

**Empire HealthChoice HMO, Inc.  
Rate Manual**

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## Rate Manual - Description of Benefits

Empire HealthChoice HMO, Inc.

Small Group

Form Numbers: NY\_HMO\_GA\_012014

Index	HIOS Plan Name	INN Deductible	INN Coins.	INN OOP Max	OON Coverage
1	Empire Preferred Guided Access Plus w HSA gsqa	\$1,250	10%	\$6,350	No
2	Empire Healthy New York HMO gpbf	\$600	20%	\$4,000	No

# Rate Manual

## Empire HealthChoice HMO, Inc. Small Group

Quarter 1: January - March 2014

Form Numbers: NY\_HMO\_GA\_012014

### Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$516.14	\$1,032.28	\$877.44	\$1,471.00
2	Empire Healthy New York HMO gpbfb	\$431.45	\$862.90	\$733.47	\$1,229.63

### Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$510.66	\$1,021.32	\$868.12	\$1,455.38
2	Empire Healthy New York HMO gpbfb	\$426.88	\$853.76	\$725.70	\$1,216.61

### Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$604.54	\$1,209.08	\$1,027.72	\$1,722.94
2	Empire Healthy New York HMO gpbfb	\$505.35	\$1,010.70	\$859.10	\$1,440.25

### New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$565.20	\$1,130.40	\$960.84	\$1,610.82
2	Empire Healthy New York HMO gpbfb	\$472.47	\$944.94	\$803.20	\$1,346.54

### Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$768.21	\$1,536.42	\$1,305.96	\$2,189.40
2	Empire Healthy New York HMO gpbfb	\$642.17	\$1,284.34	\$1,091.69	\$1,830.18

# Rate Manual

## Empire HealthChoice HMO, Inc. Small Group

Quarter 2: April - June 2014

Form Numbers: NY\_HMO\_GA\_012014

### Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$530.59	\$1,061.18	\$902.00	\$1,512.18
2	Empire Healthy New York HMO gpbfb	\$443.53	\$887.06	\$754.00	\$1,264.06

### Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$524.96	\$1,049.92	\$892.43	\$1,496.14
2	Empire Healthy New York HMO gpbfb	\$438.83	\$877.66	\$746.01	\$1,250.67

### Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$621.46	\$1,242.92	\$1,056.48	\$1,771.16
2	Empire Healthy New York HMO gpbfb	\$519.50	\$1,039.00	\$883.15	\$1,480.58

### New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$581.03	\$1,162.06	\$987.75	\$1,655.94
2	Empire Healthy New York HMO gpbfb	\$485.70	\$971.40	\$825.69	\$1,384.25

### Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$789.72	\$1,579.44	\$1,342.52	\$2,250.70
2	Empire Healthy New York HMO gpbfb	\$660.15	\$1,320.30	\$1,122.26	\$1,881.43

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## Empire HealthChoice HMO, Inc. Small Group

Quarter 3: July - September 2014

Form Numbers: NY\_HMO\_GA\_012014

### Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$545.45	\$1,090.90	\$927.27	\$1,554.53
2	Empire Healthy New York HMO gpbfbf	\$455.96	\$911.92	\$775.13	\$1,299.49

### Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$539.67	\$1,079.34	\$917.44	\$1,538.06
2	Empire Healthy New York HMO gpbfbf	\$451.12	\$902.24	\$766.90	\$1,285.69

### Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$638.88	\$1,277.76	\$1,086.10	\$1,820.81
2	Empire Healthy New York HMO gpbfbf	\$534.05	\$1,068.10	\$907.89	\$1,522.04

### New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$597.31	\$1,194.62	\$1,015.43	\$1,702.33
2	Empire Healthy New York HMO gpbfbf	\$499.30	\$998.60	\$848.81	\$1,423.01

### Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$811.85	\$1,623.70	\$1,380.15	\$2,313.77
2	Empire Healthy New York HMO gpbfbf	\$678.64	\$1,357.28	\$1,153.69	\$1,934.12

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## Empire HealthChoice HMO, Inc. Small Group

Quarter 4: October - December 2014

Form Numbers: NY\_HMO\_GA\_012014

### Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$560.73	\$1,121.46	\$953.24	\$1,598.08
2	Empire Healthy New York HMO gpbfb	\$468.73	\$937.46	\$796.84	\$1,335.88

### Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$554.79	\$1,109.58	\$943.14	\$1,581.15
2	Empire Healthy New York HMO gpbfb	\$463.76	\$927.52	\$788.39	\$1,321.72

### Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$656.77	\$1,313.54	\$1,116.51	\$1,871.79
2	Empire Healthy New York HMO gpbfb	\$549.01	\$1,098.02	\$933.32	\$1,564.68

### New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$614.04	\$1,228.08	\$1,043.87	\$1,750.01
2	Empire Healthy New York HMO gpbfb	\$513.29	\$1,026.58	\$872.59	\$1,462.88

### Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire Preferred Guided Access Plus w HSA gsqa	\$834.59	\$1,669.18	\$1,418.80	\$2,378.58
2	Empire Healthy New York HMO gpbfb	\$697.65	\$1,395.30	\$1,186.01	\$1,988.30

**Empire HealthChoice HMO, Inc**  
**Small Group OFF-Exchange Plans**  
gated in-network coverage only using the pathway network

Plan Name	Deductible Single/ Family	Office Visit			Coinsurance	Annual OOP Max Single/ Family	Pharmacy	Inpatient Hospital	Emergency Room (Facility)	Urgent Care	Outpt Hospital (Facility)	Maternity & Newborn Care	Mental Health & Substance Abuse	Rehab & Habilitative
		PCP	Specialist	Online Visits										
<b>GOLD</b>														
Empire Preferred Guided Access Plus HMO with H.S.A. (gsqa)	\$1250/\$2500	ded/coins	ded/coins	ded/coins	10%	\$6,350/ \$12,700	Ded/10%	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins	ded/coins
Healthy New York HMO	\$600/\$1200	\$25	\$40	\$15	20%	\$4,000/ \$8,000	\$10/\$35/\$70	\$1000 per admission	\$150	\$60	\$100	\$1000 per admission	PCP copay per visit	PT/OT/ST copay per visit

**All Plans include the following:**

	Diagnostic & Preventive	Basic Services	Endodontic/ Periodontal/ Oral Surgery	Major Services	Medically Necessary Orthodontics
Pediatric Dental	Covered in full	20%	50%	50%	50%

	Routine Eye Exam	Lenses - Single, Bifocal, Trifocal	Lens Treatments					Frames	Elective Contact Lenses	Non- Elective Contact Lenses
			UV Coating	Standard Factory Scratch Coating	Standard Polycarbonate	Standard Transitions	Standard Progressive Lenses			
Pediatric Vision	\$0 copay, Once per calendar year	\$0 copay, Once per calendar year	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	\$0 copay, Formulary, Once per calendar year	\$0 copay, Formulary, Once per calendar year	Covered in full, Once per calendar year

# Rate Manual

## Empire HealthChoice HMO, Inc. Small Group

Effective Date: January 1, 2014

Description	Form Number	Single	Couple	Parent/ Child(ren)	Family
Domestic Partner Coverage	[Variable option to base]	0%	0%	0%	0%
Dependent Coverage through Age 29	RIDER-Age 29-44	1.5%	1.5%	1.5%	1.5%
Unlimited Days of SNF Coverage	[Variable option to base]	0.07%	0.07%	0.07%	0.07%
Opt-out of Contraceptive Coverage	[Variable option to base]	-0.7%	-0.7%	-0.7%	-0.7%
Member Opt-in of Contraceptive Coverage	RIDER-WPS-44	\$3.20	\$6.40	\$5.44	\$9.12

## SUMMARY OF NEW YORK SMALL GROUP UNDERWRITING GUIDELINES

Empire Blue Cross and Blue Shield Community Rated Small Group policies are for businesses with at least 2 eligible employees, and no more than 50 eligible employees. The Small Group premium bills are sent to the group business address. The rates Small Groups pay are determined by the combined experience of all members of the Small Group pool, derived from all such groups without regard to age, sex, health status or occupation.

The underwriting guidelines for Small Groups conform to all appropriate laws and regulations.

Major underwriting guidelines applicable to Small Group coverages eligibility are:

- A small group must have at least 2 eligible, active, full-time employees (working at least 20 hours per week), but no more than 50 eligible employees. Age, sex, health status or occupation cannot be considered in determining eligibility.
- A small group must have a bona fide New York business address in Empire's New York operating area.
- A small group with at least 2 eligible, active, full-time employees may enroll owners, partners, officers, paid board members, COBRA employees and retirees. We request that the employer contribute at least 50% toward retiree premium.
- Temporary employees, consultants and independent contractors are ineligible.
- In general, minimum participation rules require the greater of 2 enrolled or 60% participation for non-HMO coverage with no waivers of additional non-enrolled members. HMO coverage has no minimum participation requirement. HMO enrollment is recognized in the minimum participation calculation under an indemnity plan.
- A copy of the officially submitted NYS-45-ATT to the State and a complete and current payroll listing is required to verify group legitimacy and active employees. When the NYS-45 or payroll listing is not available, for certain classes of other eligible individuals and to verify exclusion status, other supporting documentation is required.
- An Empire small group may enroll a new member via the employer e-business website with on-line certification of employee eligibility and enrollment. Upon Empire's review, subsequent paper submission of proof of employment may be requested from the employer to validate on-line member enrollment.
- Segmentation is not allowed.
- Dependents, including legal spouses, are eligible for coverage under family policies subject to the eligibility terms and criteria specified in the policy. Special rules apply for adoptive newborns and domestic partners. Foster children and grandchildren are not eligible.
- Groups composed entirely of retirees or entirely of COBRA employees are ineligible.

The major underwriting guidelines applicable to New York Small Group coverage termination are:

- Coverage will be terminated for failure to pay premiums by the end of the grace period; coverage will be terminated as of the paid-to-date.
- Coverage may be terminated if a group fails to meet minimum participation requirements, where permitted. This will be assessed periodically in connection with the group's renewal date.
- Coverage will be terminated if a group exceeds the maximum enrollment requirement of 50 for a Small Group at its renewal date. However if the group meets all applicable underwriting guidelines, it may be able to transfer to a large group basis. Otherwise, coverage will be terminated.
- Coverage will be terminated if a group falls below the minimum eligibility requirement of 2 for Small Group. Conversion privileges to direct payment may apply.
- Coverage may be terminated at the group's request in writing to Empire as outlined in the specific benefit contract.
- Coverage will be terminated if the organization ceases to exist.
- Coverage will be terminated if the group transfers to another carrier.
- Coverage will be terminated when Empire determines/identifies the group no longer meets underwriting requirements as set forth in the Small Group Underwriting Manual.
- Coverage will be terminated if the group fails to respond to requests for re-credentialing information.

## **SUMMARY OF DIRECT PAY UNDERWRITING GUIDELINES**

Empire HealthChoice HMO, Inc. Direct Pay policies are for individuals or families who have no group affiliation from which they could receive health insurance coverage. Direct Pay premium bills are usually sent to the subscriber's home. The rates Direct Pay subscribers pay are determined by the experience of the Direct Pay pool of all members.

The underwriting guidelines for Direct Pay policies conform to all appropriate insurance laws and regulations.

Major underwriting guidelines applicable to Direct Pay coverage eligibility are:

- Direct Pay, non-Medicare Related. Coverage is intended for persons, of majority age but less than 65, who are not eligible for Medicare, nor enrolled for comparable group coverage through an employer.
- Direct Pay, Medicare Related. Coverage is intended for persons over age 65, or under 65 and disabled, enrolled in both Medicare Parts A and B, are eligible for Medicare Related coverage.

### Eligibility

- An applicant, with proof of residency, must be a resident of Empire's operating area in New York.
- The applicant and/or disabled dependent must have a valid Social Security number, to determine Medicare eligibility or enrollment.
- A dependent is eligible for coverage under a family policy if he/she is a legal spouse, an unmarried dependent child, a legally adopted or natural born child or stepchild, adopted dependent child, unmarried disabled/mentally retarded child or legal ward. Special rules apply for adoptive newborns. Foster children are not eligible.

### Ineligibility

- Any individual who is enrolled under another group or Direct Pay plan, which would duplicate any benefits covered under Empire's policy, is ineligible for Direct Pay coverage.
- Any individual whose health insurance coverage, with Empire or another carrier, had been terminated within the previous 12 months for nonpayment of premium, is not eligible for coverage for 12 months after the date of contract termination.

The major underwriting guidelines applicable to Direct Pay coverage termination are:

- Coverage will be terminated for failure to pay premiums by the end of the grace period; coverage will be terminated as described in the contract.
- Coverage will continue when a subscriber or dependent becomes eligible for Medicare but will be subject to applicable rules regarding primacy of coverage, e.g., "who pays first".
- Subscribers may request termination in writing at any time.
- Coverage will be terminated in accordance with overinsurance rules approved by the New York State Insurance Department.
- Reinstatement of terminated coverage is at the option of Empire.
- When a subscriber dies, all coverage terminates on the day following death. Surviving dependents may purchase a new contract as direct payment members. Coverage will be terminated when Empire determines/identifies the subscriber no longer meets the underwriting requirements.

# Empire HealthChoice HMO, Inc.

## COMMISSION SCHEDULE FOR ALL SMALL GROUP HMO-BASED COMMUNITY RATED PRODUCTS

**Effective Date: January 1, 2014**

### Schedule

	<u>Upstate Region*</u>	<u>Downstate Region**</u>
<b>Product</b>	<b>Per Contract Per Month (PCPM)</b>	<b>Per Contract Per Month (PCPM)</b>
HMO	\$18	\$18
Healthy NY	\$18	\$18

*\* Upstate Region: Groups located in the counties within the Upstate I, Upstate II, and Capital rating regions*

*\*\* Downstate Region: Groups located in the counties within the Downstate I, Downstate II, and Mid-Hudson rating regions*

#### Notes:

1. Commission on all HMO products is limited to 4% as required by the New York insurance law.
2. This schedule applies to commissions paid on all new and renewal commissionable Small Group HMO products on or after the Effective Date.
3. Medicare Advantage products are excluded.

# Rate Manual - Description of Benefits

## Empire HealthChoice HMO, Inc. Small Group Sample Rate Calculation

**Plan:** Empire Preferred Guided Access Plus w HSA gsqa

**Rating Region:** New York City (Region 4)

**Effective Date:** January 1, 2014

**Riders:** Dependent Coverage through Age 29  
Unlimited Days of SNF Coverage

	Individual	Husband/ Wife	Parent/ Child(ren)	Family
Base Rates:	\$603.08	\$1,206.16	\$1,025.24	\$1,718.78
Rider: Dep Age	1.50%	1.50%	1.50%	1.50%
<u>Rider: SNF</u>	<u>0.07%</u>	<u>0.07%</u>	<u>0.07%</u>	<u>0.07%</u>
TOTAL	\$612.55	\$1,225.09	\$1,041.34	\$1,745.76

NOTE: Empire will be using a new rating system for 2014 and rounding rules have not yet been finalized. Therefore the amounts shown are approximate.

**Empire HealthChoice HMO, Inc.**  
**Small Group**  
**Effective January 1, 2014**

<b>Rating Area Description</b>	<b>Area Factor</b>	<b>Counties Included</b>
Albany	0.9435	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington
Long Island	0.9335	Nassau and Suffolk
Mid-Hudson	1.1051	Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster
New York City	1.0332	Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester
Upstate	1.4043	Clinton and Essex

# Empire HealthChoice HMO, Inc

## Rate Manual

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