

**State:** New York **Filing Company:** Affinity Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** Affinity Access 2015 Rates  
**Project Name/Number:** Affinity Access On Exchange 2015 Rates/

## Filing at a Glance

Company: Affinity Health Plan, Inc.  
Product Name: Affinity Access 2015 Rates  
State: New York  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Prior Approval Exchange Form & Rate Filing  
Date Submitted: 06/16/2014  
SERFF Tr Num: AFHP-129594122  
SERFF Status: Assigned  
State Tr Num: 2014060326  
State Status:  
Co Tr Num:  
  
Implementation: On Approval  
Date Requested:  
Author(s):   
Reviewer(s):   
Disposition Date:  
Disposition Status:  
Implementation Date:  
  
State Filing Description:

**State:** New York **Filing Company:** Affinity Health Plan, Inc.  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** Affinity Access 2015 Rates  
**Project Name/Number:** Affinity Access On Exchange 2015 Rates/

### General Information

Project Name: Affinity Access On Exchange 2015 Rates	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 06/17/2014
	State Status Changed:
Deemer Date:	Created By: [REDACTED]
Submitted By: [REDACTED]	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:  
Affinity Access Rate Filing for 2015

### Company and Contact

#### Filing Contact Information

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	

#### Filing Company Information

Affinity Health Plan, Inc.	CoCode: 15017	State of Domicile: New York
2500 Halsey Street	Group Code:	Company Type:
Bronx, NY 10461	Group Name:	State ID Number:
[REDACTED]	FEIN Number: 13-3330672	

### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

### State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Statutory Individual HMO
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group prefilling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Form

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and Rate

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

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

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

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

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

10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes, State tracking number is 2014050217, SERFF tracking number is AFHP-129569694

SERFF Tracking #:

AFHP-129594122

State Tracking #:

2014060326

Company Tracking #:

State:

New York

Filing Company:

Affinity Health Plan, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

Affinity Access 2015 Rates

Project Name/Number:

Affinity Access On Exchange 2015 Rates/

## Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Decrease

Overall Percentage of Last Rate Revision:

-12.871%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

New

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Affinity Health Plan, Inc.	Decrease	-11.871%	-12.871%	\$991,012	1,086	\$6,692,876	-10.700%	-46.000%

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**Product Name:** Affinity Access 2015 Rates  
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## Rate Review Detail

### COMPANY:

Company Name: Affinity Health Plan, Inc.  
 HHS Issuer Id: 57165

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Affinity Access with Pediatric Dental		57165NY001	1366
Affinity Access without Pediatric Dental		57165NY002	72

### Trend Factors:

We used claims trend rates of approximately 4.8% to calculate the manual rate allowed costs. We developed plan specific AV Pricing Values based on the benefit plan metal values, the allowed New York rating areas, adjustments to reflect the limited eligibility for the Catastrophic plan, and where appropriate for the additional cost of covering dependents to age 29. The filing is developed in compliance with New York State mandated pure community rated methodology. The premiums by rate tier are developed using the New York State mandated rating ratios.

### FORMS:

New Policy Forms: 15AFFNYIND, 15AFFNYCHO, 15AFFNYCAT, 15AFFNYA29R, 15AFFNYSBBRO,  
 15AFFNYSBCAT, 15AFFNYSBGOL, 15AFFNYSBPLA, 15AFFNYSBSIL,  
 15AFFNYSBSIL73, 15AFFNYSBSIL87, 15AFFNYSBSIL94, 15AFFNYSBINDN

### Affected Forms:

### Other Affected Forms:

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 109,040  
 Benefit Change: None  
 Percent Change Requested: Min: -46.0 Max: -10.7 Avg: -12.9

### PRIOR RATE:

Total Earned Premium: 8,400,000.00  
 Total Incurred Claims: 7,266,000.00  
 Annual \$: Min: 151.76 Max: 614.40 Avg: 444.07

### REQUESTED RATE:

Projected Earned Premium: 43,321,680.00  
 Projected Incurred Claims: 35,945,870.00  
 Annual \$: Min: 131.10 Max: 546.18 Avg: 387.86

SERFF Tracking #:

AFHP-129594122

State Tracking #:

2014060326

Company Tracking #:

State:

New York

Filing Company:

Affinity Health Plan, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

Affinity Access 2015 Rates

Project Name/Number:

Affinity Access On Exchange 2015 Rates/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		15AFFNYRM		New		2015 Affinity_Rate Manual_On Exchange_06122014.pdf,

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
***Effective January 1, 2015***

HIOS ID

57165

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**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
**Effective January 1, 2015**

HIOS ID

57165

**Rate Setting Parameters**

Base Rate

Product	Plan	HIOS Plan ID	Metal	Rate Factor
Affinity Access Platinum with Pediatric Dental	Affinity Access Platinum with Pediatric Dental	57165NY0010001	Platinum	1.637
Affinity Access Gold with Pediatric Dental	Affinity Access Gold with Pediatric Dental	57165NY0010002	Gold	1.380
Affinity Access Silver with Pediatric Dental	Affinity Access Silver with Pediatric Dental	57165NY0010003	Silver	1.176
Affinity Access Bronze with Pediatric Dental	Affinity Access Bronze with Pediatric Dental	57165NY0010004	Bronze	1.001
Affinity Access Catastrophic with Pediatric Dental	Affinity Access Catastrophic with Pediatric Dental	57165NY0010005	Catastrophic	0.488
Affinity Access Platinum Child with Pediatric Dental	Affinity Access Platinum Child with Pediatric Dental	57165NY0010006	Platinum	1.637
Affinity Access Gold Child with Pediatric Dental	Affinity Access Gold Child with Pediatric Dental	57165NY0010007	Gold	1.380
Affinity Access Silver Child with Pediatric Dental	Affinity Access Silver Child with Pediatric Dental	57165NY0010008	Silver	1.176
Affinity Access Bronze Child with Pediatric Dental	Affinity Access Bronze Child with Pediatric Dental	57165NY0010009	Bronze	1.001
Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	57165NY0010010	Platinum	1.775
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	57165NY0010011	Gold	1.496
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	57165NY0010012	Silver	1.275
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	57165NY0010013	Bronze	1.085
Affinity Access Platinum without Pediatric Dental	Affinity Access Platinum without Pediatric Dental	57165NY0020001	Platinum	1.635
Affinity Access Gold without Pediatric Dental	Affinity Access Gold without Pediatric Dental	57165NY0020002	Gold	1.377
Affinity Access Silver without Pediatric Dental	Affinity Access Silver without Pediatric Dental	57165NY0020003	Silver	1.174
Affinity Access Bronze without Pediatric Dental	Affinity Access Bronze without Pediatric Dental	57165NY0020004	Bronze	1.000
Affinity Access Catastrophic without Pediatric Dental	Affinity Access Catastrophic without Pediatric Dental	57165NY0020005	Catastrophic	0.488
Affinity Access Platinum Child without Pediatric Dental	Affinity Access Platinum Child without Pediatric Dental	57165NY0020006	Platinum	1.635
Affinity Access Gold Child without Pediatric Dental	Affinity Access Gold Child without Pediatric Dental	57165NY0020007	Gold	1.377
Affinity Access Silver Child without Pediatric Dental	Affinity Access Silver Child without Pediatric Dental	57165NY0020008	Silver	1.174
Affinity Access Bronze Child without Pediatric Dental	Affinity Access Bronze Child without Pediatric Dental	57165NY0020009	Bronze	1.000
Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	57165NY0020010	Platinum	1.772
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	57165NY0020011	Gold	1.493
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	57165NY0020012	Silver	1.273
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	57165NY0020013	Bronze	1.084

Family Tier	Rate Factor	Tobacco Factor
Individual	1.000	1.000
Couple	2.000	2.000
Parent/Child(ren)	1.700	1.700
Primary Subscriber and Two Dependents	1.700	1.700
Primary Subscriber and Three or More Dependents	1.700	1.700
Family	2.850	2.850
Couple and Two Dependents	2.850	2.850
Couple and Three or More Dependents	2.850	2.850
Child Only	0.412	0.412

Area	Rate Factor
Rating Area 1	0.000
Rating Area 2	0.000
Rating Area 3	0.975
Rating Area 4	1.000
Rating Area 5	0.000
Rating Area 6	0.000
Rating Area 7	0.000
Rating Area 8	1.022

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
**Effective January 1, 2015**

Plan ID: 57165NY0010001

**Affinity Access Platinum with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 521.06	\$ 534.42	\$ 546.18	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.637</u>	(b)	Couple	2.000	\$ 1,042.12	\$ 1,068.84	\$ 1,092.35	
Plan Specific Base Rate	\$ 534.42	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 885.80	\$ 908.51	\$ 928.50	
			Family	2.850	\$ 1,485.02	\$ 1,523.10	\$ 1,556.61	

Plan ID: 57165NY0010006

**Affinity Access Platinum Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 214.68	\$ 220.18	\$ 225.03	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.637</u>	(b)						
Plan Specific Base Rate	\$ 534.42	(c) = (a) x (b)						

Plan ID: 57165NY0010010

**Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 564.83	\$ 579.31	\$ 592.06	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.775</u>	(b)	Couple	2.000	\$ 1,129.66	\$ 1,158.62	\$ 1,184.11	
Plan Specific Base Rate	\$ 579.31	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 960.21	\$ 984.83	\$ 1,006.50	
			Family	2.850	\$ 1,609.76	\$ 1,651.04	\$ 1,687.36	

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
**Effective January 1, 2015**

Plan ID: 57165NY0010002

**Affinity Access Gold with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 439.03	\$ 450.28	\$ 460.19	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.380</u>	(b)	Couple	2.000	\$ 878.05	\$ 900.56	\$ 920.38	
Plan Specific Base Rate	<u>\$ 450.28</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 746.34	\$ 765.48	\$ 782.32	
			Family	2.850	\$ 1,251.22	\$ 1,283.30	\$ 1,311.54	

Plan ID: 57165NY0010007

**Affinity Access Gold Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 180.88	\$ 185.52	\$ 189.60	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.380</u>	(b)						
Plan Specific Base Rate	<u>\$ 450.28</u>	(c) = (a) x (b)						

Plan ID: 57165NY0010011

**Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 475.90	\$ 488.11	\$ 498.84	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.496</u>	(b)	Couple	2.000	\$ 951.81	\$ 976.21	\$ 997.69	
Plan Specific Base Rate	<u>\$ 488.11</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 809.04	\$ 829.78	\$ 848.04	
			Family	2.850	\$ 1,356.32	\$ 1,391.10	\$ 1,421.71	

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
**Effective January 1, 2015**

Plan ID: 57165NY0010003

**Affinity Access Silver with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 374.36	\$ 383.96	\$ 392.41	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.176</u>	(b)	Couple	2.000	\$ 748.72	\$ 767.92	\$ 784.82	
Plan Specific Base Rate	\$ 383.96	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 636.41	\$ 652.73	\$ 667.09	
			Family	2.850	\$ 1,066.93	\$ 1,094.29	\$ 1,118.36	

Plan ID: 57165NY0010008

**Affinity Access Silver Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 154.24	\$ 158.19	\$ 161.67	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.176</u>	(b)						
Plan Specific Base Rate	\$ 383.96	(c) = (a) x (b)						

Plan ID: 57165NY0010012

**Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 405.81	\$ 416.21	\$ 425.37	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.275</u>	(b)	Couple	2.000	\$ 811.62	\$ 832.43	\$ 850.74	
Plan Specific Base Rate	\$ 416.21	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 689.87	\$ 707.56	\$ 723.13	
			Family	2.850	\$ 1,156.55	\$ 1,186.21	\$ 1,212.30	

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
**Effective January 1, 2015**

Plan ID: 57165NY0010004

**Affinity Access Bronze with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 318.53	\$ 326.70	\$ 333.89	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.001</u>	(b)	Couple	2.000	\$ 637.07	\$ 653.40	\$ 667.78	
Plan Specific Base Rate	\$ 326.70	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 541.51	\$ 555.39	\$ 567.61	
			Family	2.850	\$ 907.82	\$ 931.10	\$ 951.58	

Plan ID: 57165NY0010009

**Affinity Access Bronze Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 131.24	\$ 134.60	\$ 137.56	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.001</u>	(b)						
Plan Specific Base Rate	\$ 326.70	(c) = (a) x (b)						

Plan ID: 57165NY0010013

**Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 345.29	\$ 354.14	\$ 361.94	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.085</u>	(b)	Couple	2.000	\$ 690.58	\$ 708.29	\$ 723.87	
Plan Specific Base Rate	\$ 354.14	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 586.99	\$ 602.04	\$ 615.29	
			Family	2.850	\$ 984.08	\$ 1,009.31	\$ 1,031.51	

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
**Effective January 1, 2015**

Plan ID: 57165NY0010005

**Affinity Access Catastrophic with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 155.29	\$ 159.27	\$ 162.77	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>0.488</u>	(b)	Couple	2.000	\$ 310.58	\$ 318.54	\$ 325.55	
Plan Specific Base Rate	<u>\$ 159.27</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 263.99	\$ 270.76	\$ 276.72	
			Family	2.850	\$ 442.57	\$ 453.92	\$ 463.91	

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
**Effective January 1, 2015**

Plan ID: 57165NY0020001

**Affinity Access Platinum without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 520.14	\$ 533.47	\$ 545.21	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.635</u>	(b)	Couple	2.000	\$ 1,040.27	\$ 1,066.95	\$ 1,090.42	
Plan Specific Base Rate	<u>\$ 533.47</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 884.23	\$ 906.91	\$ 926.86	
			Family	2.850	\$ 1,482.39	\$ 1,520.40	\$ 1,553.85	

Plan ID: 57165NY0020006

**Affinity Access Platinum Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 214.30	\$ 219.79	\$ 224.63	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.635</u>	(b)						
Plan Specific Base Rate	<u>\$ 533.47</u>	(c) = (a) x (b)						

Plan ID: 57165NY0020010

**Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 563.83	\$ 578.29	\$ 591.01	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.772</u>	(b)	Couple	2.000	\$ 1,127.66	\$ 1,156.57	\$ 1,182.02	
Plan Specific Base Rate	<u>\$ 578.29</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 958.51	\$ 983.09	\$ 1,004.71	
			Family	2.850	\$ 1,606.91	\$ 1,648.12	\$ 1,684.37	

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Plan ID: 57165NY0020002

**Affinity Access Gold without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 438.21	\$ 449.45	\$ 459.33	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.377</u>	(b)	Couple	2.000	\$ 876.42	\$ 898.89	\$ 918.67	
Plan Specific Base Rate	\$ 449.45	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 744.96	\$ 764.06	\$ 780.87	
			Family	2.850	\$ 1,248.90	\$ 1,280.92	\$ 1,309.10	

Plan ID: 57165NY0020007

**Affinity Access Gold Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 180.54	\$ 185.17	\$ 189.25	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.377</u>	(b)						
Plan Specific Base Rate	\$ 449.45	(c) = (a) x (b)						

Plan ID: 57165NY0020011

**Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 475.02	\$ 487.20	\$ 497.92	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.493</u>	(b)	Couple	2.000	\$ 950.04	\$ 974.40	\$ 995.84	
Plan Specific Base Rate	\$ 487.20	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 807.53	\$ 828.24	\$ 846.46	
			Family	2.850	\$ 1,353.81	\$ 1,388.52	\$ 1,419.07	

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Plan ID: 57165NY0020003

**Affinity Access Silver without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 373.71	\$ 383.29	\$ 391.72	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.174</u>	(b)	Couple	2.000	\$ 747.41	\$ 766.58	\$ 783.44	
Plan Specific Base Rate	<u>\$ 383.29</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 635.30	\$ 651.59	\$ 665.92	
			Family	2.850	\$ 1,065.06	\$ 1,092.37	\$ 1,116.40	

Plan ID: 57165NY0020008

**Affinity Access Silver Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 153.97	\$ 157.91	\$ 161.39	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.174</u>	(b)						
Plan Specific Base Rate	<u>\$ 383.29</u>	(c) = (a) x (b)						

Plan ID: 57165NY0020012

**Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 405.10	\$ 415.48	\$ 424.62	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.273</u>	(b)	Couple	2.000	\$ 810.19	\$ 830.97	\$ 849.25	
Plan Specific Base Rate	<u>\$ 415.48</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 688.66	\$ 706.32	\$ 721.86	
			Family	2.850	\$ 1,154.53	\$ 1,184.13	\$ 1,210.18	

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Plan ID: 57165NY0020004

**Affinity Access Bronze without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 318.21	\$ 326.37	\$ 333.55	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.000</u>	(b)	Couple	2.000	\$ 636.42	\$ 652.73	\$ 667.09	
Plan Specific Base Rate	\$ 326.37	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 540.95	\$ 554.82	\$ 567.03	
			Family	2.850	\$ 906.89	\$ 930.15	\$ 950.61	

Plan ID: 57165NY0020009

**Affinity Access Bronze Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Child Only	0.412	\$ 131.10	\$ 134.46	\$ 137.42	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.000</u>	(b)						
Plan Specific Base Rate	\$ 326.37	(c) = (a) x (b)						

Plan ID: 57165NY0020013

**Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 344.94	\$ 353.78	\$ 361.56	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.084</u>	(b)	Couple	2.000	\$ 689.87	\$ 707.56	\$ 723.13	
Plan Specific Base Rate	\$ 353.78	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 586.39	\$ 601.43	\$ 614.66	
			Family	2.850	\$ 983.07	\$ 1,008.28	\$ 1,030.46	

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Plan ID: 57165NY0020005

**Affinity Access Catastrophic without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 326.37	(a)	Individual	1.000	\$ 155.26	\$ 159.24	\$ 162.75	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>0.488</u>	(b)	Couple	2.000	\$ 310.52	\$ 318.48	\$ 325.49	
Plan Specific Base Rate	<u>\$ 159.24</u>	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 263.94	\$ 270.71	\$ 276.67	
			Family	2.850	\$ 442.49	\$ 453.84	\$ 463.83	

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**Composition of Rating Regions**

Rating Area 4 contains the following counties in Affinity's Service Area:

Bronx  
Kings  
New York  
Queens  
Richmond  
Rockland  
Westchester

Area 4 Rating Factor                      1.000

Rating Area 8 contains the following counties in Affinity's Service Area:

Nassau  
Suffolk

Area 8 Rating Factor                      1.022

Rating Area 3 contains the following counties in Affinity's Service Area:

Orange

Area 3 Rating Factor                      0.975

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**Description of the Coverage Provided by the Plan and Limitations**

Affinity Health Plan provides the coverage that reflects standard benefit designs for each Metallic Plan level specified in the NYHBE regulations. The benefits cover Essential Health Benefits as defined by HHS and NYHBE.

Affinity provides the following types of individual coverage offered on NYHBE: Standard Plans, Child Only Plans, and Standard Plans with Dependent Coverage to Age 29.

**STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)**

**NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Final versions for 2015) and NYS laws/regulations.**

**\*\*Note: The Catastrophic plan design was revised to reflect the official HHS OOP maximum of \$6,600 (single) for calendar year 2015.**

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$1,200	\$250	\$0	\$3,000	\$6,600	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	\$4,000	\$5,500	\$5,200	\$2,000	\$1,000	\$6,350	\$6,600	\$0
<b>COST SHARING - MEDICAL SERVICES</b>									
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	\$15	\$25	\$30	\$30	\$15	\$10	50% cost sharing	0% cost sharing	0% cost sharing
Specialist	\$35	\$40	\$50	\$50	\$35	\$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	\$30	\$25	\$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing

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TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
<b>INPATIENT HOSPITAL SERVICES</b>									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility								
Hospice (inpatient)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
	Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility								
<b>EMERGENCY MEDICAL SERVICES</b>									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case						50% cost sharing	0% cost sharing	0% cost sharing

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TYPE OF SERVICE	Platinum	Gold	Silver	Silver - CSR Versions			Bronze	Catastrophic	sharing variation
	(AV = 0.88 to 0.92)	(AV = 0.78 to 0.82)	(AV = 0.68 to 0.72)	200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)	(AV = 0.58 to 0.62)		Less than or equal to 300% FPL
<b>OUTPATIENT HOSPITAL/FACILITY SERVICES</b>									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters			Outpatient Facility-Surgery copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing			\$0 copay				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI			Specialist copay				50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative			PT/OT/ST copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Home care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hospice			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
<b>PREVENTIVE &amp; PRIMARY CARE SERVICES</b>									
Bone density testing									
Cervical cytology									
Colonoscopy screening									
Gynecological exams									
Immunizations									
Mammography									
Prenatal maternity care									
Prostate cancer screening									
Routine exams									
Women's preventive health services									
			PCP/Specialist copay per visit (based on type of physician performing the service)				50% cost sharing	0% cost sharing	0% cost sharing

NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.

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				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
<b>PHYSICIAN/PROFESSIONAL SERVICES</b>									
Inpatient hospital surgery - surgeon			Surgeon copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon			Surgeon copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Office surgery		PCP/Specialist copay per visit (based on type of physician performing the service)					50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)			Covered in full, no deductible and no cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative			PT/OT/ST copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife		Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)					50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits			\$0 copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits		PCP/Specialist copay per visit (based on type of physician performing the service)					50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations		PCP/Specialist copay per visit (based on type of physician performing the service)					50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing

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				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
<b>ADDITIONAL BENEFITS/SERVICES</b>									
ABA treatment for Autism Spectrum Disorder			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder			PCP copay per device				50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies			DME/Medical supplies coinsurance cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids			Hearing aid coinsurance cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies			PCP copay per 30 days supply				50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Home care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements			Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.						
<b>PEDIATRIC DENTAL SERVICES</b>									
Dental office visit			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
<b>PEDIATRIC VISION SERVICES</b>									
Eye exam visit			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames			Eyewear coinsurance cost sharing applies to combined cost of lenses and frames				50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses			Eyewear coinsurance cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
<b>PRESCRIPTION DRUGS</b>									
Generic or Tier 1	\$10	\$10	\$10	\$10	\$9	\$6	\$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	\$20	\$15	\$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	\$40	\$30	\$70	0% cost sharing	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply									

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Additional Instructions:

The following applies to the Platinum, Gold, Silver and Silver-CSR Plans:

For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.

There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.

For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn.

# The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

For all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.

If the copay payable is more than the allowed amount (or remainder of the allowed amount), the copay payable is reduced to the allowed amount (or to the remainder of the allowed amount).

The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products.

For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.

For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).

No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA.

Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply.

These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply.

These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

The family deductible is two times the single deductible and the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family member needs to accumulate any more dollars towards the deductible (or out-of-pocket limit).

Note: The pediatric dental cost sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental plan will have its own deductible and cost sharing arrangements and associated premium.

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
***Effective January 1, 2015***

**Underwriting Guidelines**

HIOS ID

57165

These products are guaranteed issue, provided that NYHBE eligibility criteria are met.

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
***Effective January 1, 2015***

**Commissions Schedule and Fees**

HIOS ID

57165

Affinity is not expecting to pay any Commissions for NYHBE products.

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
***Effective January 1, 2015***

HIOS ID

57165

**Expected Loss Ratio**

The HHS expected loss ratio using Federally prescribed MLR methodology for Affinity's NYHBE Plans is 89.6%.

The NY State expected loss ratio defined as the ratio of expected incurred claims adjusted for impacts of ACA risk sharing and reinsurance programs, over earned premiums for Affinity's NYHBE Plans is 83.0%.

SERFF Tracking #:

AFHP-129594122

State Tracking #:

2014060326

Company Tracking #:

State:

New York

Filing Company:

Affinity Health Plan, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

Affinity Access 2015 Rates

Project Name/Number:

Affinity Access On Exchange 2015 Rates/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Rate Filing Instructions for On and Off Exchange Plans
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Summary.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Summary.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Memorandum/Actuarial Certification
<b>Comments:</b>	Actuarial Certification attached
<b>Attachment(s):</b>	2015 Affinity Individual On Exchange Actuarial Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	Actuarial Memorandum attached
<b>Attachment(s):</b>	2015 Affinity Actuarial Memorandum ON Exchange 06062014.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 11-General Information
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 11.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 11.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 13-Narrative Summary and Numerical Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 13.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 13.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 14A-Indiv Requested Percentage Changes
<b>Comments:</b>	

SERFF Tracking #:

AFHP-129594122

State Tracking #:

2014060326

Company Tracking #:

State:

New York

Filing Company:

Affinity Health Plan, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

Affinity Access 2015 Rates

Project Name/Number:

Affinity Access On Exchange 2015 Rates/

<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 14A.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 14A.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 15A.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 15A.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 16-Summary of Policy Form & Product Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 16.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 16.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 18-Index Rate Plan-Design Development
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 18.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 18.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 19-Claim Trend, Admin Expenses & Profit
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 19.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 19.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 20-HIOS ID Mapping
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 20.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 20.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**SERFF Tracking #:**

AFHP-129594122

**State Tracking #:**

2014060326

**Company Tracking #:****State:**

New York

**Filing Company:**

Affinity Health Plan, Inc.

**TOI/Sub-TOI:**

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

**Product Name:**

Affinity Access 2015 Rates

**Project Name/Number:**

Affinity Access On Exchange 2015 Rates/

<b>Satisfied - Item:</b>	Exhibit 23-Requested 2015 Premium Rates
<b>Comments:</b>	
<b>Attachment(s):</b>	EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 23.xlsx EXHIBITS FOR 2015 ON EXCHANGE FILINGS_061614_FINAL-Exhibit 23.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Initial Notice of Proposed Rate Adjustment
<b>Comments:</b>	
<b>Attachment(s):</b>	Member rate adjustment notice 6-6-14.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2015 Affinity Health Plan_Unified Rate Review Template_06122014_FINAL.pdf 2015 Affinity Health Plan_Unified Rate Review Template_06122014_FINAL.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>State:</b>	New York	<b>Filing Company:</b>	Affinity Health Plan, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	Affinity Access 2015 Rates		
<b>Project Name/Number:</b>	Affinity Access On Exchange 2015 Rates/		

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Summary.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 11.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 13.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 14A.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 15A.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 16.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 18.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 19.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 20.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment EXHIBITS FOR 2015 ON EXCHANGE FILINGS\_061614\_FINAL-Exhibit 23.xlsx is not a PDF document and cannot be reproduced here.***

SERFF Tracking #:

AFHP-129594122

State Tracking #:

2014060326

Company Tracking #:

State:

New York

Filing Company:

Affinity Health Plan, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

Affinity Access 2015 Rates

Project Name/Number:

Affinity Access On Exchange 2015 Rates/

***Attachment 2015 Affinity Health Plan\_Unified Rate Review Template\_06122014\_FINAL.xlsm is not a PDF document and cannot be reproduced here.***

**SUMMARY OF EXHIBITS TO BE SUBMITTED FOR 2015 EXCHANGE PREMIUM RATES**

<b><u>This Yr</u></b>	<b><u>Prior Yrs</u></b>		
<b><u>Exhibit #</u></b>	<b><u>Exhibit #</u></b>		
11	1	General Information	Same Exhibit for both Individual and Small Group
13	3	Narrative Summary and Numerical Summary	Same Exhibit for both Individual and Small Group
14A	4A	Requested Percentage Changes	Exhibit for Individual Rate Filings (Combined On and Off Plans)
14B	4B	Requested Percentage Changes	Exhibit for Small Group Rate Filings (Combined On and Off Plans)
15A	5A	Distribution by Rate Adjustment Percentages	Exhibit for Individual Rate Filings (Combined On and Off Plans)
15B	5B	Distribution by Rate Adjustment Percentages	Exhibit for Small Group Rate Filings (Combined On and Off Plans)
16	6	Summary of Policy Form and Product Changes	Same Exhibit for both Individual and Small Group
17	7	Claim Experience for 2011-13 [Based on Small Groups *]	Same Exhibit for both Individual and Small Group
18	8	Index Rate Plan-Design Development	Same Exhibit for both Individual and Small Group
19	2 or 9	Claim Trend, Administrative Expenses and Profit	Same Exhibit for both Individual and Small Group
20	NA	HIOS ID Mapping	Same Exhibit for both Individual and Small Group
21A	NA	Hospital Inpatient - Unit Costs [Based on Small Groups *]	Same Exhibit for both Individual and Small Group
21B	NA	Hospital Outpatient - Unit Costs [Based on Small Groups *]	Same Exhibit for both Individual and Small Group
22	NA	Utilization Information [Based on Small Groups *]	Same Exhibit for both Individual and Small Group
23	NA	Requested 2015 Premium Rates	Same Exhibit for both Individual and Small Group

**Exhibits to be Submitted for Individual Exchange Plans:**

Exhibits 11, 13, 14A, 15A, 16, 17, 18, 19, 20, 21A, 21B, 22 and 23;  
 No need to submit Exhibits 17, 21A, 21B and 22 for Companies that do not market Small Groups;  
 Need to submit Exhibits 17, 21A, 21B and 22 [Small Group Version] for Companies that market Small Groups;

**Exhibits to be Submitted for Small Groups Exchange Plans:**

Exhibits 11, 13, 14B, 15B, 16, 17, 18, 19, 20, 21A, 21B, 22 and 23;

\* No Information to be provided specifically on Individual Plans. Small Groups' Exhibits 17, 21A, 21B and 22 to be attached to Individual Exchange Plans Filings for Companies in the Small Group Market.  
 No Exhibits 17, 21A, 21B and 22 to be submitted on Individual Plans for Companies that do not market Small Groups.

## EXHIBIT 26. ACTUARIAL CERTIFICATION

I am a Principal & Consulting Actuary with the firm of Milliman, Inc. Affinity Health Plan, Inc. engaged me to provide the opinion herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

- (a) The submission is in compliance with all applicable laws and regulations of the State of New York;
  - (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 41, Actuarial Communications
  - (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
  - (d) The benefits are reasonable in relation to the premiums charged; and
  - (e) The rates are not unfairly discriminatory.
1. The projected index rate is
    - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1))
    - Developed in compliance with the applicable Actuarial Standards of Practice
    - Reasonable in relation to the benefits provided and the population anticipated to be covered
    - Neither excessive nor deficient based on my best estimates of the 2015 Individual market
  2. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
  3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
  4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.

The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Principal & Consulting Actuary

Date: May 23, 2014



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## Part III Actuarial Memorandum

**Affinity Health Plan, Inc.  
Individual Rate Filing - On Exchange  
Effective January 1, 2015**

Prepared for:  
**Affinity Health Plan, Inc.**

Prepared by:  
████████████████████  
**Principal & Consulting Actuary  
Milliman, Inc.**

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milliman.com

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The following table summarizes the exhibits included in this document. Some exhibits may span multiple pages.

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Exhibit 3	Exp Premium and Claims
Exhibit 4	Benefit Categories
Exhibit 5	Projection Factors
Exhibit 6	Credibility Man Rate Dev
Exhibit 7	Credibility of Experience
Exhibit 8	Paid to Allowed Ratio
Exhibit 9	Risk Adj and Reinsurance
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## EXHIBIT 1. GENERAL INFORMATION

### Document Overview

This document contains the Part III Actuarial Memorandum for Affinity Health Plan, Inc.'s (Affinity) individual block of business, effective January 1, 2015. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. In addition, the actuarial memorandum and exhibits (or rate filing) are intended to comply with the rate filing requirements of Insurance Law Section 4308(c) (Prior Approval Adjustment Filings). This information may not be appropriate for other purposes.

This actuarial memorandum is subject to the terms and conditions of the Consulting Services Agreement between Affinity and Milliman, Inc. (Milliman) dated April 14, 2010. This information is intended for use by the State of New York Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Affinity's individual rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum prepared for Affinity by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

### Company Identifying Information

Company Legal Name: Affinity Health Plan, Inc.  
State: The State of New York has regulatory authority over these policies.  
HIOS Issuer ID: 57165  
Market: Individual  
Effective Date: January 1, 2015

### Company Contact Information

Primary Contact Name: [REDACTED]  
Primary Contact Telephone Number: +1 [REDACTED]  
Primary Contact Email Address: [REDACTED]

## EXHIBIT 2. PROPOSED RATE INCREASE(S)

Table 2.1 summarizes the overall average proposed rate decrease effective January 1, 2015. The following are significant factors driving the proposed rate decrease discussed below. While we are showing an increase in Table 2.1, most of this is driven by a change in mix of business by metal plan type.

Table 2.1 Affinity Health Plan, Inc. Attribution Analysis of Proposed Rate Increases	
Factor	Value
<b>2014 Rate</b>	<b>\$353.36</b>
Change in Assumed Mix of Business by Metal Plan Type	1.106
Change in Demographic Conversion Factor	1.144
<b>Adjusted 2014 Rate</b>	<b>\$447.31</b>
Total Claims Trend	1.048
Change in Medicaid Base Period Experience Factor	0.960
Including FHP in Base Period Experience	0.973
Transitional Federal Reinsurance Program Benefit Factor	1.049
Change in Demographic Conversion Factor	0.874
Administrative Expense Change Factor	1.057
Taxes & Fees Change Factor	0.939
Profit Change Factor	0.990
Other Factor	1.007
<b>2015 Rate</b>	<b>\$397.30</b>

### Change in Assumed Mix of Business by Metal Plan Type

The demographic mix was calculated based on the assumed membership by plan in 2014 compared to the projected membership mix by plan in 2015. Based on emerging Affinity and DFS 2014 experience, we are seeing more members enrolling in Platinum and Gold plans than was originally assumed in 2014 so we incorporated this information in to our 2015 membership projections by plan.

### Medical Inflation & Increased Utilization

Claims costs were increased for anticipated changes in allowed costs due to medical/prescription drug inflation and utilization. Below are the percentage increases for these changes:

Table 2.2 Affinity Health Plan, Inc. Trend Assumptions			
Service Type	Inflation	Utilization	Total
Inpatient Hospital	3.9%	0.0%	3.9%
Outpatient Hospital	3.8%	2.0%	5.9%
Professional	0.5%	1.5%	2.0%
Other Medical	0.5%	1.5%	2.0%
Capitation	0.0%	0.0%	0.0%
Prescription Drug	6.5%	2.0%	8.6%

### New Taxes, Fees and Administrative Expenses

Changes to the overall premium level are needed because of required changes in federal/state taxes and fees. In addition, there are anticipated changes in the administrative expenses and the federal reinsurance program. The following is a list of any anticipated changes and comments regarding the adjustment:

Table 2.3 Affinity Health Plan, Inc. Anticipated Non-Benefit Expenses Changes			
Item	Prior Year Value	Effective Year Value	Reason for Adjustment
General Admin	\$30.15	\$50.81	Affinity will have higher general administrative costs in 2015 due to emerging information regarding operating costs. Net commercial reinsurance is included in this component.
Quality Improvement	\$3.56	\$2.16	Affinity's membership projections have changed resulting in a lower PMPM value.
Transitional Reinsurance	-\$41.94	-\$23.65	See next page
Comparative Effectiveness Research Fee	\$0.17	\$0.18	Growth in National Healthcare Expenditures.
Taxes and Fees	\$36.86	\$10.88	We do not have last years workpapers but we believe last year's number may have the HCRA Surcharge and/or the New York Covered Lives Assessment in it. We included these items in claims.
Profit	1.7%	0.5%	Affinity is filing a lower profit percentage in 2015.

## EXHIBIT 2. PROPOSED RATE INCREASE(S)

### Prospective Benefit Changes

Effective January 1, 2015 benefits have changed based on state requirements, and new Actuarial Value Calculator testing. The following are a list of the benefit changes:

Affinity Access Silver 73 - Deductible decreased from \$1,750 to \$1,200 and Out-of-Pocket Max increased from \$4,000 to \$5,200.

Affinity Access Catastrophic - Deductible increased from \$6,350 to \$6,600 and Out-of-Pocket Max increased from \$6,350 to \$6,600.

Note that the benefit adjustments were calculated on a PMPM basis; therefore, the premium adjustment varies by plan.

### Federal Transitional Reinsurance Program Changes

Federal transitional reinsurance program contributions and benefit limits have changed from last year. Specifically, the reinsurance contribution has changed from \$63 PMPY to \$44 PMPY. Further, the claims threshold upon which reinsurance recoveries are triggered has changed from \$60,000 to \$70,000 and the federal coinsurance percentage has changed from 80% to 50%; therefore, there will be an increase in the individual rates. Changes in the benefit levels of the reinsurance recoveries will only impact the individual market, while the changes in the reinsurance contribution levels will impact both the individual and small group markets.

### Conversion Factor Change

The four tier and child rating relativities in New York are prescribed by the Department of Financial Services (DFS). The 2014 premium rates reflected a higher average contract size for the Single + Child(ren) and Family tiers than what has been assumed in 2015, so the 2014 premium rates assumed that there will be more members on average in these tiers. The 2014 premium rates also assumed there would be more contracts in these two tiers. The combination of these two items resulted in all of the premium rates increasing to subsidize these additional assumed members. The first quarter 2014 YTD contract and membership distribution for Affinity is similar to the assumptions we have used for the 2015 pricing. The table below compares the conversion factor calculated in 2014 to that calculated in 2015.

2014 Pricing Assumptions				2015 Pricing Assumptions			
Membership Tier	Rate	Contract	Projected	Membership Tier	Rate	Contract	Projected
Single Person	1.000	1.000	47%	Single Person	1.000	1.000	59%
Single + Spouse	2.000	2.000	32%	Single + Spouse	2.000	2.000	36%
Single + Child(ren)	1.700	3.200	5%	Single + Child(ren)	1.700	2.432	1%
Family	2.850	4.200	16%	Family	2.850	3.679	4%
<b>Total</b>		<b>1.645</b>	<b>1.937</b>	<b>Total</b>		<b>1.442</b>	<b>1.484</b>
<b>Conversion Factor</b>		<b>1.178</b>		<b>Conversion Factor</b>		<b>1.029</b>	
				<b>Conversion Factor Change</b>		<b>0.874</b>	

### Change in Base Period Experience

In the 2014 rate development, 2012 Medicaid experience was used as the baseline experience. In the 2015 rate development, 2013 Medicaid and Family Health Plus (FHP) experience was used as the baseline experience. The 2013 baseline claims experience has improved from the 2012 baseline experience resulting in a lower starting point for the rate development. The Medicaid claims experience improved by approximately 4% from 2012 to 2013. Including the FHP claims experience to the baseline experience results in an additional 3% reduction in claims experience.

### Catastrophic Demographic Adjustment Assumption

An adjustment factor is applied for the Catastrophic Plan because eligibility is limited to adults under 30 years of age. In 2014, the catastrophic demographic adjustment factor was 0.818. In 2015, the catastrophic demographic adjustment is 0.529. This change results in a substantial decrease in the Catastrophic Plan rates and better aligns the rates to the market.

### Anticipated Single Risk Pool Morbidity

We have assumed no change in the anticipated single risk pool morbidity from that assumed in 2014.

### Other Factor Change

We do not have all of the detailed actuarial workpapers from 2014 so we have made our best attempt at quantifying the changes. The Other Factor Change could contain differences due to the morbidity adjustment calculation, difference in age/gender mix, differences in provider contracting assumptions, differences in capitation assumptions, as well as other factors that may have been used in the 2014 pricing.

## EXHIBIT 2. PROPOSED RATE INCREASE(S)

The following table summarizes proposed rates change(s) by product for a 1.0 Area Factor:

Table 2.5 Affinity Health Plan, Inc. Summary of Proposed Rate Changes			
Product	2014 Average Individual Rate	2015 Average Individual Rate	Average Rate Decrease
Affinity Access Platinum with Pediatric Dental	\$601.28	\$534.42	-11.1%
Affinity Access Gold with Pediatric Dental	\$509.54	\$450.28	-11.6%
Affinity Access Silver with Pediatric Dental	\$441.81	\$383.96	-13.1%
Affinity Access Bronze with Pediatric Dental	\$378.58	\$326.70	-13.7%
Affinity Access Catastrophic with Pediatric Dental	\$294.67	\$159.27	-45.9%
Affinity Access Platinum Child with Pediatric Dental	\$247.73	\$220.18	-11.1%
Affinity Access Gold Child with Pediatric Dental	\$209.93	\$185.52	-11.6%
Affinity Access Silver Child with Pediatric Dental	\$182.03	\$158.19	-13.1%
Affinity Access Bronze Child with Pediatric Dental	\$155.97	\$134.60	-13.7%
Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	\$649.93	\$579.31	-10.9%
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	\$550.48	\$488.11	-11.3%
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	\$478.93	\$416.21	-13.1%
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	\$408.54	\$354.14	-13.3%
Affinity Access Platinum without Pediatric Dental	\$599.38	\$533.47	-11.0%
Affinity Access Gold without Pediatric Dental	\$507.94	\$449.45	-11.5%
Affinity Access Silver without Pediatric Dental	\$440.44	\$383.29	-13.0%
Affinity Access Bronze without Pediatric Dental	\$377.43	\$326.37	-13.5%
Affinity Access Catastrophic without Pediatric Dental	\$293.79	\$159.24	-45.8%
Affinity Access Platinum Child without Pediatric Dental	\$246.94	\$219.79	-11.0%
Affinity Access Gold Child without Pediatric Dental	\$209.27	\$185.17	-11.5%
Affinity Access Silver Child without Pediatric Dental	\$181.46	\$157.91	-13.0%
Affinity Access Bronze Child without Pediatric Dental	\$155.50	\$134.46	-13.5%
Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	\$647.87	\$578.29	-10.7%
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	\$548.75	\$487.20	-11.2%
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	\$475.57	\$415.48	-12.6%
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	\$407.27	\$353.78	-13.1%

\* Affinity has changed the name of their plans from Affinity Essential to Affinity Access.

### EXHIBIT 3. EXPERIENCE PREMIUM AND CLAIMS

Affinity is in its second year of operations in 2015 and therefore has no historical credible experience available for individual products. Premium rates presented are 100% manually rated.

## **EXHIBIT 4. BENEFIT CATEGORIES**

We assigned the manual data utilization and cost information to benefit categories as shown in Worksheet 1, Section I of the URRT based on place and type of service using a detailed claims mapping algorithm summarized as follows:

### **Inpatient Hospital**

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

### **Outpatient Hospital**

Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.

### **Professional**

Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

### **Other Medical**

Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

### **Capitation**

Includes all services provided under one or more capitated arrangements.

### **Prescription Drug**

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## EXHIBIT 5. PROJECTION FACTORS

Not applicable as Affinity did not have historical experience during the base period for individual products. See the Credibility Manual Rate Development section starting on the next page for information regarding the development of manual rates.

## EXHIBIT 6. CREDIBILITY MANUAL RATE DEVELOPMENT

### Source and Appropriateness of Experience Data Used in Manual Rate Development

Affinity made its initial entry in to the individual commercial market through the New York State Health Benefit Exchange (NYHBE) in 2014. Therefore, Affinity does not have any prior commercial claims experience. In order to support the pricing for Affinity's proposed individual products, manual rates were developed using Affinity's Medicaid and Family Health Plus (FHP) experience excluding the Medicaid SSI population.

Affinity's current Medicaid and FHP experience (with appropriate adjustments) represents a credible source of base period experience for development of a manual rate. Some of the key factors supporting this approach are as follows:

- Affinity does not currently offer any individual or small group commercial products in New York or elsewhere from which to collect experience data.
- Affinity's individual market service area is the same as its current Medicaid and FHP service area.
- Affinity's individual market provider network is very similar to its Medicaid and FHP provider network. While negotiated provider rates will differ from the Medicaid and FHP provider rates, underlying care delivery patterns are expected to be consistent.
- Affinity plans to use a similar medical management approach for its individual commercial population.
- Affinity's current Medicaid and FHP member base is fully credible for ratemaking purposes. Affinity currently has approximately 235,000 Medicaid members and approximately 20,000 FHP members.
- Affinity currently experiences monthly turnover of approximately 8,000 members per month primarily due to member eligibility status changes based on Medicaid and FHP eligibility rules. Affinity believes that this population is the most likely population to enroll in their individual plans due to existing provider relationships and familiarity with the Affinity brand.
- Affinity used a similar approach last year when pricing its individual plans so we want to be consistent with previous year's pricing approach.

### Methodology

#### Development of Projected Allowed Claim Costs

1. We received detailed medical and prescription drug claims incurred in 2013 and paid through January 31, 2014 for Medicaid and FHP.
2. We developed detailed actuarial cost models showing annual utilization per 1000 members, average unit costs, and claim costs before and after member cost sharing for about fifty types of services, separately for the Medicaid and FHP populations for the New York, Long Island, and Mid-Hudson Qualified Health Plan (QHP) service areas.
3. We summarized the Medicaid and FHP actuarial cost models by major type of service (i.e., Inpatient, Outpatient, Physician, Other, and Rx) in each service area.
4. We adjusted the base period experience to be more representative of a QHP population:
  - Medicaid has very high Emergency Room utilization. We shifted 75% of the utilization equally to PCP and SCP office visits, which is consistent with last year's pricing and information contained in the *Milliman Health Cost Guidelines*. Affinity has established a Medical Management program to steer ER utilization towards doctors offices.
  - Medicaid has very high maternity and newborn utilization. We adjusted this utilization down 50% to be more like an individual commercial population. This adjustment was based on market observations and information contained in the *Milliman Health Cost Guidelines*.
5. We developed calendar year 2013 incurred utilization and claims by applying an incurred in 12/paid in 13 completion factor based on Affinity claims triangles and valuation data.
6. We converted the estimated paid claims to allowed claims based on historical paid to allowed claims relationships.
7. We adjusted the Medicaid and FHP utilization reflecting Medicaid and FHP cost sharing levels to Bronze utilization levels based on Bronze plan cost sharing levels using plan design benefit change factors from the Milliman Health Cost Guidelines™ (HCGs) and the DFS. We are adjusting to Bronze plan since Bronze plan is our reference plan.
8. We adjusted the Medicaid and FHP claims for the projected changes in the age/gender population mix. There are a larger proportion of women and children in Medicaid and FHP as compared with the expected QHP population.
9. We adjusted the Medicaid and FHP claims for the projected change in the morbidity between a Medicaid and QHP population based on information contained in the Society of Actuaries (SOA) study, *Cost of the Future Newly Insured Under the Affordable Care Act (ACA)*.
10. We adjusted for changes in provider contracts from Medicaid and FHP contracts to QHP contracts.
11. We trended claims from 2013 to 2015 using trend rates from the *Milliman HCGs* and information regarding Affinity's QHP provider contracts.
12. We added capitation and claims for services paid outside the claims system and adjusted them for age/gender, morbidity, and provider contracts.
13. We added mandated benefits for autism and fitness.
14. We reflected prescription drug rebates based on a percentage of paid claims.
15. We combined the three service areas together to develop projected allowed cost PMPM for the Bronze Plan without Pediatric Dental.

## EXHIBIT 6. CREDIBILITY MANUAL RATE DEVELOPMENT

### Projected Rate Development

1. We started with the projected allowed costs for Bronze Plan without Pediatric Dental.
2. We developed allowed costs for other metallic level plans by applying plan design behavior change factors from the Department of Health and Human Services (HHS).
3. We applied increased utilization factor for increased utilization due to cost sharing reductions and Native Americans.
4. We applied the actuarial value of benefits to get projected paid claims based on the HHS actuarial value calculator.
5. We applied the value of the transitional reinsurance program to get to expected paid claims after reinsurance recoveries.
6. We added administrative expenses, other expenses, and profit to generate required revenue PMPM.
7. We applied a conversion factor based on expected rating tier mix and expected average contract size to calculate the single rate.

### Adjustments Made to the Data

This section includes a description of each factor used to adjust the experience of the manual rates and supporting information related to the development of those factors.

#### Completion (unpaid claims) Adjustment

The data was adjusted to add estimates for claims incurred during the experience period and paid after January 31, 2014. The following is a table of the completion factors used:

Completion Factor (unpaid claims) Adjustment					
Service Category	Inpatient	Outpatient	Physician	Other	Pharmacy
Completion Factor	1.181	1.095	1.095	1.095	1.000

#### Changes in the Morbidity of the Population Insured

We used the following data source(s) and methodology in order to estimate the changes in the morbidity of the experience population and the projected population, as shown in the Population Risk Morbidity column of Worksheet 1, Section II:

- We adjusted the Medicaid and FHP claims for the projected change in the morbidity between a Medicaid and QHP population based on information contained in the Society of Actuaries (SOA) study, *Cost of the Future Newly Insured Under the Affordable Care Act (ACA)*. This SOA study projected how the current overall population, split by current coverage source, is anticipated to move to the individual exchanges. The study also provided a projected PMPM cost in the individual exchange for each category.

#### Changes in Benefits

We made the following adjustments to reflect the expected differences in benefits between the experience period and projection period, as shown in the Other column of Worksheet 1, Section II:

- Affinity Access Silver 73 - Deductible decreased from \$1,750 to \$1,200 and Out-of-Pocket Max increased from \$4,000 to \$5,200.
- Affinity Access Catastrophic - Deductible increased from \$6,350 to \$6,600 and Out-of-Pocket Max increased from \$6,350 to \$6,600.

We used the Federal AV calculator provided by DFS in order to estimate the benefit changes for each of the items listed above.

#### Changes in Demographics

We used the following data source(s) and methodology in order to estimate the changes in the demographic and geographic mix of the population, as shown in the Other column of Worksheet 1, Section II:

The age and gender mix of the population anticipated to enroll in Affinity's commercial plans is expected to differ from the Medicaid population underlying the base period experience. In particular, the Medicaid population tends to have a higher proportion of children and adult females. We calculated the expected change in age/gender by comparing the actual Medicaid membership distribution by age and gender to the projected individual exchange member distribution by age and gender. We used the Milliman HCGs age/gender factors to calculate the projected cost difference due to the expected age and gender mix change.

Our rate projection is based on population demographics and geographic mix that is similar to that assumed for 2014. We also incorporated actual 2014 first quarter experience of Affinity and first quarter 2014 carrier information provided by the Department of Financial Services (DFS) in to our projections.

## EXHIBIT 6. CREDIBILITY MANUAL RATE DEVELOPMENT

### *Other Adjustments*

The Other column of Worksheet 1, Section II contains additional adjustments from those described above. These adjustments have been made to recognize the additional anticipated changes in claims experience between the base period and the projected period. We used the following data sources and methodology in order to estimate these changes:

- The costs related to the following services were removed from the base experience since these services were covered under Medicaid in the base period but will not be covered under any of Affinity's individual commercial plans in 2015: Non-Emergency Transportation, Adult Dental, and Adult Vision. These services were covered under Medicaid and FHP in the base period but will not be covered under any of Affinity's individual commercial plans for 2015.
- The New York State essential health benefits mandate that health plans subsidize the cost of a gym membership for individuals that can provide evidence of fifty gym visits within a six-month period. The subsidy applies to adults 18 years of age and over only, and the amounts are \$200 for members and \$100 for spouses per six-month period.
- To estimate the PMPM cost for the gym membership subsidy benefit, we used data on New York health club participation rates and information on the percentage of people with health club memberships that never (or rarely) use the health club membership. Based on the projected membership distribution by tier used in pricing, we determined the percentage of enrollees and the projected percentage of adult spouses/domestic partners. These two percentages were multiplied by the member and spouse subsidy amounts to develop a PMPM cost for the gym membership reimbursement. The PMPM cost included in the allowed amount is \$0.93 PMPM.
- The New York State essential health benefits also mandates the coverage for up to 680 hours of Autism Applied Behavior Analysis (ABA) therapy per calendar year. We relied on a 2010 Oliver Wyman study of the PMPM cost and cost per hour of ABA therapy coverage in New York State and trended the cost to 2015. The PMPM cost included in the allowed amount is \$2.50 PMPM.

### *Trend (Cost/Utilization)*

This development of the CY2015 rates reflects an annual trend rate of 4.8%, which was developed using the following data source and methodology:

The utilization trends were developed from the 2014 Milliman *Health Cost Guidelines* and the allowed cost trends were based on knowledge of Affinity's provider contracting arrangements, which are Medicare based, and Medicare expected fee schedule changes.

### *Inclusion of Capitation Payments*

Affinity has capitation arrangements with the following providers: Laboratory Corporation of America, Block Vision, Beacon (behavioral health), DentaQuest (dental), Landmark (physical medicine), and Care Core (Radiology Care Management). We removed the appropriate capitation and/or fee for service claims from the base period experience and added in the appropriate QHP capitation amounts to the projection period.

Vision services will be provided under a capitation arrangement to members aged 18 and under only. The PMPM cost was estimated based on capitation estimates from Block Vision (Affinity's vision benefit provider) and reduced using the percentage of Affinity's membership that will be eligible for this benefit.

Pediatric dental will be provided under a capitation arrangement to members aged 18 and under only. The base allowed expense was developed using capitation payment estimates from DentaQuest, Affinity's dental provider.

## EXHIBIT 7. CREDIBILITY OF EXPERIENCE

Not applicable as Affinity does not have experience in the base period to use in rate development; therefore, the 2015 rate development is based solely on manual rates.

## EXHIBIT 8. PAID TO ALLOWED RATIO

The following table provides support for the average paid to allowed ratio shown in Worksheet 1, Section III. The table also demonstrates that the ratio is consistent with membership projections by plan included in Worksheet 2.

<b>Table 8.1</b>		
<b>Affinity Health Plan, Inc.</b>		
<b>Paid to Allowed Average Factor Support Exhibit</b>		
	<b>Worksheet 1, Section III</b>	<b>Worksheet 2 Section IV</b>
Allowed Per Member Per Month	\$481.18	\$481.18
Paid Per Member Per Month	\$357.03	\$356.97
Average Paid to Allowed Ratio	74.2%	74.2%

The average factor Worksheet 1 shown above was developed based on the projection of the average mix of plans sold. The Worksheet 2 factor shown above and to the right was measured using the projected Allowed PMPMs by plan from Worksheet 2 and the Actuarial Value calculated using the Federal AV Calculator model.

## EXHIBIT 9. RISK ADJUSTMENT AND REINSURANCE

### Projected Risk Adjustments PMPM

The estimates of relative risk and risk transfer payments are highly dependent on the population that enrolls with Affinity but also with other carriers in the state.

In the individual market, we do not expect a material difference in Affinity's risk score from that of the expected state average. Therefore we have not included a risk adjustment transfer payment or receivable in Affinity's 2015 individual pricing. However, we have included \$0.08 PMPM to account for the risk adjustment user fee.

Affinity currently has limited enrollment, so we do not feel that any credible comparison to the market at this time is representative of their expected population.

### Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

We assumed that individual membership both on and off the exchange will be assessed \$3.67 PMPM in reinsurance contributions per the Final Notice of 2015 Benefit and Payment Parameters. Those amounts are included in the claim costs for the URRT but in admin cost for the New York loss ratio calculation.

Individual membership is eligible for reinsurance recoveries. We assumed that the average individual membership reinsurance recoveries are \$27.31 PMPM (excluding Transitional Reinsurance contributions).

<b>Table 9.1</b>	
<b>Coordinated Health Mutual, Inc.</b>	
<b>Transitional Reinsurance Parameters</b>	
Attachment Point	\$70,000
Cap	\$250,000
Nominal Coinsurance	50%
Funding %	100%

Reinsurance recoveries were estimated at the plan level. The Milliman Health Cost Guidelines, combined with the projected allowed charges by plan, were used to estimate a claims probability distribution for each plan. The out-of-pocket maximum was added to the attachment point to estimate the carrier's paid claims obligation in excess of \$70,000, consistent with the methodology discussed in the 2015 Benefit and Payment Parameters. Similarly, the out-of-pocket maximum was added to the reinsurance cap to estimate the carrier's paid claims obligations in excess of \$250,000. A coinsurance rate of 50% was applied to the difference to estimate the expected annual reinsurance recovery. This amount was divided by 12 to obtain an expected monthly reinsurance recovery of \$27.31 PMPM.

## EXHIBIT 10. NON-BENEFIT EXPENSES AND PROFIT & RISK

The following table summarizes retention components included in the rate development. Note that it does not include contributions to the federal transitional reinsurance program or risk adjustment user fees.

Table 10.1 Affinity Health Plan, Inc. Illustration of Administrative Expenses by URRT Worksheet 1 Category				
Retention Description	PMPM	% Premium	Basis	Annotation
<b>Administrative Expense Load</b>				
General Admin	\$ 47.69	11.6%	PMPM	(1)
Commercial Reinsurance Recoveries	\$ (9.36)	-2.3%	PMPM	(2)
Commercial Reinsurance Premiums	\$ 12.48	3.0%	PMPM	(3)
Quality Improvement	\$ 2.16	0.5%	PMPM	(4)
Subtotal: Administrative Expense Load	\$ 52.97	12.9%		(5) = (1) + (2) + (3) + (4)
<b>Profit/Risk Load and Subsidies</b>				
Target Post-Tax Profit	\$ 2.05	0.5%	% of Premium	(6)
Family Tier Conversion Factor*	\$ 11.49	2.8%	% of Premium	(7)
Metallic Premium Sufficiency Adjustment*	\$ 2.36	0.6%	% of Premium	(8)
Subtotal: Profit/Risk Load and Subsidies	\$ 15.89	3.9%		(9) = (6) + (7) + (8)
<b>Taxes and Fees</b>				
Premium Tax	\$ 7.17	1.8%	% of Premium	(10)
Comparative Effectiveness Research Fee	\$ 0.18	0.0%	PMPM	(11)
DFS Article 32 Assessment	\$ 3.52	0.9%	% of Premium	(12)
Subtotal: Taxes and Fees	\$ 10.88	2.7%		(13) = (10) + (11) + (12)
<b>Total Retention</b>				
Retention	\$ 79.73	19.5%		(14) = (5) + (9) + (13)

General Administrative Expenses were developed based on 2014 actual expenses through March, which were separated into fixed and variable components and trended forward to 2015. The resulting PMPM was then converted to the average premium PMPM to determine the administrative cost as a percent of premium.

Affinity is filing a target profit margin of 0.5%.

The following table summarizes taxes and fees included in the rate development.

Table 10.2 Affinity Health Plan, Inc. Summary of Taxes and Fees	
Description	Amount
Premium Tax	1.75% of Premium
Comparative Effectiveness Research	\$0.18 PMPM
Health Insurer Fee	0.0% of Premium
Risk Adjustment Administrative Fee	\$0.08 PMPM
DFS Article 32 Assessment	0.86% of Premium

\* Family Tier Conversion Factor accounts for community rating subsidy due to family size structure not being a specific rating factor.

\* Metallic Premium Sufficiency Adjustment adjusts for the cross subsidization between the metallic and catastrophic plans in the single risk pool.

## EXHIBIT 11. PROJECTED LOSS RATIO

The projected Federal loss ratio is 89.6%. This loss ratio is calculated consistently with the MLR methodology according to the National Association of Insurance Commissioners as prescribed by 211 CMR 147.00. The following table demonstrates Affinity's premium development and MLR calculation using rounded values.

Table 11.1 Affinity Health Plan, Inc. Projected Federal Medical Loss Ratio Exhibit			
	Business Not In This Filing	Current Non- Grandfathered Plans	All Business
Member Months	0	115,562	115,562
Claims	\$0.00	\$356.98	\$356.98
Claim-Related Retention (QI/Health IT)	\$0.00	\$2.16	\$2.16
Prior Rebate	\$0.00	\$0.00	\$0.00
Change in Reserve	\$0.00	\$0.00	\$0.00
Transitional Recoveries (Received)	\$0.00	-\$27.31	-\$27.31
Risk Adjustment Paid (Received)	\$0.00	\$0.00	\$0.00
Risk Corridors Paid (Received)	\$0.00	\$0.00	\$0.00
<b>MLR Numerator</b>	<b>\$0.00</b>	<b>\$331.82</b>	<b>\$331.82</b>
Premium	\$0.00	\$397.30	\$397.30
Premium-Related Retention (Taxes/Fees)	\$0.00	\$14.29	\$14.29
Income Tax		\$0.00	\$0.00
<b>MLR Denominator</b>	<b>\$0.00</b>	<b>\$383.01</b>	<b>\$383.01</b>
<b>Loss Ratio</b>	<b>0.0%</b>	<b>86.6%</b>	<b>86.6%</b>
		<i>Credibility Adjustment</i>	3.0%
		<b>Credibility Adjusted Loss Ratio</b>	<b>89.6%</b>

The New York State medical loss ratio was also calculated based on Affinity's assumed membership distribution by plan and is expected to exceed the applicable minimum 82% as shown below.

Table 11.2 Affinity Health Plan, Inc. Projected New York State Medical Loss Ratio Exhibit			
	Business Not In This Filing	Current Non- Grandfathered Plans	All Business
Member Months	0	115,562	115,562
Claims	\$0.00	\$356.98	\$356.98
Transitional Recoveries (Received)	\$0.00	-\$27.31	-\$27.31
<b>MLR Numerator</b>	<b>\$0.00</b>	<b>\$329.66</b>	<b>\$329.66</b>
Premium	\$0.00	\$397.30	\$397.30
Income Tax		\$0.00	\$0.00
<b>MLR Denominator</b>	<b>\$0.00</b>	<b>\$397.30</b>	<b>\$397.30</b>
<b>Loss Ratio</b>	<b>0.0%</b>	<b>83.0%</b>	<b>83.0%</b>

**EXHIBIT 12. SINGLE RISK POOL**

Affinity rates are developed reflecting a single risk pool that reflects all covered lives for every non-grandfathered product/plan combination, in the State of New York individual health insurance market.

## EXHIBIT 13. INDEX RATE

The index rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits. The projected index rate reflects the projected 2015 mixtures of smoker / non-smoker population, area factors, catastrophic / non-catastrophic enrollment, and the projected mixture of risk morbidity that Affinity expects to receive in the Single Risk Pool. Note that there are no additional benefits being offered beyond the EHB benefits. The projected Index Rate has not been adjusted for payments and charges projected under the risk adjustment and reinsurance programs, or for Exchange user fees.

The projected Index Rate is equal to the projected total allowed claims PMPM since there are no benefits offered beyond the EHB benefits. However, it is not the same as the Index rate that is used for development of plan premiums.

The following table summarizes the factors applied to the 2014 Manual Index Rate to determine the Projected Index Rate for a January 1 effective date.

<b>2014 Manual Index Rate</b>	<b>\$466.40</b>
<b><u>Single Risk Pool Adjustments</u></b>	
<b>1-year Trend to Projection Period</b>	<b>1.048</b>
<b>Change in Base Period Experience</b>	<b>0.960</b>
<b>Including FHP Experience in Base</b>	<b>0.973</b>
<b>Other</b>	<b>1.053</b>
<b>Projection Period Index Rate</b>	<b>\$481.18</b>

Each of the above adjustments were developed as follows:

The utilization trends were developed from the 2014 Milliman Health Cost Guidelines and the allowed cost trends were based on knowledge of Affinity's provider contracting arrangements, which are Medicare based, and Medicare expected fee schedule changes.

In the 2014 rate development, 2012 Medicaid experience was used as the baseline experience. In the 2015 rate development, 2013 Medicaid and FHP experience was used as the baseline experience. The 2013 baseline claims experience has improved from the 2012 baseline experience resulting in a lower starting point for the baseline experience and rate development.

We do not have all of the detailed actuarial workpapers from 2014 so we have made our best attempt at quantifying the changes. The Other Factor Change could contain differences due to the morbidity adjustment calculation, difference in age/gender mix, differences in provider contracting assumptions, differences in capitation assumptions, difference in New York Covered Lives Assessment, as well as other factors that may have been used in the 2014 pricing.

## EXHIBIT 14. MARKET ADJUSTED INDEX RATES

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market Adjusted Index Rate.

Table 14.1 Affinity Health Plan, Inc. Market Adjusted Index Rate Development	
Index Rate	\$481.18
Net Risk Adjustment	1.000
Net Transitional Reinsurance	0.944
Exchange Fee	1.000
<b>Impact of Market Reforms</b>	<b>0.944</b>
<b>Market Adjusted Index Rate</b>	<b>\$454.23</b>

The Market Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool.

Each of the above modifiers were developed as follows:

- Net Risk Adjustment  
This factor includes the impact of the estimated risk adjustment transfer payment as addressed in Exhibit 9 plus the Risk Adjustment User Fee of \$0.08.
- Net Transitional Reinsurance  
This factor includes the impact of the estimated Transitional Reinsurance PMPM recovery as addressed in Exhibit 9 plus the Transitional Reinsurance Contribution of \$3.67.
- Exchange user fee adjustment  
New York does not charge an exchange user fee.

## EXHIBIT 15. PLAN ADJUSTED INDEX RATES

The Market Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rates using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
  - The CMS Actuarial Value Calculator was used to determine the actuarial value for each plan.
  - The cost sharing adjustment factors from last year were used this year to minimize disruption in premium rates between plans.
- Provider network, delivery system and utilization management adjustment
  - There are no expected differences in the provider network and/or utilization management between plans.
- Adjustment for benefits in addition to the EHBs
  - There are no benefits being offered above the EHBs.
- Impact of tobacco surcharge adjustment
  - Adjustment is developed so that the resulting Plan Adjusted Index Rate excludes the cost expected to be recouped through the tobacco surcharge. We did not make an explicit tobacco surcharge adjustment in our pricing.
- Adjustment for distribution and administrative costs
  - Adjustment is developed to indicate the impact of non benefit expenses. This adjustment may differ by plan due to the relative impact of administrative costs that are developed as a PMPM rather than as a percent of premium.
- Impact of specific eligibility categories for the catastrophic plan
  - This adjustment was developed to illustrate the impact of the restricted age requirements in the Catastrophic risk pool, and the expected risk score specific to that population. There is an offsetting adjustment in the Metallic risk pool in order to stay at the 1.0 overall, due to the fact that the Index Rate was developed for both the Metallic and Catastrophic risk pools combined.

The following table demonstrates the Plan Adjusted Index Rate development for each plan:

Table 15.1 Affinity Health Plan, Inc. Plan Adjusted Index Rate Development								
Plan	Market Adjusted Index	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	Plan Adjusted Index Rate
Affinity Access Platinum with Pediatric Dental	\$454.23	0.962	1.000	1.000	1.000	1.223	1.000	\$534.42
Affinity Access Gold with Pediatric Dental	\$454.23	0.810	1.000	1.000	1.000	1.223	1.000	\$450.28
Affinity Access Silver with Pediatric Dental	\$454.23	0.691	1.000	1.000	1.000	1.223	1.000	\$383.96
Affinity Access Bronze with Pediatric Dental	\$454.23	0.588	1.000	1.000	1.000	1.223	1.000	\$326.70
Affinity Access Catastrophic with Pediatric Dental	\$454.23	0.542	1.000	1.000	1.000	1.223	0.529	\$159.27
Affinity Access Platinum Child with Pediatric Dental	\$454.23	0.962	1.000	1.000	1.000	1.223	1.000	\$534.42
Affinity Access Gold Child with Pediatric Dental	\$454.23	0.810	1.000	1.000	1.000	1.223	1.000	\$450.28
Affinity Access Silver Child with Pediatric Dental	\$454.23	0.691	1.000	1.000	1.000	1.223	1.000	\$383.96
Affinity Access Bronze Child with Pediatric Dental	\$454.23	0.588	1.000	1.000	1.000	1.223	1.000	\$326.70
Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	\$454.23	1.042	1.000	1.000	1.000	1.223	1.000	\$579.31
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	\$454.23	0.878	1.000	1.000	1.000	1.223	1.000	\$488.11

## EXHIBIT 15. PLAN ADJUSTED INDEX RATES

Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	\$454.23	0.749	1.000	1.000	1.000	1.223	1.000	\$416.21
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	\$454.23	0.637	1.000	1.000	1.000	1.223	1.000	\$354.14
Affinity Access Platinum without Pediatric Dental	\$454.23	0.960	1.000	1.000	1.000	1.223	1.000	\$533.47
Affinity Access Gold without Pediatric Dental	\$454.23	0.809	1.000	1.000	1.000	1.223	1.000	\$449.45
Affinity Access Silver without Pediatric Dental	\$454.23	0.690	1.000	1.000	1.000	1.223	1.000	\$383.29
Affinity Access Bronze without Pediatric Dental	\$454.23	0.587	1.000	1.000	1.000	1.223	1.000	\$326.37
Affinity Access Catastrophic without Pediatric Dental	\$454.23	0.542	1.000	1.000	1.000	1.223	0.529	\$159.24
Affinity Access Platinum Child without Pediatric Dental	\$454.23	0.960	1.000	1.000	1.000	1.223	1.000	\$533.47
Affinity Access Gold Child without Pediatric Dental	\$454.23	0.809	1.000	1.000	1.000	1.223	1.000	\$449.45
Affinity Access Silver Child without Pediatric Dental	\$454.23	0.690	1.000	1.000	1.000	1.223	1.000	\$383.29
Affinity Access Bronze Child without Pediatric Dental	\$454.23	0.587	1.000	1.000	1.000	1.223	1.000	\$326.37
Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	\$454.23	1.041	1.000	1.000	1.000	1.223	1.000	\$578.29
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	\$454.23	0.877	1.000	1.000	1.000	1.223	1.000	\$487.20
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	\$454.23	0.748	1.000	1.000	1.000	1.223	1.000	\$415.48
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	\$454.23	0.637	1.000	1.000	1.000	1.223	1.000	\$353.78

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and therefore are not calibrated.

## EXHIBIT 16. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Exhibit 15 to calibrate rates for the expected age and geographic distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans in the single risk pool (Metallic). A separate age calibration factor is applied to the Catastrophic pool.

### Geographic Factor Calibration

In order to determine the calibration factor for geography, the projected distribution of members by area was determined. The weighted average of the area factors was then determined using this distribution. Affinity set its geographic area factors such that the calibration factor would be 1.0.

Additional information regarding the area rating factors can be found in Exhibit 17.

The following table demonstrates the calibration performed for each plan.

Table 16.1 Affinity Health Plan, Inc. Plan Adjusted Index Rate Calibration					
Plan	Plan Adjusted Index Rate	Age Calibration Factor	Geography Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Affinity Access Platinum with Pediatric Dental	\$534.42	1.000	1.000	1.000	\$534.42
Affinity Access Gold with Pediatric Dental	\$450.28	1.000	1.000	1.000	\$450.28
Affinity Access Silver with Pediatric Dental	\$383.96	1.000	1.000	1.000	\$383.96
Affinity Access Bronze with Pediatric Dental	\$326.70	1.000	1.000	1.000	\$326.70
Affinity Access Catastrophic with Pediatric Dental	\$159.27	1.000	1.000	1.000	\$159.27
Affinity Access Platinum Child with Pediatric Dental	\$534.42	1.000	1.000	1.000	\$534.42
Affinity Access Gold Child with Pediatric Dental	\$450.28	1.000	1.000	1.000	\$450.28
Affinity Access Silver Child with Pediatric Dental	\$383.96	1.000	1.000	1.000	\$383.96
Affinity Access Bronze Child with Pediatric Dental	\$326.70	1.000	1.000	1.000	\$326.70
Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	\$579.31	1.000	1.000	1.000	\$579.31
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	\$488.11	1.000	1.000	1.000	\$488.11
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	\$416.21	1.000	1.000	1.000	\$416.21
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	\$354.14	1.000	1.000	1.000	\$354.14
Affinity Access Platinum without Pediatric Dental	\$533.47	1.000	1.000	1.000	\$533.47
Affinity Access Gold without Pediatric Dental	\$449.45	1.000	1.000	1.000	\$449.45
Affinity Access Silver without Pediatric Dental	\$383.29	1.000	1.000	1.000	\$383.29
Affinity Access Bronze without Pediatric Dental	\$326.37	1.000	1.000	1.000	\$326.37
Affinity Access Catastrophic without Pediatric Dental	\$159.24	1.000	1.000	1.000	\$159.24
Affinity Access Platinum Child without Pediatric Dental	\$533.47	1.000	1.000	1.000	\$533.47

## EXHIBIT 16. CALIBRATION

Affinity Access Gold Child without Pediatric Dental	\$449.45	1.000	1.000	1.000	\$449.45
Affinity Access Silver Child without Pediatric Dental	\$383.29	1.000	1.000	1.000	\$383.29
Affinity Access Bronze Child without Pediatric Dental	\$326.37	1.000	1.000	1.000	\$326.37
Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	\$578.29	1.000	1.000	1.000	\$578.29
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	\$487.20	1.000	1.000	1.000	\$487.20
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	\$415.48	1.000	1.000	1.000	\$415.48
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	\$353.78	1.000	1.000	1.000	\$353.78

## EXHIBIT 17. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual, family, or small employer group utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Plan Adjusted Index Rate, the 2015 Tier Factor, and the geographic rating factor. All rating factors are described and shown below.

Affinity's 2015 tier rating factors are shown below. These factors relate the premium for different coverage tiers to the single coverage premium, and are prescribed by DFS.

Table 17.1 Affinity Health Plan, Inc. 2015 Tier Factors	
Membership Tier	Rate Factor
Individual	1.000
Couple	2.000
Primary Subscriber and One Dependent	1.700
Primary Subscriber and Two Dependents	1.700
Primary Subscriber and Three or More Dependents	1.700
Couple and One Dependent	2.850
Couple and Two Dependents	2.850
Couple and Three or More Dependents	2.850
Child Only	0.412

Affinity's 2015 geographic rating factors are shown below. Affinity only offers individual coverage in Rating Area 3, 4, and 8. These factors are the same as those reflected in the 2014 rate filing. Last year, the area factors prescribed in the rate filing were applied to projected claims costs. The factors shown below are applied to projected premium rates.

Table 17.2 Affinity Health Plan, Inc. 2015 Geographic Area Factors	
Area	Rate Factor
Rating Area 1	0.000
Rating Area 2	0.000
Rating Area 3	0.975
Rating Area 4	1.000
Rating Area 5	0.000
Rating Area 6	0.000
Rating Area 7	0.000
Rating Area 8	1.022

Below is an example to illustrate the calculation of the premium for a single adult with two children in Rating Area 3 with a January 1, 2015 effective date for Affinity Access Bronze without Pediatric Dental. The consumer premium rate is determined by multiplying the Plan Adjusted Index Rate x the Membership Tier Factor x the Area Factor.

Table 17.3 Affinity Health Plan, Inc. Sample Consumer Adjusted Premium Rate Development	
Plan Adjusted Index Rate for Affinity Access Bronze without Pediatric Dental, Calibrated	\$326.37
Tier factor for a primary subscriber with two children	1.700
Area 3 factor	0.975
Consumer Adjusted Premium Rate	\$540.95

## EXHIBIT 18. AV METAL VALUES

The AV metal values included in Worksheet 2 were calculated from the Federal AV Calculator. Table 18.1 below summarizes these values for each product.

Table 18.1 Affinity Health Plan, Inc. Actuarial Values		
Plan	Actuarial Value	Actuarial Value Source
Affinity Access Platinum with Pediatric Dental	0.881	Federal AV Calculator
Affinity Access Gold with Pediatric Dental	0.790	Federal AV Calculator
Affinity Access Silver with Pediatric Dental	0.707	Federal AV Calculator
Affinity Access Bronze with Pediatric Dental	0.620	Federal AV Calculator
Affinity Access Catastrophic with Pediatric Dental	0.572	Federal AV Calculator
Affinity Access Platinum Child with Pediatric Dental	0.881	Federal AV Calculator
Affinity Access Gold Child with Pediatric Dental	0.790	Federal AV Calculator
Affinity Access Silver Child with Pediatric Dental	0.707	Federal AV Calculator
Affinity Access Bronze Child with Pediatric Dental	0.620	Federal AV Calculator
Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	0.881	Federal AV Calculator
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	0.790	Federal AV Calculator
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	0.707	Federal AV Calculator
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	0.620	Federal AV Calculator
Affinity Access Platinum without Pediatric Dental	0.881	Federal AV Calculator
Affinity Access Gold without Pediatric Dental	0.790	Federal AV Calculator
Affinity Access Silver without Pediatric Dental	0.707	Federal AV Calculator
Affinity Access Bronze without Pediatric Dental	0.620	Federal AV Calculator
Affinity Access Catastrophic without Pediatric Dental	0.572	Federal AV Calculator
Affinity Access Platinum Child without Pediatric Dental	0.881	Federal AV Calculator
Affinity Access Gold Child without Pediatric Dental	0.790	Federal AV Calculator
Affinity Access Silver Child without Pediatric Dental	0.707	Federal AV Calculator
Affinity Access Bronze Child without Pediatric Dental	0.620	Federal AV Calculator
Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	0.881	Federal AV Calculator
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	0.790	Federal AV Calculator
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	0.707	Federal AV Calculator
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	0.620	Federal AV Calculator

## EXHIBIT 19. AV PRICING VALUES

The following table summarizes all of the adjustments included in the AV Pricing Value:

Table 19.1 Affinity Health Plan, Inc. Actuarial Value Pricing Values							
Plan	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	AV Pricing Value
Affinity Access Platinum with Pediatric Dental	0.962	1.000	1.000	1.000	1.223	1.000	1.177
Affinity Access Gold with Pediatric Dental	0.810	1.000	1.000	1.000	1.223	1.000	0.991
Affinity Access Silver with Pediatric Dental	0.691	1.000	1.000	1.000	1.223	1.000	0.845
Affinity Access Bronze with Pediatric Dental	0.588	1.000	1.000	1.000	1.223	1.000	0.719
Affinity Access Catastrophic with Pediatric Dental	0.542	1.000	1.000	1.000	1.223	0.529	0.351
Affinity Access Platinum Child with Pediatric Dental	0.962	1.000	1.000	1.000	1.223	1.000	1.177
Affinity Access Gold Child with Pediatric Dental	0.810	1.000	1.000	1.000	1.223	1.000	0.991
Affinity Access Silver Child with Pediatric Dental	0.691	1.000	1.000	1.000	1.223	1.000	0.845
Affinity Access Bronze Child with Pediatric Dental	0.588	1.000	1.000	1.000	1.223	1.000	0.719
Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	1.042	1.000	1.000	1.000	1.223	1.000	1.275
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	0.878	1.000	1.000	1.000	1.223	1.000	1.075
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	0.749	1.000	1.000	1.000	1.223	1.000	0.916
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	0.637	1.000	1.000	1.000	1.223	1.000	0.780
Affinity Access Platinum without Pediatric Dental	0.960	1.000	1.000	1.000	1.223	1.000	1.174
Affinity Access Gold without Pediatric Dental	0.809	1.000	1.000	1.000	1.223	1.000	0.989
Affinity Access Silver without Pediatric Dental	0.690	1.000	1.000	1.000	1.223	1.000	0.844
Affinity Access Bronze without Pediatric Dental	0.587	1.000	1.000	1.000	1.223	1.000	0.719
Affinity Access Catastrophic without Pediatric Dental	0.542	1.000	1.000	1.000	1.223	0.529	0.351
Affinity Access Platinum Child without Pediatric Dental	0.960	1.000	1.000	1.000	1.223	1.000	1.174
Affinity Access Gold Child without Pediatric Dental	0.809	1.000	1.000	1.000	1.223	1.000	0.989
Affinity Access Silver Child without Pediatric Dental	0.690	1.000	1.000	1.000	1.223	1.000	0.844
Affinity Access Bronze Child without Pediatric Dental	0.587	1.000	1.000	1.000	1.223	1.000	0.719

## EXHIBIT 19. AV PRICING VALUES

Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	1.041	1.000	1.000	1.000	1.223	1.000	1.273
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	0.877	1.000	1.000	1.000	1.223	1.000	1.073
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	0.748	1.000	1.000	1.000	1.223	1.000	0.915
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	0.637	1.000	1.000	1.000	1.223	1.000	0.779

The AV Pricing Value represents the cumulative effect of the adjustments made by Affinity to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on information in last year's filing and the Federal AV Calculator. These adjustment factors only contain expected differences in utilization due to differences in cost sharing and not due to health status.

In order to develop the Actuarial Value & Cost Sharing values for each plan, we used the actuarial value and cost sharing values developed from the HHS Actuarial Value Calculator. For plans with pediatric dental and the Age 29 rider, we added additional factors to get to the final Actuarial Value & Cost Sharing value. The following table summarizes the development of the Actuarial Value and Cost Sharing Values for each plan:

Table 19.2 Affinity Health Plan, Inc. Development of Actuarial Value and Cost Sharing Values							
	(A)	(B)	(C) = (A) / (B)	(D)	(E)	(F)	(G) = (C) x (D) x (E) x (F)
Plan	HHS Plan Design Behavior Change Factor	Weighted Average Cost Sharing Factor	Adjusted Plan Design Behavior Change Factor	Age 29 Factor	Pediatric Dental Factor	Actuarial Value	AV & Cost Sharing
Affinity Access Platinum with Pediatric Dental	1.150	1.056	1.089	1.000	1.002	0.881	0.962
Affinity Access Gold with Pediatric Dental	1.080	1.056	1.023	1.000	1.002	0.790	0.810
Affinity Access Silver with Pediatric Dental	1.030	1.056	0.976	1.000	1.002	0.707	0.691
Affinity Access Bronze with Pediatric Dental	1.000	1.056	0.947	1.000	1.001	0.620	0.588
Affinity Access Catastrophic with Pediatric Dental	1.000	1.056	0.947	1.000	1.000	0.572	0.542
Affinity Access Platinum Child with Pediatric Dental	1.150	1.056	1.089	1.000	1.002	0.881	0.962
Affinity Access Gold Child with Pediatric Dental	1.080	1.056	1.023	1.000	1.002	0.790	0.810
Affinity Access Silver Child with Pediatric Dental	1.030	1.056	0.976	1.000	1.002	0.707	0.691
Affinity Access Bronze Child with Pediatric Dental	1.000	1.056	0.947	1.000	1.001	0.620	0.588

## EXHIBIT 19. AV PRICING VALUES

Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	1.150	1.056	1.089	1.084	1.002	0.881	1.042
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	1.080	1.056	1.023	1.084	1.002	0.790	0.878
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	1.030	1.056	0.976	1.084	1.002	0.707	0.749
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	1.000	1.056	0.947	1.084	1.001	0.620	0.637
Affinity Access Platinum without Pediatric Dental	1.150	1.056	1.089	1.000	1.000	0.881	0.960
Affinity Access Gold without Pediatric Dental	1.080	1.056	1.023	1.000	1.000	0.790	0.809
Affinity Access Silver without Pediatric Dental	1.030	1.056	0.976	1.000	1.000	0.707	0.690
Affinity Access Bronze without Pediatric Dental	1.000	1.056	0.947	1.000	1.000	0.620	0.587
Affinity Access Catastrophic without Pediatric Dental	1.000	1.056	0.947	1.000	1.000	0.572	0.542
Affinity Access Platinum Child without Pediatric Dental	1.150	1.056	1.089	1.000	1.000	0.881	0.960
Affinity Access Gold Child without Pediatric Dental	1.080	1.056	1.023	1.000	1.000	0.790	0.809
Affinity Access Silver Child without Pediatric Dental	1.030	1.056	0.976	1.000	1.000	0.707	0.690
Affinity Access Bronze Child without Pediatric Dental	1.000	1.056	0.947	1.000	1.000	0.620	0.587
Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	1.150	1.056	1.089	1.084	1.000	0.881	1.041
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	1.080	1.056	1.023	1.084	1.000	0.790	0.877
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	1.030	1.056	0.976	1.084	1.000	0.707	0.748
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	1.000	1.056	0.947	1.084	1.000	0.620	0.637

## EXHIBIT 20. MEMBERSHIP PROJECTIONS

The projected membership (as displayed in Worksheet 2, Section IV of the URRT) was determined by considering the size of the projected New York individual market in 2015 in the plan's service area and an assumed penetration rate of this market.

Affinity projected their 2015 individual enrollment based on their knowledge of the population in the three rating regions and their expectation of the take-up rate that a relatively new carrier to the market may anticipate in their second year. 2015 is the second year of QHP operations for Affinity; therefore, there is no credible basis for a membership comparison between the current and anticipated membership distributions. We did however use first quarter 2014 membership data from Affinity and DFS in projecting 2015 membership numbers. We then estimated the members that would select each of Affinity's benefit plans based on the plans for which they would qualify (given their age and income level). We also assumed that all 2015 members are enrolled for the entire year.

We projected cost sharing reduction (CSR) eligibles by first estimating the breakdown by income (i.e., Federal Poverty Level – FPL) of the total individual market purchasing coverage. We assumed CSR eligibles will enroll in plans that provide the highest subsidy level for which they are eligible. The table below illustrates the projected enrollment in each subsidy level.

Table 20.1 Affinity Health Plan, Inc. Projected Enrollment (Members) by Subsidy Level					
Plan Name	Plan ID	73%	87%	94%	Total
Affinity Access Silver with Pediatric Dental	57165NY0010003	91	223	88	402
Affinity Access Silver Child with Pediatric Dental	57165NY0010008	5	11	4	21
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	57165NY0010012	5	11	4	21
Affinity Access Silver without Pediatric Dental	57165NY0020003	822	2,007	788	3,616
Affinity Access Silver Child without Pediatric Dental	57165NY0020008	5	11	4	21
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	57165NY0020012	5	11	4	21
<b>Overall</b>		<b>932</b>	<b>2,275</b>	<b>893</b>	<b>4,100</b>

**EXHIBIT 21. TERMINATED PRODUCTS**

No products will be terminated prior to the effective date.

**EXHIBIT 22. PLAN TYPE**

There are no differences between the plans of Affinity and the plan type selected in the drop-down box in Worksheet 2, Section I of the Part I Unified Rate Review Template.

**EXHIBIT 23. WARNING ALERTS**

There are no Warning Alerts in Worksheet 2.

**EXHIBIT 24. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)**

Not applicable.

## EXHIBIT 25. RELIANCE

In performing this analysis, I relied on data and other information provided by Affinity Health Plan, Inc. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

**Affinity Health Plan, Inc.**

**List of Data and Information Received and Relied Upon by Milliman  
for the 2015 Individual On and Off Exchange Premium Rates and  
Unified Rate Review Template (URRT)**

I, [REDACTED] Executive Director/VP Health Insurance Exchange and Corporate Planning and Budgeting, hereby affirm that to the best of my knowledge and belief, the underlying data sources and information relied upon by Milliman for use in developing the 2015 individual on and off exchange premium rates and in preparing the Unified Rate Review Template (URRT)-Parts 1 and 3 are accurate and complete.

Further, I acknowledge that in preparing the URRT, Milliman has relied on certain assumptions provided by Affinity Health Plan, Inc. as described in the attached, and I affirm that to the best of my knowledge and belief, these assumptions are consistent with the Company's reasonable expectations regarding the future financial performance.

[REDACTED]  
5/29/14

Date

**Affinity Health Plan, Inc.**

**List of Data and Information Received and Relied Upon by Milliman  
Provided Under the Direction of Susan Tseng, Executive Director/VP  
2015 Individual On and Off Exchange Premium Rate and  
Unified Rate Review Template (URRT)**

- A. Detailed Medicaid and Family Health Plan (FHP) medical and prescription drug claims incurred in 2013 and paid through January 31, 2014
- B. Detailed Medicaid and FHP demographic information for 2013
- C. 2013 Medicaid and FHP benefit summaries
- D. Discussions regarding expected provider reimbursement differences between Medicaid/FPH and Quality Health Plan (QHP) as well as the structure of the provider reimbursement
- E. Medicaid and FHP capitation payments in 2013
- F. Expected Indigent Care and Health Care Initiatives Surcharges for Medicaid, FHP, and QHP, separately for inpatient and outpatient hospital
- G. Department of Financial Services 2013 risk adjustment simulation reports for FHP and non-FHP
- H. 1<sup>st</sup> quarter 2014 prescription drug claims and rebate information for QHP
- I. Detailed QHP demographic information for 1<sup>st</sup> quarter 2014
- J. 2014 competitor premium rates
- K. 2014 QHP rate filing, SERFF binder, and QHP templates
- L. 2015 projected membership
- M. 2014 and 2015 plan designs and product offerings, including HIOS numbers
- N. Projected 2015 general administrative costs, including commercial reinsurance premiums
- O. Projected 2015 taxes and fees
- P. Projected 2015 margins

## EXHIBIT 26. ACTUARIAL CERTIFICATION

I am a Principal & Consulting Actuary with the firm of Milliman, Inc. Affinity Health Plan, Inc. engaged me to provide the opinion herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

- (a) The submission is in compliance with all applicable laws and regulations of the State of New York;
  - (b) The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 41, Actuarial Communications
  - (c) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;
  - (d) The benefits are reasonable in relation to the premiums charged; and
  - (e) The rates are not unfairly discriminatory.
1. The projected index rate is
    - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1))
    - Developed in compliance with the applicable Actuarial Standards of Practice
    - Reasonable in relation to the benefits provided and the population anticipated to be covered
    - Neither excessive nor deficient based on my best estimates of the 2015 Individual market
  2. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
  3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
  4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.

The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Principal & Consulting Actuary

Date: May 23, 2014

**Affinity Health Plan, Inc.**  
**Individual Commercial HMO Rates for Plans to be offered through the New York State Health Benefit Exchange in CY 2015**  
**Actuarial Memorandum - Attachment 1: List of Plans**

On/Off Exchange	Product Name	Associated Metal Tier Level	Metal AV Value	Description of the cost sharing features and benefits
On Exchange	Affinity Access Platinum	Platinum	88.1	See Attachment 4
On Exchange	Affinity Access Gold	Gold	79.0	See Attachment 4
On Exchange	Affinity Access Silver	Silver	70.7	See Attachment 4
On Exchange	Affinity Access Silver CSR (200 - 250% FPL)	Silver	74.0	See Attachment 4
On Exchange	Affinity Access Silver CSR (150 - 200% FPL)	Silver	86.7	See Attachment 4
On Exchange	Affinity Access Silver CSR (100 - 150% FPL)	Silver	93.4	See Attachment 4
On Exchange	Affinity Access Bronze	Bronze	62.0	See Attachment 4
On Exchange	Affinity Access Catastrophic	Catastrophic	57.2	See Attachment 4

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: Platinum

AFFINITY ACCESS PLATINUM PLAN

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 (\$) \$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share) 100.00%	100.00%	
OOP Maximum (\$) \$2,000.00		
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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"/> II			<input checked="" type="checkbox"/> II	<input checked="" type="checkbox"/> II		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.280%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.750%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> II			<input checked="" type="checkbox"/> II	<input checked="" type="checkbox"/> II		
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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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: 88.1%  
 Metal Tier: Platinum

User Inputs for Plan Parameters

AFFINITY ACCESS GOLD PLAN

- 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		
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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"/> 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"/>		\$150.00	<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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>	96.120%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.220%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" 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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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:

79.0%

Metal Tier:

Gold

User Inputs for Plan Parameters

AFFINITY ACCESS SILVER PLAN

- 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 (\$)	\$2,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

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

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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"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	95.570%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92.340%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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:

70.7%

Metal Tier:

Silver

User Inputs for Plan Parameters

AFFINITY ACCESS BRONZE PLAN

- 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:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (% , Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

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

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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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" 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 type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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:

62.0%

Metal Tier:

Bronze

User Inputs for Plan Parameters

AFFINITY ACCESS SILVER CSR (200 - 250% FPL) PLAN

- 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 (\$)	\$1,200.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,200.00		
OOP Maximum if Separate (\$)			

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

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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"/> 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"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.570%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.340%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" 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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

74.0%

Metal Tier:

Silver

User Inputs for Plan Parameters

AFFINITY ACCESS SILVER CSR (150 - 200% FPL) PLAN

- 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		
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

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

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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"/> 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"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<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"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.830%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94.600%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

86.7%

Metal Tier:

Gold

User Inputs for Plan Parameters

AFFINITY ACCESS SILVER CSR (100 - 150% FPL) PLAN

- 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: Platinum

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 (\$)	\$0.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,000.00		
OOP Maximum if Separate (\$)			

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

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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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98.480%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97.760%		<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"/>		\$6.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

93.4%

Metal Tier:

Platinum

User Inputs for Plan Parameters

AFFINITY ACCESS CATASTROPHIC PLAN

- 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:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$6,600.00
Coinsurance (% , Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,600.00
OOP Maximum if Separate (\$)			

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

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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"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
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:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

57.2%

Metal Tier:

**Affinity Health Plan  
Individual Commercial HMO Rates for Plans to be offered  
through the New York State of Health Marketplace in CY2015**

**Actuarial Memorandum - Attachment 3: Quality Initiatives**

The Quality Management (QM) department conducts ongoing monitoring of provider performance for compliance with clinical performance standards as well as external regulatory agency standards of care which are promulgated annually to all Affinity network providers through the Affinity Clinical Guidelines publication, the Synergy Newsletter, "Hot Topics", monthly "Focus on Quality" memo, letters and other pertinent forms of communication.

Affinity uses HEDIS and/or QARR metrics to measure provider's performance on a set of clinical quality metrics including preventive as well as chronic condition care measures. HEDIS/QARR provides a dataset of established measures that can be trended on an annual basis and compared to State and national benchmarks. It also allows Affinity to drill down to the individual provider and facility to identify outliers for quality improvement purposes. The results of the monitoring are shared with the providers in the form of a provider report card; the QM staff follows up with providers with a significant number of members in the monitoring sample and discusses strategies to improve performance on the quality measures. Clinical tools, information on resources and technical guidance is offered to the providers to improve upon their performance.

Affinity conducts annual provider medical record monitoring for adherence to clinical standards; the results are shared with the providers by Affinity staff along with a discussion of strategies to improve adherence to those standards. Affinity Health Plan currently has incentive programs for mammography, pre-natal care and post-partum care that incentivizes the providers and members for adherence to preventive and maintenance visits. The results of the provider performance monitoring results from QARR/HEDIS and adherence to clinical guidelines are used to develop and implement Performance Improvement Projects (PIP) on specific areas of concern, and/or corrective action plan, if needed.

Affinity also monitors providers' compliance with New York State and City requirements for tracking, reporting and follow up for health issues of public health importance. Through internal data mining and vendor reporting mechanisms, Affinity identifies potential quality of care issues for members on an ongoing basis, investigates them, and takes appropriate action, wherever necessary.

In terms of the cost for these activities that improve health care quality (as specified in Exhibit 2, the HHS MLR report, and the Supplemental Health Care Exhibit), it is an entire full-time employee (FTE) used for QM for the individual commercial HMO plans to be offered through the New York State of Health Marketplace. For purposes of premium rate development, an expected 2015 cost of \$250,000 for the Quality Management FTE (salary + fringe benefits) was assumed and built into the administrative costs as \$2.16 PMPM.

**Attachment 4 - STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)**

**NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Final versions for 2015) and NYS laws/regulations.**

**\*\*Note: The Catastrophic plan design was revised to reflect the official HHS OOP maximum of \$6,600 (single) for calendar year 2015.**

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$1,200	\$250	\$0	\$3,000	\$6,600	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	\$4,000	\$5,500	\$5,200	\$2,000	\$1,000	\$6,350	\$6,600	\$0
<b>COST SHARING - MEDICAL SERVICES</b>									
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	\$15	\$25	\$30	\$30	\$15	\$10	50% cost sharing	0% cost sharing	0% cost sharing
Specialist	\$35	\$40	\$50	\$50	\$35	\$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habitative therapies	\$25	\$30	\$30	\$30	\$25	\$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
<b>INPATIENT HOSPITAL SERVICES</b>									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility						50% cost sharing	0% cost sharing	0% cost sharing
<b>EMERGENCY MEDICAL SERVICES</b>									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
Physician charge - Emergency Room visit			\$0 copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center			Urgent Care copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit			\$0 copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance			Ambulance copay per case				50% cost sharing	0% cost sharing	0% cost sharing

**OUTPATIENT HOSPITAL/FACILITY SERVICES**

Outpatient facility surgery - hospital facility charge, including freestanding surgicenters			Outpatient Facility-Surgery copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing			\$0 copay				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI			Specialist copay				50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative			PT/OT/ST copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Home care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hospice			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing

**PREVENTIVE & PRIMARY CARE SERVICES**

Bone density testing									
Cervical cytology									
Colonoscopy screening									
Gynecological exams									
Immunizations									
Mammography									
Prenatal maternity care									
Prostate cancer screening									
Routine exams									
Women's preventive health services									

NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.

PCP/Specialist copay per visit (based on type of physician performing the service)

50% cost sharing 0% cost sharing 0% cost sharing

**PHYSICIAN/PROFESSIONAL SERVICES**

Inpatient hospital surgery - surgeon			Surgeon copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon			Surgeon copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Office surgery			PCP/Specialist copay per visit (based on type of physician performing the service)				50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)			Covered in full, no deductible and no cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative			PT/OT/ST copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)						50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behaviorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
<b>ADDITIONAL BENEFITS/SERVICES</b>									
ABA treatment for Autism Spectrum Disorder	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder	PCP copay per device						50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.								
<b>PEDIATRIC DENTAL SERVICES</b>									
Dental office visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
<b>PEDIATRIC VISION SERVICES</b>									
Eye exam visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames						50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
<b>PRESCRIPTION DRUGS</b>									
Generic or Tier 1	\$10	\$10	\$10	\$10	\$9	\$6	\$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	\$20	\$15	\$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	\$40	\$30	\$70	0% cost sharing	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply									

Additional Instructions:

The following applies to the Platinum, Gold, Silver and Silver-CSR Plans:

For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.

There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.

For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn.

# The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

For all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.

If the copay payable is more than the allowed amount (or remainder of the allowed amount), the copay payable is reduced to the allowed amount (or to the remainder of the allowed amount).

The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products.

For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.

For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).

No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA.

Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply.

These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply.

These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

The family deductible is two times the single deductible and the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family member needs to accumulate any more dollars towards the deductible (or out-of-pocket limit).

Note: The pediatric dental cost sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental plan will have its own deductible and cost sharing arrangements and associated premium.

**EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING**

**Company Name:** Affinity Health Plan, Inc.  
**NAIC Code:** 15017  
**SERFF Tracking #:** AFHP-129594122  
**Market Segment:** Individual On Exchange

A. Insurer Information: Affinity Health Plan, Inc. HMO - 44 Not-for-Profit 15017  
Company submitting the rate filing request Company Type Org. Type Company NAIC Code

2500 Halsey Street, Bronx, New York 10461  
Company mailing address

B. Contact Person: [REDACTED] [REDACTED] [REDACTED]  
Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (If different from above): [REDACTED] Principal and Consulting Actuary [REDACTED] [REDACTED]  
Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: January 1, 2015 - December 31, 2015 1/1/2015 AFHP-129594122  
New rate applicability period New rate effective date SERFF Tracking Number

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing): Individual

F. Provide responses for the following questions:

	<b>Response</b>
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	<u>No</u>
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	<u>No</u>
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	<u>Yes; all current QHP on-exchange members; June 3, 2014.</u>
4. Have all the required exhibits been submitted with this rate filing? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes</u>
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary and numerical summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefilling.	<u>Yes - AFHP-129569694</u>

**Notes:**

- (1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate rate and form filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).
- (2) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment filing is submitted to the Department of Financial Services.

**EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY**

**Company** Affinity Health Plan, Inc.  
**NAIC Code:** 15017  
**SERFF Tracking #:** AFHP-129594122  
**Market Segment:** Individual On Exchange

- 1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
- 2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
- 3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
- 4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
- 5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
- 6) The company should submit these Summaries to DFS ten (10) days before submitting a rate adjustment filing.
- 7) A draft of these Summaries and of the Initial Notice must be included in a "Prior Approval Prefiling" submitted to DFS via SERFF.
- 8) Once reviewed by DFS, these Summaries must be posted to a location on its website that is publicly available and accessible without the need for a user ID/password.
- 9) Links should be provided on key pages of the company's website so that the information may be easily located.
- 10) Any change(s) made to the Narrative Summary/Numerical Summary subsequent to the posting must be submitted to DFS with the specific change(s) identified.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

**A. Average 2014 and 2015 Premium Rates:**

- 1) Average Monthly Premium Rates for Individual Only on Individual Plans and First Quarter Rates for Employee Only on Small Group Plans.
- 2) Premium Rates are Average Arithmetic Premium Rates for All Plans Combined and for all Regions combined.
- 3) Premium Rates are with Through Age 29, with Domestic Partner and with Family Planning Coverage.
- 4) Premium Rates for 2015 should be Consistent with the Premium Rates reflected in Exhibit 23.
- 5) Premium Rates for 2014 should be on a Consistent Basis as the Premium Rates for 2015.

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	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	498.39	422.27	366.07	313.60	293.97
2015 Premium Rates	443.80	373.91	318.86	271.40	159.10

**B. Weighted Average Annual Percentage Requested Adjustments [Per Exhibit 14A for Individual Plans and Exhibit 14B for Small Group Plans]\*:**

	2014 to 2015
Requested Rate Adjustment	-12.9%

**C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]\*:**

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	N/A	N/A	N/A

**D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]\*:**

2011	2012			2013
MLR	N/A	N/A	N/A	N/A

**E. Claim Trend Rates and Average Ratios to Earned Premiums [Per Exhibit 19 for 2014-15 and Comparable Exhibits for 2013] [If Applicable]\*:**

	2013	2014	2015
Annual Claim Trend Rates	N/A	7.7%	4.8%
Expense Ratios	N/A	11.1%	14.9%
Pre Tax Profit Ratios	N/A	1.7%	3.5%

\* If product was not offered in a particular year, indicate "N/A" in the applicable box.

EXHIBIT 14A

**EXHIBIT 14 - PART A: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES**

**-- for Individual Medical Plans**

**Company Name** Affinity Health Plan, Inc.  
**NAIC Code:** 15017  
**SERFF Tracking #** AFHP-129594122  
**Market Segment:** Individual On Exchange

- 1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
- 2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- 3) Market segment refers to Individual plans.
- 4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of metal level, rating region, and product name.
- 5) The product name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with DFS). A separate row is to be used for each combination of metal level, rating region, and product name.
- 6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names should be used in the Rating Region column.
- 7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
- 8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
- 9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes plan designs included in this rate filing which have no actual members.
- 10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

**Individual Medical Plan Products**

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Affinity Access Platinum with Pediatric Dental	Affinity Access Platinum with Pediatric Dental	-11.16%	-10.77%	-11.05%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Affinity Access Gold with Pediatric Dental	Affinity Access Gold with Pediatric Dental	-11.68%	-11.26%	-11.57%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Affinity Access Silver with Pediatric Dental	Affinity Access Silver with Pediatric Dental	-13.16%	-12.70%	-13.05%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Affinity Access Bronze with Pediatric Dental	Affinity Access Bronze with Pediatric Dental	-13.79%	-13.21%	-13.62%
Individual	01/01/15	Catastrophic	3 - Mid Hudson Area	Affinity Access Catastrophic with Pediatric Dental	Affinity Access Catastrophic with Pediatric Dental	-46.03%	-45.87%	0.00%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Amity Access Platinum Child Only with Pediatric Dental	Amity Access Platinum Child Only with Pediatric Dental	-11.16%	-10.77%	-11.05%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Gold	3 - Mid Hudson Area	Affinity Access Gold Child Only with Pediatric Dental	Affinity Access Gold Child Only with Pediatric Dental	-11.68%	-11.26%	-11.57%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Affinity Access Silver Child Only with Pediatric Dental	Affinity Access Silver Child Only with Pediatric Dental	-13.16%	-12.70%	-13.05%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Affinity Access Bronze Child Only with Pediatric Dental	Affinity Access Bronze Child Only with Pediatric Dental	-13.79%	-13.21%	-13.62%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	-11.16%	-10.77%	-11.05%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	-11.68%	-11.26%	-11.57%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	-13.16%	-12.70%	-13.05%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	-13.79%	-13.21%	-13.62%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Affinity Access Platinum without Pediatric Dental	Affinity Access Platinum without Pediatric Dental	-11.16%	-10.77%	-11.05%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Affinity Access Gold without Pediatric Dental	Affinity Access Gold without Pediatric Dental	-11.68%	-11.26%	-11.57%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Affinity Access Silver without Pediatric Dental	Affinity Access Silver without Pediatric Dental	-13.16%	-12.70%	-13.05%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Affinity Access Bronze without Pediatric Dental	Affinity Access Bronze without Pediatric Dental	-13.79%	-13.21%	-13.62%
Individual	01/01/15	Catastrophic	3 - Mid Hudson Area	Affinity Access Catastrophic without Pediatric Dental	Affinity Access Catastrophic without Pediatric Dental	-46.03%	-45.87%	0.00%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Affinity Access Platinum Child Only without Pediatric Dental	Affinity Access Platinum Child Only without Pediatric Dental	-11.16%	-10.77%	-11.05%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Affinity Access Gold Child Only without Pediatric Dental	Affinity Access Gold Child Only without Pediatric Dental	-11.68%	-11.26%	-11.57%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Affinity Access Silver Child Only without Pediatric Dental	Affinity Access Silver Child Only without Pediatric Dental	-13.16%	-12.70%	-13.05%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Affinity Access Bronze Child Only without Pediatric Dental	Affinity Access Bronze Child Only without Pediatric Dental	-13.79%	-13.21%	-13.62%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	-11.16%	-10.77%	-11.05%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Gold	3 - Mid Hudson Area	Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	-11.68%	-11.26%	-11.57%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	-13.16%	-12.70%	-13.05%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	-13.79%	-13.21%	-13.62%
Individual	01/01/15	Platinum	4 - New York City Area	Affinity Access Platinum with Pediatric Dental	Affinity Access Platinum with Pediatric Dental	-11.12%	-10.74%	-11.02%
Individual	01/01/15	Gold	4 - New York City Area	Affinity Access Gold with Pediatric Dental	Affinity Access Gold with Pediatric Dental	-11.63%	-11.22%	-11.53%
Individual	01/01/15	Silver	4 - New York City Area	Affinity Access Silver with Pediatric Dental	Affinity Access Silver with Pediatric Dental	-13.09%	-12.63%	-12.99%
Individual	01/01/15	Bronze	4 - New York City Area	Affinity Access Bronze with Pediatric Dental	Affinity Access Bronze with Pediatric Dental	-13.70%	-13.13%	-13.54%
Individual	01/01/15	Catastrophic	4 - New York City Area	Affinity Access Catastrophic with Pediatric Dental	Affinity Access Catastrophic with Pediatric Dental	-45.95%	-45.80%	-45.82%
Individual	01/01/15	Platinum	4 - New York City Area	Affinity Access Platinum Child Only with Pediatric Dental	Affinity Access Platinum Child Only with Pediatric Dental	-11.12%	-10.74%	-11.02%
Individual	01/01/15	Gold	4 - New York City Area	Affinity Access Gold Child Only with Pediatric Dental	Affinity Access Gold Child Only with Pediatric Dental	-11.63%	-11.22%	-11.53%
Individual	01/01/15	Silver	4 - New York City Area	Affinity Access Silver Child Only with Pediatric Dental	Affinity Access Silver Child Only with Pediatric Dental	-13.09%	-12.63%	-12.99%
Individual	01/01/15	Bronze	4 - New York City Area	Affinity Access Bronze Child Only with Pediatric Dental	Affinity Access Bronze Child Only with Pediatric Dental	-13.70%	-13.13%	-13.54%
Individual	01/01/15	Platinum	4 - New York City Area	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	-11.12%	-10.74%	-11.02%
Individual	01/01/15	Gold	4 - New York City Area	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	-11.63%	-11.22%	-11.53%
Individual	01/01/15	Silver	4 - New York City Area	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	-13.09%	-12.63%	-12.99%
Individual	01/01/15	Bronze	4 - New York City Area	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	-13.70%	-13.13%	-13.54%
Individual	01/01/15	Platinum	4 - New York City Area	Affinity Access Platinum without Pediatric Dental	Affinity Access Platinum without Pediatric Dental	-11.12%	-10.74%	-11.02%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Gold	4 - New York City Area	Affinity Access Gold without Pediatric Dental	Affinity Access Gold without Pediatric Dental	-11.63%	-11.22%	-11.53%
Individual	01/01/15	Silver	4 - New York City Area	Affinity Access Silver without Pediatric Dental	Affinity Access Silver without Pediatric Dental	-13.09%	-12.63%	-12.99%
Individual	01/01/15	Bronze	4 - New York City Area	Affinity Access Bronze without Pediatric Dental	Affinity Access Bronze without Pediatric Dental	-13.70%	-13.13%	-13.54%
Individual	01/01/15	Catastrophic	4 - New York City Area	Affinity Access Catastrophic without Pediatric Dental	Affinity Access Catastrophic without Pediatric Dental	-45.95%	-45.80%	-45.82%
Individual	01/01/15	Platinum	4 - New York City Area	Affinity Access Platinum Child Only without Pediatric Dental	Affinity Access Platinum Child Only without Pediatric Dental	-11.12%	-10.74%	-11.02%
Individual	01/01/15	Gold	4 - New York City Area	Affinity Access Gold Child Only without Pediatric Dental	Affinity Access Gold Child Only without Pediatric Dental	-11.63%	-11.22%	-11.53%
Individual	01/01/15	Silver	4 - New York City Area	Affinity Access Silver Child Only without Pediatric Dental	Affinity Access Silver Child Only without Pediatric Dental	-13.09%	-12.63%	-12.99%
Individual	01/01/15	Bronze	4 - New York City Area	Affinity Access Bronze Child Only without Pediatric Dental	Affinity Access Bronze Child Only without Pediatric Dental	-13.70%	-13.13%	-13.54%
Individual	01/01/15	Platinum	4 - New York City Area	Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	-11.12%	-10.74%	-11.02%
Individual	01/01/15	Gold	4 - New York City Area	Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	-11.63%	-11.22%	-11.53%
Individual	01/01/15	Silver	4 - New York City Area	Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	-13.09%	-12.63%	-12.99%
Individual	01/01/15	Bronze	4 - New York City Area	Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	-13.70%	-13.13%	-13.54%
Individual	01/01/15	Platinum	8 - Long Island Area	Affinity Access Platinum with Pediatric Dental	Affinity Access Platinum with Pediatric Dental	-11.10%	-10.73%	-11.00%
Individual	01/01/15	Gold	8 - Long Island Area	Affinity Access Gold with Pediatric Dental	Affinity Access Gold with Pediatric Dental	-11.60%	-11.19%	-11.51%
Individual	01/01/15	Silver	8 - Long Island Area	Affinity Access Silver with Pediatric Dental	Affinity Access Silver with Pediatric Dental	-13.06%	-12.60%	-12.94%
Individual	01/01/15	Bronze	8 - Long Island Area	Affinity Access Bronze with Pediatric Dental	Affinity Access Bronze with Pediatric Dental	-13.65%	-13.09%	-13.48%
Individual	01/01/15	Catastrophic	8 - Long Island Area	Affinity Access Catastrophic with Pediatric Dental	Affinity Access Catastrophic with Pediatric Dental	-45.90%	-45.74%	0.00%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	8 - Long Island Area	Affinity Access Platinum Child Only with Pediatric Dental	Affinity Access Platinum Child Only with Pediatric Dental	-11.10%	-10.73%	-11.00%
Individual	01/01/15	Gold	8 - Long Island Area	Affinity Access Gold Child Only with Pediatric Dental	Affinity Access Gold Child Only with Pediatric Dental	-11.60%	-11.19%	-11.51%
Individual	01/01/15	Silver	8 - Long Island Area	Affinity Access Silver Child Only with Pediatric Dental	Affinity Access Silver Child Only with Pediatric Dental	-13.06%	-12.60%	-12.94%
Individual	01/01/15	Bronze	8 - Long Island Area	Affinity Access Bronze Child Only with Pediatric Dental	Affinity Access Bronze Child Only with Pediatric Dental	-13.65%	-13.09%	-13.48%
Individual	01/01/15	Platinum	8 - Long Island Area	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	-11.10%	-10.73%	-11.00%
Individual	01/01/15	Gold	8 - Long Island Area	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	-11.60%	-11.19%	-11.51%
Individual	01/01/15	Silver	8 - Long Island Area	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	-13.06%	-12.60%	-12.94%
Individual	01/01/15	Bronze	8 - Long Island Area	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	-13.65%	-13.09%	-13.48%
Individual	01/01/15	Platinum	8 - Long Island Area	Affinity Access Platinum without Pediatric Dental	Affinity Access Platinum without Pediatric Dental	-11.10%	-10.73%	-11.00%
Individual	01/01/15	Gold	8 - Long Island Area	Affinity Access Gold without Pediatric Dental	Affinity Access Gold without Pediatric Dental	-11.60%	-11.19%	-11.51%
Individual	01/01/15	Silver	8 - Long Island Area	Affinity Access Silver without Pediatric Dental	Affinity Access Silver without Pediatric Dental	-13.06%	-12.60%	-12.94%
Individual	01/01/15	Bronze	8 - Long Island Area	Affinity Access Bronze without Pediatric Dental	Affinity Access Bronze without Pediatric Dental	-13.65%	-13.09%	-13.48%
Individual	01/01/15	Catastrophic	8 - Long Island Area	Affinity Access Catastrophic without Pediatric Dental	Affinity Access Catastrophic without Pediatric Dental	-45.90%	-45.74%	0.00%
Individual	01/01/15	Platinum	8 - Long Island Area	Affinity Access Platinum Child Only without Pediatric Dental	Affinity Access Platinum Child Only without Pediatric Dental	-11.10%	-10.73%	-11.00%
Individual	01/01/15	Gold	8 - Long Island Area	Affinity Access Gold Child Only without Pediatric Dental	Affinity Access Gold Child Only without Pediatric Dental	-11.60%	-11.19%	-11.51%
Individual	01/01/15	Silver	8 - Long Island Area	Affinity Access Silver Child Only without Pediatric Dental	Affinity Access Silver Child Only without Pediatric Dental	-13.06%	-12.60%	-12.94%
Individual	01/01/15	Bronze	8 - Long Island Area	Affinity Access Bronze Child Only without Pediatric Dental	Affinity Access Bronze Child Only without Pediatric Dental	-13.65%	-13.09%	-13.48%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	8 - Long Island Area	Amnity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	Amnity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	-11.10%	-10.73%	-11.00%
Individual	01/01/15	Gold	8 - Long Island Area	Amnity Access Gold with Dependent Coverage to 29 without Pediatric Dental	Amnity Access Gold with Dependent Coverage to 29 without Pediatric Dental	-11.60%	-11.19%	-11.51%
Individual	01/01/15	Silver	8 - Long Island Area	Amnity Access Silver with Dependent Coverage to 29 without Pediatric Dental	Amnity Access Silver with Dependent Coverage to 29 without Pediatric Dental	-13.06%	-12.60%	-12.94%
Individual	01/01/15	Bronze	8 - Long Island Area	Amnity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	Amnity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	-13.65%	-13.09%	-13.48%

**EXHIBIT 15 - PART A: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR INDIVIDUAL PRODUCTS**

Company Name: Affinity Health Plan, Inc.  
 NAIC Code: 15017  
 SERFF Tracking #: AFHP-129594122  
 Market Segment: Individual On Exchange

- Instructions:**
- 1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
  - 2) The distribution is by number of members or number of contracts. The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
  - 3) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Metal Level/Rating Region and for the market segment in total.
  - 4) Market segment refers to Individual market segment.
  - 5) Rating region refers to the standard rating regions applicable to this filing. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
  - 6) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze, catastrophic).
  - 7) Provide the distribution of contracts or members affected by proposed rate change for all contracts by metal level/rating region.
  - 8) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
  - 9) Enter the sum of the counts in the various columns, and the market segment weighted avg change %.
  - 10) This exhibit must be submitted as an Excel file and a PDF file.

**Distribution by Requested Rate Adjustment**

Market Segment	Effective Date	Metal Level (or Catastrophic)	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Requested Percentage Rate Change at Renewal										
								1/1/2015	Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%
Individual	1/1/2015	Platinum	3 - Mid Hudson Area	-11.05%	\$73,986	12	6	6	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	3 - Mid Hudson Area	-11.57%	\$41,279	8	6	6	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	3 - Mid Hudson Area	-13.05%	\$457,903	104	77	77	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	3 - Mid Hudson Area	-13.62%	\$81,190	22	17	17	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	3 - Mid Hudson Area	0.00%	\$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	4 - New York City Area	-11.02%	\$992,407	176	121	121	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	4 - New York City Area	-11.53%	\$433,366	88	61	61	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	4 - New York City Area	-12.99%	\$2,541,443	564	442	442	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	4 - New York City Area	-13.54%	\$435,075	113	94	94	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	4 - New York City Area	-45.82%	\$11,466	6	6	6	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	8 - Long Island Area	-11.00%	\$147,388	24	16	16	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	8 - Long Island Area	-11.51%	\$83,312	16	11	11	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	8 - Long Island Area	-12.94%	\$1,276,330	275	207	207	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	8 - Long Island Area	-13.48%	\$117,732	30	22	22	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	8 - Long Island Area	0.00%	\$0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Market Segment Total:</b>					<b>\$6,692,876</b>	<b>1,438</b>	<b>1,086</b>	<b>1,086</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

**Company Name:** Affinity Health Plan, Inc.  
**NAIC Code:** 15017  
**SERFF Number:** AFHP-129594122  
**Market Segment:** Individual On Exchange

**Instructions:**

- 1) This Exhibit summarizes all benefit/rate changes filed after the initial rate filing in calendar year 2013 that impacts the rate tables in this current filing.
- 2) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS).
- 3) Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
- 4) Extend the worksheet to add more rows as needed. Only use the first tab for data entry.
- 5) This form must be submitted as an Excel file and as a PDF file.

**List of rate filings that have been approved since the §3231(d) or §4308(b) initial rate filing in calendar year 2013, or are currently pending with DFS.**

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change

**EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES**

Company Name: Affinity Health Plan, Inc.

NAIC Code: 15017


**EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES**

**Company Name:** Affinity Health Plan, Inc.

**NAIC Code:** 15017


Approval Date






Exhibit 18 - Index Rate/Plan-Design Level Adjustment Worksheet

Company Name: Atlantic Health Plan, Inc.  
 WAC Code: 15017  
 SEFF Number: ATUP-162004100  
 Market Segment: Individual Out-Exchange

separate column for each plan design (in or out exchange)

Line #	Amount	AT01	AT02	AT03	AT04	AT05	AT06	AT07	AT08	AT09	AT10	AT11	AT12	AT13	AT14	AT15	AT16	AT17	AT18	AT19	AT20	AT21	AT22	AT23	AT24	AT25	AT26	AT27	AT28	AT29	AT30
1	Product?	Platinum with	with Pediatric	with Pediatric	with Pediatric	Catastrophic	Platinum Chd	Chd Only with	Chd Only w/	Platinum with	with Catastrophic																				
2	Product ID?	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00	ST102N1Y00
3	Model Level (or rate/amount)?	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze
4	AV Market Value (90% Catastrophic?)	88.1%	79.0%	70.7%	62.0%	57.2%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%
5	AV Pricing Value (90% risk pool experience based?)	88.1%	79.0%	70.7%	62.0%	57.2%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%	79.0%	70.7%	62.0%	88.1%
6	Other 1 (age/sex)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
7	Other 2 (age/sex)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
8	Impact of Plan Level Adjustments (Includ L29 through L42)	1.160	0.994	0.848	0.721	0.552	1.160	0.994	0.848	0.721	1.279	1.077	0.919	0.782	1.178	0.992	0.846	0.728	0.552	1.178	0.992	0.846	0.728	1.277	1.075	0.917	0.781				

\* Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\*\* Buyback which is reflected in Market Wide adjustments

14	TOTAL PROJECTED INDEX RATE PMPM = (L13 + L29 + L4)	524.44	455.30	383.97	326.71	199.26	524.44	455.30	383.97	326.71	679.33	488.15	416.23	354.16	533.49	449.46	383.30	326.36	199.25	679.31	487.46	416.46	353.30	326.36	679.31	487.22	416.50	353.79			
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EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Affinity Health Plan, Inc.  
 NAIC Code: 15017  
 SERFF Number: AFHP-129594122  
 Market Segment: Individual On Exchange

- 1) Complete a separate ROW for Metal Level/Product
  - Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
  - Enter in column 1 the Metal Tier level. Use the drop down menu.
  - Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
  - Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyyy; enter the date in column heading.
  - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- 2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- 3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
- 4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
- 5) **ACA Fees** are to be entered in columns 6.5 and 16.5.
- 6) This exhibit must be submitted as an Excel file and as a PDF file.

For the rate period included in this rate adjustment filing													For the rate period included in this rate adjustment filing									
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 7/1/15	4.1 Period assumed - beginning date (mm/dd/yy)	4.2 Period assumed - ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contributi on to surplus - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10			
Platinum	On Std	157	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Gold	On Std	112	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Silver	On Std	457	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Bronze	On Std	111	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Catastrophic	On Std	12	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Platinum	On Std	8	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Gold	On Std	6	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Silver	On Std	23	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Bronze	On Std	6	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Platinum	On Std	8	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Gold	On Std	6	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Silver	On Std	23	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Bronze	On Std	6	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Platinum	On Std	1417	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Gold	On Std	1009	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Silver	On Std	4111	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Bronze	On Std	1002	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Catastrophic	On Std	108	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Platinum	On Std	8	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Gold	On Std	6	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Silver	On Std	23	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Bronze	On Std	6	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Platinum	On Std	8	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	
Gold	On Std	6	XX	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%	XX	

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

		For the rate period included in the prior rate and form filing																For the rate period included in the prior rate and form filing			
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 7/1/15	14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 + 20		
Platinum	On Std	157	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Gold	On Std	112	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Silver	On Std	457	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Bronze	On Std	111	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Catastrophic	On Std	12	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Platinum	On Std	8	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Gold	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Silver	On Std	23	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Bronze	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Platinum	On Std	8	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Gold	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Silver	On Std	23	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Bronze	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Platinum	On Std	1417	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Gold	On Std	1009	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Silver	On Std	4111	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Bronze	On Std	1002	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Catastrophic	On Std	108	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Platinum	On Std	8	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Gold	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Silver	On Std	23	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Bronze	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Platinum	On Std	8	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	
Gold	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%	

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level [drop down menu]	2. On/Off Exchange Designation <b>and</b> Standard/Non Std [drop down menu]	3. Estimated Membership as of 7/1/15	
Platinum	On Std	157	XX
Gold	On Std	112	XX
Silver	On Std	457	XX
Bronze	On Std	111	XX
Catastrophic	On Std	12	XX
Platinum	On Std	8	XX
Gold	On Std	6	XX
Silver	On Std	23	XX
Bronze	On Std	6	XX
Platinum	On Std	8	XX
Gold	On Std	6	XX
Silver	On Std	23	XX
Bronze	On Std	6	XX
Platinum	On Std	1417	XX
Gold	On Std	1009	XX
Silver	On Std	4111	XX
Bronze	On Std	1002	XX
Catastrophic	On Std	108	XX
Platinum	On Std	8	XX
Gold	On Std	6	XX
Silver	On Std	23	XX
Bronze	On Std	6	XX
Platinum	On Std	8	XX
Gold	On Std	6	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

		For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing						
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 7/1/15	4.1 Period assumed - beginning date (mm/dd/yy)	4.2 Period assumed - ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contributi on to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10
Silver	On Std	23	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%
Bronze	On Std	6	01/01/15	12/31/15	4.8%	0.9%	0.5%	0.0%	1.8%	1.0%	10.9%	14.9%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	18.5%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 7/1/15	XX	For the rate period included in the prior rate and form filing								For the rate period included in the prior rate and form filing								
				14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 + 20
Silver	On Std	23	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%
Bronze	On Std	6	XX	01/01/14	12/31/14	7.7%	0.9%	1.0%	0.0%	1.8%	0.1%	7.4%	11.1%	1.7%	0.0%	0.0%	0.0%	0.0%	-0.2%	12.6%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level [drop down menu]	2. On/Off Exchange Designation <b>and</b> Standard/Non Std [drop down menu]	3. Estimated Membership as of 7/1/15	
Silver	On Std	23	XX
Bronze	On Std	6	XX

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Affinity Health Plan, Inc  
 NAIC Code: 15017  
 SERFF Number: AFHP-129594122  
 Market Segment: Individual On Exchange

- 1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template
- 2) The HIOS IDs should be without the variants after the hyphen.
- 3) Column 3: Enter Metal Level. Use drop down menu.
- 4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
- 5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
- 6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
- 7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
- 8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
- 9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
- 10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu
- 11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
- 12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
57165NY0010001	Affinity Access Platinum with Pediatric Dental	Platinum	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010002	Affinity Access Gold with Pediatric Dental	Gold	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010003	Affinity Access Silver with Pediatric Dental	Silver	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010004	Affinity Access Bronze with Pediatric Dental	Bronze	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010005	Affinity Access Catastrophic with Pediatric Dental	Catastrophic	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010006	Affinity Access Platinum Child Only with Pediatric Dental	Platinum	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010007	Affinity Access Gold Child Only with Pediatric Dental	Gold	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010008	Affinity Access Silver Child Only with Pediatric Dental	Silver	BOTH	YES	26	YES	INCLUDED	YES	NO	YES
57165NY0010009	Affinity Access Bronze Child Only with Pediatric Dental	Bronze	BOTH	YES	26	YES	INCLUDED	YES	NO	YES

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
57165NY0010010	with Dependent Coverage to 29 with Pediatric Dental	Platinum	BOTH	YES	29	YES	INCLUDED	YES	NO	YES
57165NY0010011	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	Gold	BOTH	YES	29	YES	INCLUDED	YES	NO	YES
57165NY0010012	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	Silver	BOTH	YES	29	YES	INCLUDED	YES	NO	YES
57165NY0010013	with Dependent Coverage to 29 with Pediatric Dental	Bronze	BOTH	YES	29	YES	INCLUDED	YES	NO	YES
57165NY0020001	Affinity Access Platinum without Pediatric Dental	Platinum	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020002	Affinity Access Gold without Pediatric Dental	Gold	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020003	Affinity Access Silver without Pediatric Dental	Silver	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020004	Affinity Access Bronze without Pediatric Dental	Bronze	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020005	Affinity Access Catastrophic without Pediatric Dental	Catastrophic	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020006	Affinity Access Platinum Child Only without Pediatric Dental	Platinum	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020007	Affinity Access Gold Child Only without Pediatric Dental	Gold	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020008	Affinity Access Silver Child Only without Pediatric Dental	Silver	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020009	Affinity Access Bronze Child Only without Pediatric Dental	Bronze	BOTH	YES	26	YES	INCLUDED	NO	NO	YES
57165NY0020010	with Dependent Coverage to 29 without Pediatric Dental	Platinum	BOTH	YES	29	YES	INCLUDED	NO	NO	YES
57165NY0020011	Dependent Coverage to 29 without Pediatric Dental	Gold	BOTH	YES	29	YES	INCLUDED	NO	NO	YES

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
57165NY0020012	Dependent Coverage to 29 without Pediatric Dental	Silver	BOTH	YES	29	YES	INCLUDED	NO	NO	YES
57165NY0020013	Family Process Bronze with Dependent Coverage to 29 without Pediatric Dental	Bronze	BOTH	YES	29	YES	INCLUDED	NO	NO	YES

**EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES**

Company Name: Affinity Health Plan, Inc.  
 NAIC Code: 15017  
 SERFF Number: AFHP-129594122  
 Market Segment: Individual On Exchange

- 1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
- 2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
- 3) Premium rates are only for plans with the following benefit provisions:
  - (a) Through Age 29; **and**
  - (b) With Domestic Partner; **and**
  - (c) With Family Planning.
- 4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
57165NY0010001	Platinum	IND On		Standard	Yes	0.00	0.00	521.06	534.42	0.00	0.00	0.00	546.18
57165NY0010002	Gold	IND On		Standard	Yes	0.00	0.00	439.03	450.28	0.00	0.00	0.00	460.19
57165NY0010003	Silver	IND On		Standard	Yes	0.00	0.00	374.36	383.96	0.00	0.00	0.00	392.41
57165NY0010004	Bronze	IND On		Standard	Yes	0.00	0.00	318.53	326.70	0.00	0.00	0.00	333.89
57165NY0010005	Catastrophic	IND On		Standard	Yes	0.00	0.00	155.29	159.27	0.00	0.00	0.00	162.77
57165NY0010010	Platinum	IND On		Standard	Yes	0.00	0.00	564.83	579.31	0.00	0.00	0.00	592.06
57165NY0010011	Gold	IND On		Standard	Yes	0.00	0.00	475.90	488.11	0.00	0.00	0.00	498.84
57165NY0010012	Silver	IND On		Standard	Yes	0.00	0.00	405.81	416.21	0.00	0.00	0.00	425.37
57165NY0010013	Bronze	IND On		Standard	Yes	0.00	0.00	345.29	354.14	0.00	0.00	0.00	361.94
57165NY0020001	Platinum	IND On		Standard	No	0.00	0.00	520.14	533.47	0.00	0.00	0.00	545.21
57165NY0020002	Gold	IND On		Standard	No	0.00	0.00	438.21	449.45	0.00	0.00	0.00	459.33
57165NY0020003	Silver	IND On		Standard	No	0.00	0.00	373.71	383.29	0.00	0.00	0.00	391.72
57165NY0020004	Bronze	IND On		Standard	No	0.00	0.00	318.21	326.37	0.00	0.00	0.00	333.55
57165NY0020005	Catastrophic	IND On		Standard	No	0.00	0.00	155.26	159.24	0.00	0.00	0.00	162.75
57165NY0020010	Platinum	IND On		Standard	No	0.00	0.00	563.83	578.29	0.00	0.00	0.00	591.01
57165NY0020011	Gold	IND On		Standard	No	0.00	0.00	475.02	487.20	0.00	0.00	0.00	497.92
57165NY0020012	Silver	IND On		Standard	No	0.00	0.00	405.10	415.48	0.00	0.00	0.00	424.62
57165NY0020013	Bronze	IND On		Standard	No	0.00	0.00	344.94	353.78	0.00	0.00	0.00	361.56

[Date]

[Contact Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change  
Affinity Essential Qualified Health Plan **[Member HIOS 14 digit Plan ID]**

Dear **[Member Name]**:

Affinity Health Plan is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

### **Proposed Premium Rate Change**

If approved, the percentage change to your premium is **[please use metal tier % decrease]**%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, your current premium is less than the amount shown above and your 2015 premium will be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

### **Why We Are Requesting a Rate Change**

At Affinity Health Plan, our commitment to our members is to provide the highest quality health coverage at an affordable premium price. We went back to the drawing board to do just that. We are happy to notify you of this change and let you know that you will continue receive the best in-network coverage in the New York area at your new lower premium above, beginning January 1, 2015.

### **30-day Comment Period**

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Affinity Health Plan for additional information at:

Affinity Health Plan  
2500 Halsey Street  
Bronx, NY 10461  
Telephone: (888)543-6973  
Website: [Affinityplan.org/health\\_benefit\\_exchange](http://Affinityplan.org/health_benefit_exchange)

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
1 State Street  
New York, NY, 10004  
Email: [PremiumRateIncreases@dfs.ny.gov](mailto:PremiumRateIncreases@dfs.ny.gov)  
DFS Website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

If you choose to submit comments to DFS, please include the following information:

1. Affinity Health Plan
2. **[Member Plan Name]**
3. Individual coverage
4. **[Member HIOS 14 digit Plan ID]**

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

### **Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Affinity Health Plan website: [Affinityplan.org/health\\_benefit\\_exchange](http://Affinityplan.org/health_benefit_exchange)

DFS website: [www.dfs.ny.gov/healthinsurancepremiums](http://www.dfs.ny.gov/healthinsurancepremiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,

Susan Tseng  
Executive Director/VP, Health Insurance Exchange

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	<b>Unified Rate Review v2.0.2</b>																						
2																							
3	Company Legal Name:	<b>Affinity Health Plan, Inc.</b>					State:	<b>NY</b>															
4	HIOS Issuer ID:	<b>57165</b>					Market:	<b>Individual</b>															
5	Effective Date of Rate Change(s):	<b>1/1/2015</b>																					
6																							
7																							
8	<b>Market Level Calculations (Same for all Plans)</b>																						
9																							
10																							
11	<b>Section I: Experience period data</b>																						
12	Experience Period:	<b>1/1/2013</b>		to	<b>12/31/2013</b>																		
13		<u>Experience Period</u>																					
14	Premiums (net of MLR Rebate) in Experience Period:	<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																			
15	Incurred Claims in Experience Period	\$1	\$1.00	100.00%																			
16	Allowed Claims:	\$1	1.00	100.00%																			
17	Index Rate of Experience Period		\$1.00																				
18	Experience Period Member Months	<b>1</b>																					
19																							
20	<b>Section II: Allowed Claims, PMPM basis</b>																						
21		<u>Experience Period</u>	<u>Projection Period:</u>	<u>1/1/2015</u>	to	<u>12/31/2015</u>	<u>Mid-point to Mid-point, Experience to Projection:</u>	<u>24 months</u>															
22		<u>on Actual Experience Allowed</u>	<u>Adj't. from Experience to Projection Period</u>	<u>Annualized Trend Factors</u>				<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>												
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk</u>				<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>								
24	Inpatient Hospital	Days	0.00	\$0.00	\$0.00	<u>Morbidity</u>	<u>Other</u>	<u>Cost</u>	<u>Util</u>	0.00	\$0.00	\$0.00	303.07	\$3,540.58	\$89.42								
25	Outpatient Hospital	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	1869.22	1,030.54	160.53								
26	Professional	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	14713.68	110.68	135.71								
27	Other Medical	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	675.35	168.07	9.46								
28	Capitation				0.00					0.00	0.00	0.00			0.00								
29	Prescription Drug	Services	12,000.00	1.00	1.00	1.000	1.000	1.000	1.000	12,000.00	1.00	1.00	10188.50	101.37	86.06								
30	Total				\$1.00							\$1.00			\$481.18								
31																							
32	<b>Section III: Projected Experience:</b>																						
33																					<u>After Credibility</u>	<u>Projected Period Totals</u>	
34																						\$481.18	\$55,605,590
35																						0.742	
36																						\$357.03	\$41,259,348
37																						-0.08	(9,245)
38																						\$357.11	\$41,268,592
39																						24.38	2,817,402
40																						\$332.73	\$38,451,191
41																							
42																						12.84%	6,120,160
43																						3.85%	1,835,095
44																						2.64%	1,258,351
45																						\$412.46	\$47,664,796
46																						\$481.18	
47																						41146.08%	
48																						1930.91%	
49																							115,562
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						

Product-Plan Data Collection

Company Legal Name:  
HCS Issuer ID:  
Effective Date of Rate Change(s):

Affinity Health Plan, Inc.  
57165  
1/1/2015

State: NY  
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Affinity Access with Pediatric Dental														Affinity Access without Pediatric Dental													
	57165N001														57165N002													
Metal:	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Catastrophic				
AV Metal Value	0.881	0.790	0.707	0.620	0.572	0.881	0.790	0.707	0.620	0.881	0.790	0.707	0.620	0.572	0.881	0.790	0.707	0.620	0.572	0.881	0.790	0.707	0.620	0.572				
AV Pricing Value	1.177	0.991	0.845	0.719	0.951	1.177	0.991	0.845	0.719	0.951	1.177	0.991	0.845	0.719	0.989	0.844	0.719	0.620	0.572	0.881	0.790	0.707	0.620	0.572				
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO				
Plan Name:	Affinity Access Platinum ST INN Pediatric Dental	Affinity Access Gold ST INN Pediatric Dental	Affinity Access Silver ST INN Pediatric Dental	Affinity Access Bronze ST INN Pediatric Dental	Affinity Access Catastrophic ST INN Pediatric Dental	Affinity Access Platinum Child Only ST INN Pediatric Dental	Affinity Access Gold Child Only ST INN Pediatric Dental	Affinity Access Silver Child Only ST INN Pediatric Dental	Affinity Access Bronze Child Only ST INN Pediatric Dental	Affinity Access Platinum ST INN Pediatric Dental	Affinity Access Gold ST INN Pediatric Dental	Affinity Access Silver ST INN Pediatric Dental	Affinity Access Bronze ST INN Pediatric Dental	Affinity Access Catastrophic ST INN Pediatric Dental	Affinity Access Platinum ST INN Pediatric Dental	Affinity Access Gold ST INN Pediatric Dental	Affinity Access Silver ST INN Pediatric Dental	Affinity Access Bronze ST INN Pediatric Dental	Affinity Access Catastrophic ST INN Pediatric Dental	Affinity Access Platinum Child Only ST INN Pediatric Dental	Affinity Access Gold Child Only ST INN Pediatric Dental	Affinity Access Silver Child Only ST INN Pediatric Dental	Affinity Access Bronze Child Only ST INN Pediatric Dental	Affinity Access Catastrophic ST INN Pediatric Dental				
Plan ID (Standard Component ID):	57165N0010001	57165N0010002	57165N0010003	57165N0010004	57165N0010005	57165N0010006	57165N0010007	57165N0010008	57165N0010009	57165N0010010	57165N0010011	57165N0010012	57165N0010013	57165N0020001	57165N0020002	57165N0020003	57165N0020004	57165N0020005	57165N0020006	57165N0020007	57165N0020008	57165N0020009	57165N0020010					
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				
Historical Rate Increase - Calendar Year - 2	0.00%																											
Historical Rate Increase - Calendar Year - 1	0.00%																											
Historical Rate Increase - Calendar Year 0	0.00%																											
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015					
Rate Change % (over prior filing)	-11.2%	-11.63%	-13.09%	-13.70%	-45.95%	-11.2%	-11.63%	-13.09%	-13.70%	-10.87%	-11.33%	-13.10%	-13.11%	-11.00%	-11.2%	-11.52%	-12.98%	-13.53%	-45.80%	-10.99%	-11.52%	-12.98%	-12.98%					
Cum'nt Rate Change % (over 12 mos prior)	-11.2%	-11.63%	-13.09%	-13.70%	-45.95%	-11.2%	-11.63%	-13.09%	-13.70%	-10.87%	-11.33%	-13.10%	-13.11%	-11.00%	-11.2%	-11.52%	-12.98%	-13.53%	-45.80%	-10.99%	-11.52%	-12.98%	-12.98%					
Proj'd Per Rate Change % (over Expir. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					
Product Threshold Rate Increase %	-12.74%																											

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	57165N0010001	57165N0010002	57165N0010003	57165N0010004	57165N0010005	57165N0010006	57165N0010007	57165N0010008	57165N0010009	57165N0010010	57165N0010011	57165N0010012	57165N0010013	57165N0020001	57165N0020002	57165N0020003	57165N0020004	57165N0020005	57165N0020006	57165N0020007	57165N0020008	57165N0020009	57165N0020010
Inpatient	\$3.63	\$3.22	\$3.14	\$2.81	\$7.35	\$3.63	\$3.22	\$3.14	\$2.81	\$3.88	\$3.38	\$3.40	\$2.95	\$3.58	\$3.17	\$2.70	\$2.77	\$3.17	\$3.11	\$3.27	\$3.17	\$3.17	\$3.10	\$3.10
Outpatient	\$6.51	\$5.77	\$5.63	\$5.05	\$13.19	\$6.51	\$5.77	\$5.64	\$5.05	\$6.88	\$6.07	\$6.11	\$5.30	\$6.42	\$5.70	\$5.57	\$6.42	\$5.70	\$5.57	\$6.42	\$5.70	\$5.57	\$6.42	\$5.70
Professional	\$5.51	\$4.88	\$4.76	\$4.27	\$11.15	\$5.51	\$4.88	\$4.77	\$4.27	\$5.82	\$5.14	\$5.17	\$4.48	\$5.43	\$4.82	\$4.71	\$4.20	\$5.18	\$5.11	\$4.20	\$5.18	\$4.82	\$4.71	\$4.20
Prescription Drug	\$3.49	\$3.09	\$3.02	\$2.73	\$7.07	\$3.49	\$3.09	\$3.02	\$2.73	\$3.69	\$3.26	\$3.28	\$2.84	\$3.44	\$3.06	\$2.99	\$2.67	\$3.06	\$2.99	\$2.67	\$3.06	\$2.99	\$2.67	\$3.06
Other	\$0.38	\$0.34	\$0.33	\$0.30	\$0.70	\$0.38	\$0.34	\$0.33	\$0.30	\$0.41	\$0.38	\$0.34	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$28.33	\$25.11	\$24.51	\$21.98	\$57.38	\$28.33	\$25.11	\$24.51	\$21.98	\$29.94	\$26.43	\$26.59	\$22.04	\$27.94	\$24.28	\$24.23	\$21.64	\$25.02	\$24.91	\$21.64	\$25.02	\$24.91	\$21.64	\$25.02
Taxes & Fees	\$32.26	\$28.60	\$27.91	\$25.03	\$65.34	\$32.26	\$28.60	\$27.91	\$25.03	\$34.09	\$30.10	\$30.28	\$26.24	\$31.83	\$28.24	\$27.59	\$24.64	\$28.93	\$28.24	\$24.64	\$28.93	\$28.24	\$24.64	\$28.93
Risk & Profit Charge	\$80.43	\$71.28	\$69.56	\$62.39	\$162.88	\$80.43	\$71.28	\$69.56	\$62.39	\$84.99	\$75.02	\$75.41	\$66.41	\$79.31	\$70.80	\$68.77	\$61.43	\$70.80	\$68.77	\$61.43	\$70.80	\$68.77	\$61.43	\$70.80
Total Rate Increase	\$64.84	\$57.47	\$56.08	\$50.30	\$131.30	\$64.84	\$57.47	\$56.13	\$50.30	\$68.51	\$60.48	\$60.84	\$52.73	\$63.94	\$56.74	\$55.43	\$49.53	\$56.74	\$55.43	\$49.53	\$56.74	\$55.43	\$49.53	\$56.74
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Average Current Rate PMPM	\$454.86	\$583.07	\$494.11	\$428.41	\$187.10	\$285.75	\$583.07	\$494.11	\$428.46	\$187.10	\$630.28	\$533.81	\$464.45	\$396.15	\$581.26	\$492.58	\$427.12	\$366.00	\$284.91	\$581.19	\$492.58	\$427.12	\$366.00	
Projected Member Months	115,562	2,099	1,495	6,090	1,484	160	107	76	311	76	107	76	311	76	18,893	13,452	54,809	13,360	1,440	107	76	311	107	

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	57165N0010001	57165N0010002	57165N0010003	57165N0010004	57165N0010005	57165N0010006	57165N0010007	57165N0010008	57165N0010009	57165N0010010	57165N0010011	57165N0010012	57165N0010013	57165N0020001	57165N0020002	57165N0020003	57165N0020004	57165N0020005	57165N0020006	57165N0020007	57165N0020008	57165N0020009	57165N0020010
Average Rate PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP (see instructions)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
State mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC (see instructions)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
State mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!									
Total Incurred Claims, payable with issuer funds	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Incurred Claims PMPM	#DIV/0!																							
Allowed Claims PMPM	#DIV/0!																							
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/																				

