253.84	\$1,786.72	\$645.73	\$1,097.73	\$1,291.45	\$1,840.32
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$584.81	\$994.19	\$1,169.63	\$1,666.72	\$602.36	\$1,024.01	\$1,204.72	\$1,716.72

**3Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA08

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 3Q 2014	Child(ren) Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014	Premium Rate 3Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$439.88	\$747.79	\$879.75	\$1,253.65	\$453.07	\$770.22	\$906.15	\$1,291.26
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$435.10	\$739.67	\$870.20	\$1,240.04	\$448.15	\$761.86	\$896.31	\$1,277.24
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$435.99	\$741.18	\$871.98	\$1,242.57	\$449.07	\$763.42	\$898.14	\$1,279.85
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$434.98	\$739.46	\$869.96	\$1,239.69	\$448.03	\$761.65	\$896.05	\$1,276.88
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$433.31	\$736.63	\$866.63	\$1,234.94	\$446.31	\$758.73	\$892.62	\$1,271.99
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$430.47	\$731.80	\$860.94	\$1,226.84	\$443.39	\$753.76	\$886.77	\$1,263.65
14018886	OA EPO Silver 3000 70	Silver	EPO	\$499.75	\$849.58	\$999.50	\$1,424.29	\$514.74	\$875.06	\$1,029.49	\$1,467.02
14018884	OA EPO Silver 2000 60	Silver	EPO	\$525.07	\$892.62	\$1,050.14	\$1,496.45	\$540.82	\$919.40	\$1,081.64	\$1,541.34
14018885	OA EPO Silver 2000 90	Silver	EPO	\$526.75	\$895.48	\$1,053.50	\$1,501.24	\$542.55	\$922.34	\$1,085.11	\$1,546.28
14018890	OA MC Silver 2000 80	Silver	MC	\$503.67	\$856.23	\$1,007.33	\$1,435.45	\$518.78	\$881.92	\$1,037.55	\$1,478.51
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$497.53	\$845.80	\$995.06	\$1,417.96	\$512.45	\$871.17	\$1,024.91	\$1,460.50
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$497.53	\$845.80	\$995.06	\$1,417.96	\$512.45	\$871.17	\$1,024.91	\$1,460.50
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$652.50	\$1,109.26	\$1,305.01	\$1,859.63	\$672.08	\$1,142.53	\$1,344.16	\$1,915.42
14018883	OA EPO Gold 1000 90	Gold	EPO	\$608.68	\$1,034.76	\$1,217.36	\$1,734.74	\$626.94	\$1,065.80	\$1,253.88	\$1,786.78
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$436.82	\$742.59	\$873.64	\$1,244.93	\$449.92	\$764.87	\$899.85	\$1,282.28
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$432.08	\$734.53	\$864.15	\$1,231.42	\$445.04	\$756.57	\$890.08	\$1,268.36
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$432.96	\$736.03	\$865.92	\$1,233.93	\$445.95	\$758.11	\$891.90	\$1,270.95
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$431.95	\$734.32	\$863.91	\$1,231.07	\$444.91	\$756.35	\$889.83	\$1,268.00
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$430.30	\$731.51	\$860.60	\$1,226.36	\$443.21	\$753.46	\$886.42	\$1,263.15
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$427.48	\$726.72	\$854.96	\$1,218.32	\$440.30	\$748.52	\$880.61	\$1,254.87
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$492.37	\$837.02	\$984.73	\$1,403.24	\$507.14	\$862.13	\$1,014.27	\$1,445.34
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$517.31	\$879.43	\$1,034.62	\$1,474.33	\$532.83	\$905.81	\$1,065.66	\$1,518.56
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$518.97	\$882.24	\$1,037.93	\$1,479.05	\$534.53	\$908.71	\$1,069.07	\$1,523.42
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$496.22	\$843.58	\$992.44	\$1,414.23	\$511.11	\$868.88	\$1,022.22	\$1,456.66
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$490.18	\$833.30	\$980.35	\$1,397.00	\$504.88	\$858.30	\$1,009.76	\$1,438.91
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$490.18	\$833.30	\$980.35	\$1,397.00	\$504.88	\$858.30	\$1,009.76	\$1,438.91
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$642.86	\$1,092.86	\$1,285.72	\$1,832.15	\$662.15	\$1,125.65	\$1,324.29	\$1,887.12
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$599.69	\$1,019.47	\$1,199.37	\$1,709.11	\$617.68	\$1,050.05	\$1,235.35	\$1,760.38

**4Q 2014 Rate Summary**

Rate Tables - Medical Plans  
NYRA08

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2014	Child(ren) Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014	Premium Rate 4Q 2014
14018887	OA EPO Bronze 3500 50	Bronze	EPO	\$451.09	\$766.86	\$902.19	\$1,285.61	\$464.63	\$789.86	\$929.25	\$1,324.18
14018888	OA EPO Bronze 4000 80	Bronze	EPO	\$446.20	\$758.53	\$892.39	\$1,271.66	\$459.58	\$781.29	\$919.16	\$1,309.81
14018889	OA EPO Bronze 5000 60	Bronze	EPO	\$447.11	\$760.08	\$894.21	\$1,274.25	\$460.52	\$782.88	\$921.04	\$1,312.48
14018892	OA EPO HSA Comp 2500 100 PY	Bronze	EPO	\$446.07	\$758.32	\$892.14	\$1,271.30	\$459.45	\$781.07	\$918.90	\$1,309.44
14018894	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$444.36	\$755.42	\$888.72	\$1,266.43	\$457.69	\$778.08	\$915.39	\$1,304.43
14018893	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$441.45	\$750.46	\$882.90	\$1,258.13	\$454.69	\$772.98	\$909.38	\$1,295.87
14018886	OA EPO Silver 3000 70	Silver	EPO	\$512.49	\$871.24	\$1,024.99	\$1,460.61	\$527.87	\$897.38	\$1,055.74	\$1,504.43
14018884	OA EPO Silver 2000 60	Silver	EPO	\$538.46	\$915.38	\$1,076.92	\$1,534.60	\$554.61	\$942.84	\$1,109.22	\$1,580.64
14018885	OA EPO Silver 2000 90	Silver	EPO	\$540.18	\$918.31	\$1,080.36	\$1,539.52	\$556.39	\$945.86	\$1,112.77	\$1,585.70
14018890	OA MC Silver 2000 80	Silver	MC	\$516.51	\$878.06	\$1,033.02	\$1,472.05	\$532.00	\$904.41	\$1,064.01	\$1,516.21
14018895	OA MC HSA Comp 2000 80 PY	Silver	MC	\$510.22	\$867.37	\$1,020.43	\$1,454.11	\$525.52	\$893.39	\$1,051.04	\$1,497.74
14018891	OA EPO HSA Comp 2000 80 PY	Silver	EPO	\$510.22	\$867.37	\$1,020.43	\$1,454.11	\$525.52	\$893.39	\$1,051.04	\$1,497.74
14018896	Indemnity Silver 2500 80	Silver	Indemnity	\$669.14	\$1,137.54	\$1,338.28	\$1,907.05	\$689.22	\$1,171.67	\$1,378.43	\$1,964.27
14018883	OA EPO Gold 1000 90	Gold	EPO	\$624.20	\$1,061.14	\$1,248.41	\$1,778.98	\$642.93	\$1,092.98	\$1,285.86	\$1,832.35
14018901	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$447.96	\$761.53	\$895.91	\$1,276.68	\$461.40	\$784.37	\$922.79	\$1,314.98
14018902	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$443.09	\$753.26	\$886.19	\$1,262.82	\$456.39	\$775.86	\$912.77	\$1,300.70
14018903	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$444.00	\$754.80	\$888.00	\$1,265.40	\$457.32	\$777.44	\$914.64	\$1,303.36
14018904	OA EPO HSA Comp 2500 100 PY RE	Bronze	EPO	\$442.97	\$753.05	\$885.94	\$1,262.46	\$456.26	\$775.64	\$912.52	\$1,300.34
14018906	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$441.27	\$750.17	\$882.55	\$1,257.63	\$454.51	\$772.67	\$909.02	\$1,295.36
14018907	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$438.38	\$745.25	\$876.76	\$1,249.38	\$451.53	\$767.60	\$903.06	\$1,286.86
14018900	OA EPO Silver 3000 70 RE	Silver	EPO	\$504.92	\$858.36	\$1,009.84	\$1,439.02	\$520.07	\$884.12	\$1,040.14	\$1,482.19
14018899	OA EPO Silver 2000 60 RE	Silver	EPO	\$530.50	\$901.85	\$1,061.00	\$1,511.93	\$546.42	\$928.91	\$1,092.83	\$1,557.28
14018898	OA EPO Silver 2000 90 RE	Silver	EPO	\$532.20	\$904.74	\$1,064.40	\$1,516.77	\$548.17	\$931.88	\$1,096.33	\$1,562.27
14018912	OA MC Silver 2000 80 RE	Silver	MC	\$508.88	\$865.09	\$1,017.75	\$1,450.29	\$524.14	\$891.04	\$1,048.28	\$1,493.80
14018913	OA MC HSA Comp 2000 80 PY RE	Silver	MC	\$502.68	\$854.55	\$1,005.35	\$1,432.62	\$517.76	\$880.18	\$1,035.51	\$1,475.60
14018905	OA EPO HSA Comp 2000 80 PY RE	Silver	EPO	\$502.68	\$854.55	\$1,005.35	\$1,432.62	\$517.76	\$880.18	\$1,035.51	\$1,475.60
14018908	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$659.25	\$1,120.73	\$1,318.51	\$1,878.87	\$679.03	\$1,154.35	\$1,358.06	\$1,935.24
14018897	OA EPO Gold 1000 90 RE	Gold	EPO	\$614.98	\$1,045.46	\$1,229.96	\$1,752.69	\$633.43	\$1,076.83	\$1,266.85	\$1,805.27

## **List of Small Group Off-Exchange Forms**

### **Small Group EPO Plans**

OffHIXSGEPOGR-96817  
OffHIXSGEPOGR-96817-Contra Rider  
OffHIXSGEPOGR-96817-Deps Age 29  
OffHIXSGEPOGR-96823  
OffHIXSGEPOGR-96823-Contra Rider  
OffHIXSGEPOGR-96823-Deps Age 29  
OffHIXSG(EPObronze2500100%HSAPY)GR-96823-SB  
OffHIXSG(EPOBronze350050%)GR-96817-SB  
OffHIXSG(EPOBronze350060%HSAPY)GR-96823-SB  
OffHIXSG(EPOBronze400080%)GR-96817-SB  
OffHIXSG(EPOBronze500060%)GR-96817-SB  
OffHIXSG(EPOBronze5000100%HSAPY)GR-96823-SB  
OffHIXSG(EPOGold100090%)GR-96817-SB  
OffHIXSG(EPOSilver200060%)GR-96817-SB  
OffHIXSG(EPOSilver200080%HSAPY)GR-96823-SB  
OffHIXSG(EPOSilver200090%)GR-96817-SB  
OffHIXSG(EPOSilver300070%)GR-96817-SB

### **Small Group OAMC Plans**

OffHIXSGOAMCGR-96819  
OffHIXSGOAMCGR-96819 –Contra Rider  
OffHIXSGOAMCGR-96819-Deps Age 29  
OffHIXSGOAMCGR-96824  
OffHIXSGOAMCGR-96824 –Contra Rider  
OffHIXSGOAMCGR-96824-Deps Age 29  
OffHIXSG(OAMCSilver80%/60%HSAPY)GR-96824-SB  
OffHIXSG(OAMCSilver80%/60%)GR-96819-SB

### **Small Group Indemnity Plans**

OffHIXSGINDEMGR-96820  
OffHIXSGINDEMGR-96820-Contra Rider  
OffHIXSGINDEMGR-96820-Deps Age 29  
OffHIXSG(IndemSilver250080%)GR-96820-SB

**Small Group NYCCP – HMO**

TBD

**Small Group NYCCP – EPO**

TBD

**Exhibit A**  
**Average Anticipated Loss Ratios for Medical Coverage  
Pricing Components Shown as a Percentage of Premium**

New York Employer Groups with Fewer than <u>50 Employees</u>	
<b>Incurred Claims</b>	87.7%
<b>General Expenses</b>	4.1%
<b>ACA taxes and fees</b>	3.6%
<b>Premium Taxes</b>	1.7%
<b>Commissions</b>	5.0%
<b>FIT + Profit</b>	-2.1%
<b>Total</b>	100.0%
<b>After FIT Profit</b>	-1.4%

FIT = Federal Income Tax

**Loss Ratio for Small Group Coverages**

Without expected credits from the Market Stabilization Pool, the ALIC small group non-HMO product's projected loss ratio for customers with rate increases effective for the 4 quarters provided in this filing (1Q2014-4Q2014) would be 88.7%.

As a result of the new pooling methodology established by the Fifth Amendment to Regulation 146, we have included a credit of 1% of premium for 2014, consistent with our filed plan (we will file MSP plan in September) for the use of these market stabilization pool amounts. Our projected loss ratio for plans renewing in the 4 quarters provided in this filing, adjusted for this reimbursement from the pool is 87.7% (projected loss ratio less reimbursements). This reflects actual membership, premium, and claim experience since our submitted plan as well as adjustments for lapses and buy-downs per our plan. Note that we expect the loss ratio for calendar year 2014 including the 1% credit from the market stabilization pool to be in excess of the 82% statutory minimum. The claim trend assumption underlying this analysis is 11.8%.

The administrative expense assumptions underlying this analysis are approximately 14.4%, comprised of 5.0% for commissions, 1.7% for premium taxes with the remaining 7.7% for other selling and general administrative expenses including 3.6% to cover ACA related taxes and fees (RC and HIF), details of these taxes and fees are discussed in actuarial memorandum.

**Exhibit B  
Outline of General Underwriting and Marketing Methods**

Aetna Life Insurance Company offers its comprehensive health care benefits to the residents of New York. Aetna Life Insurance Company offers traditional community rated contracts to employer groups, with no preexisting condition limitations or benefit waiting periods. Aetna Life Insurance Company makes available to these groups only those products and rates filed and approved, and compliant with all insurance laws, regulations and practices in the state of New York.

NYC Community Plan is specifically designed and available for residents who live or work and access health care in the five boroughs of New York City — Manhattan, Bronx, Staten Island, Queens and Brooklyn. The NYC Community Plan is an in-network only plan that has two in-network levels of benefits — Referred Benefits and Self-Referred Benefits.

**Exhibit C  
Commissions Schedule and Incentive Fees**

The commission schedule for 2014 has not been finalized. We currently estimated commissions to be at 5.0% of premium. We will make the appropriate adjustments once the commission schedule is finalized.

We expect to finalize commission schedules in July.