Filing at a Glance

Company:	Empire HealthChoice HMO, Inc.
Product Name:	NY Individual On-Exch HMO 2015
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:	06/13/2014
SERFF Tr Num:	AWLP-129582419
SERFF Status:	Assigned
State Tr Num:	2014060279
State Status:	
Co Tr Num:	IND ON-EXCH HMO 2015 - RATE ADJUSTMENT
Implementation Date Requested:	01/01/2015
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

General Information

Project Name: IND On-Exch HMO 2015 - Rate Adjustment
Project Number: IND On-Exch HMO 2015 - Rate Adjustment
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 06/16/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null
Include Exchange Intentions: No

Filing Description:
Rate Adjustment filing for NY Individual On-Exchange HMO.

Please see relevant filings:

AWLP-129582432 - Empire HealthChoice HMO, Inc. - Rate adjustment filing for NY Individual Off-Exchange HMO
AWLP-129584433 - Empire HealthChoice HMO, Inc. - New product filing for NY Individual Off-Exchange HMO
AWLP-129582435 - Empire HealthChoice Assurance, Inc. - New product filing for NY Individual Off-Exchange EPO
AWLP-129576068 - Empire HealthChoice HMO, Inc. - Form filing for NY Individual On-Exchange HMO
AWLP-129585835 - Empire HealthChoice HMO, Inc. - Form filing for NY Individual Off-Exchange HMO

Company and Contact

Filing Contact Information

[redacted]

Filing Company Information

Empire HealthChoice HMO, Inc.
1 Liberty Plaza
14th Floor
New York, NY 10006
[redacted]

CoCode: 95433
Group Code: 671
Group Name: WellPoint Inc Group
FEIN Number: 13-3874803

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

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.): See filing description in General Information tab. All parallel filings have the same submission date
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.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group prefiling 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.): Rate Only
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).]: Yes, prior approval rate adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
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, AWLP-129572874

Rate Information

Rate data applies to filing.

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

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Empire HealthChoice HMO, Inc.	Increase	17.400%	17.400%		31,400		18.500%	12.600%

State: New York **Filing Company:** Empire HealthChoice HMO, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NY Individual On-Exch HMO 2015
Project Name/Number: IND On-Exch HMO 2015 - Rate Adjustment/IND On-Exch HMO 2015 - Rate Adjustment

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		On-Exch Indiv HMO Rates		New		INDHMOon-other.pdf,
2		Rate Manual		New		IND HMO On_RateManual_IND.pdf,

Empire HealthChoice HMO, Inc.
Rate Manual

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Empire HealthChoice HMO, Inc
Individual On-Exchange Plans

in-network coverage only

Plan Name	Deductible Single/ Family	Office Visit		Network Coins	OOP Max Single/ Family	Pharmacy	Inpatient Hospital	Emergency Room (Facility)	Urgent Care	Outpt Hospital (Facility)	Maternity & Newborn Care	Mental Health & Substance Abuse	Rehab & Habilitative	Diagnostics	Chronic Disease Mgmt
		PCP	Specialist												
CATASTROPHIC															
Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$6,600/ $13,200	3 @ $0 before Ded	0%	0%	$6,600/ $13,200	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BRONZE															
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$6,000/ $12,000	2 @ $45 before Ded/Coins	20%	20%	$6,600/ $13,200	20%	$600 Copay + Coin	$500 Copay + Coins	$50 Copay + Coins	20%	20%	20%	20%[1]	20%	20%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$5,600/ $11,200	$15 unlimited	40%	40%	$6,600/ $13,200	40%	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	40%	40%	40%	40%[1]	40%	40%
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 25	$3,000/ $6,000	50%	50%	50%	$6,350/ $12,700	Tier 1 - $10 Tier 2 - $35 Tier 3 - $70	50%	50%	50%	50%	50%	50%	50%[1]	50%	50%
SILVER															
Empire HMO 2450 for HSA, Silver, NS, INN, Pediatric Dental, Dep 25	$2,450/ $4,900	10%	10%	10%	$6,450/ $12,900	10%	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	10%	10%	10%	10%[1]	10%	10%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$2,250/ $4,500	$30 unlimited	25%	25%	$5,800/ $11,600	25%	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	25%	25%	25%	25%[1]	25%	25%
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$2,000/ $4,000	$30	$50	N/A	$5,500/ $11,000	Tier 1 - $10 Tier 2 - $35 Tier 3 - $70; No Deductible	$1,500 per adm	$150	$70	$100 per use	$1,500 per adm, $100 for prenatal & delivery physician	$1,500 per adm, PCP copay for outpt	$30 per visit[1]	$50 per visit	$30
GOLD															
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$1,000/ $2,000	$30 unlimited	10%	10%	$6,550/ $13,100	Tier 1 - $15 Tier 2 - $40 Tier 3 - Med Ded / Coins	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	10%	10%	10%	10%[1]	10%	10%
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$600/ $1,200	$25	$40	N/A	$4,000/ $8,000	Tier 1 - $10 Tier 2 - $35 Tier 3 - $70; No Deductible	$1,000 per adm	$150	$60	$100 per use	$1,000 per adm, $100 for prenatal & delivery physician	$1,000 per adm, PCP copay for outpt	$30 per visit[1]	$40 per visit	PCP / SPC Copay
PLATINUM															
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$200/ $400	$20 unlimited	$35	5%	$3,500/ $7,000	Tier 1 - $10 Tier 2 - $35 Tier 3 - $50; No Deductible on Tiers 1 & 2	$300 Copay + Coins	$150 Copay + Coins	$50 Copay + Coins	5%	5%	5%	5%[1]	5%	5%
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$0/$0	$15	$35	N/A	$2,000/ $4,000	Tier 1 - $10 Tier 2 - $30 Tier 3 - $60; No Deductible	$500 per adm	$100	$55	$100 per use	$500 per adm, $100 for prenatal & delivery physician	$500 per adm, PCP copay for outpt	$25 per visit[1]	$35 per visit	PCP / SPC Copay

1. limited to 60 visits per condition per lifetime

All Plans include the following:

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

Rate Manual - Description of Benefits

Empire HealthChoice HMO, Inc.
Individual - On Exchange
Sample Rate Calculation

Plan: Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29
Rating Region: Albany (Region 1)
Effective Date: January 1, 2015
Build in benefit: Dependent Coverage through Age 29

	Individual	Husband/ Wife	Parent/ Child(ren)	Family
Base Rates:	$503.22	$1,006.44	$855.47	$1,434.18
TOTAL	$503.22	$1,006.44	$855.47	$1,434.18

NOTE: Empire will be using a new rating system for 2015 and rounding rules have not yet been finalized. Therefore the amounts shown are approximate.

Rate Manual - Description of Benefits

Empire HealthChoice HMO, Inc.
Individual - Off Exchange
Sample Rate Calculation

Plan: Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29, SNF
Rating Region: Mid-Hudson (Region 3)
Effective Date: January 1, 2015
Build in benefit: Dependent Coverage through Age 29
Unlimited Days of SNF Coverage

	Individual	Husband/ Wife	Parent/ Child(ren)	Family
Base Rates:	$593.88	$1,187.76	$1,009.60	$1,692.56
TOTAL	$593.88	$1,187.76	$1,009.60	$1,692.56

NOTE: Empire will be using a new rating system for 2015 and rounding rules have not yet been finalized. Therefore the amounts shown are approximate.

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2015

Rating Area Description	Area Factor	Counties Included
Albany	0.9418	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington
Long Island	0.9310	Nassau and Suffolk
Mid-Hudson	1.1108	Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster
New York City	1.0115	Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester
Upstate	1.4991	Clinton and Essex

Empire HealthChoice HMO, Inc
Rate Manual
Index of Form Numbers

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Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$203.03	$406.06	$345.15	$578.64
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$395.40	$790.80	$672.18	$1,126.89
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$411.22	$822.44	$699.07	$1,171.98
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$415.55	$831.10	$706.44	$1,184.32
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$432.19	$864.38	$734.72	$1,231.74
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$392.13	$784.26	$666.62	$1,117.57
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$407.85	$815.70	$693.35	$1,162.37
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$471.17	$942.34	$800.99	$1,342.83
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$490.00	$980.00	$833.00	$1,396.50
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$460.10	$920.20	$782.17	$1,311.29
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$478.52	$957.04	$813.48	$1,363.78
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$483.83	$967.66	$822.51	$1,378.92
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$503.22	$1,006.44	$855.47	$1,434.18
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$577.00	$1,154.00	$980.90	$1,644.45
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$600.11	$1,200.22	$1,020.19	$1,710.31
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$572.20	$1,144.40	$972.74	$1,630.77
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$595.11	$1,190.22	$1,011.69	$1,696.06
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$676.04	$1,352.08	$1,149.27	$1,926.71
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$703.08	$1,406.16	$1,195.24	$2,003.78
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$684.31	$1,368.62	$1,163.33	$1,950.28
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$711.66	$1,423.32	$1,209.82	$2,028.23
22	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$469.18	$938.36	$797.61	$1,337.16
23	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$469.18	$938.36	$797.61	$1,337.16
24	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$487.96	$975.92	$829.53	$1,390.69
25	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$487.96	$975.92	$829.53	$1,390.69

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$574.86	$1,149.72	$977.26	$1,638.35
27	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$574.86	$1,149.72	$977.26	$1,638.35
28	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$597.87	$1,195.74	$1,016.38	$1,703.93
29	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$597.87	$1,195.74	$1,016.38	$1,703.93

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
30	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$171.19	$342.38	$513.57
31	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$199.36	$398.72	$598.08
32	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$237.73	$475.46	$713.19
33	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$281.92	$563.84	$845.76

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$200.70	$401.40	$341.19	$572.00
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$390.86	$781.72	$664.46	$1,113.95
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$406.50	$813.00	$691.05	$1,158.53
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$410.79	$821.58	$698.34	$1,170.75
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$410.79	$821.58	$698.34	$1,170.75
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$387.64	$775.28	$658.99	$1,104.77
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$403.17	$806.34	$685.39	$1,149.03
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$465.77	$931.54	$791.81	$1,327.44
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$484.38	$968.76	$823.45	$1,380.48
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$454.82	$909.64	$773.19	$1,296.24
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$473.03	$946.06	$804.15	$1,348.14
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$478.28	$956.56	$813.08	$1,363.10
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$497.45	$994.90	$845.67	$1,417.73
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$570.38	$1,140.76	$969.65	$1,625.58
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$593.23	$1,186.46	$1,008.49	$1,690.71
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$565.64	$1,131.28	$961.59	$1,612.07
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$588.29	$1,176.58	$1,000.09	$1,676.63
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$668.29	$1,336.58	$1,136.09	$1,904.63
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$695.02	$1,390.04	$1,181.53	$1,980.81
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$676.46	$1,352.92	$1,149.98	$1,927.91
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$703.50	$1,407.00	$1,195.95	$2,004.98
22	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
23	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$463.80	$927.60	$788.46	$1,321.83
24	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a
25	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$482.36	$964.72	$820.01	$1,374.73

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
27	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$568.26	$1,136.52	$966.04	$1,619.54
28	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a
29	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$591.01	$1,182.02	$1,004.72	$1,684.38

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
30	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$169.23	$338.46	$507.69
31	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$197.07	$394.14	$591.21
32	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$235.00	$470.00	$705.00
33	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$278.68	$557.36	$836.04

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$239.46	$478.92	$407.08	$682.46
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$466.35	$932.70	$792.80	$1,329.10
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$485.01	$970.02	$824.52	$1,382.28
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$490.12	$980.24	$833.20	$1,396.84
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$490.12	$980.24	$833.20	$1,396.84
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$462.50	$925.00	$786.25	$1,318.13
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$481.03	$962.06	$817.75	$1,370.94
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$555.72	$1,111.44	$944.72	$1,583.80
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$577.93	$1,155.86	$982.48	$1,647.10
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$542.66	$1,085.32	$922.52	$1,546.58
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$564.39	$1,128.78	$959.46	$1,608.51
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$570.65	$1,141.30	$970.11	$1,626.35
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$593.52	$1,187.04	$1,008.98	$1,691.53
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$680.54	$1,361.08	$1,156.92	$1,939.54
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$707.80	$1,415.60	$1,203.26	$2,017.23
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$674.88	$1,349.76	$1,147.30	$1,923.41
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$701.90	$1,403.80	$1,193.23	$2,000.42
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$797.35	$1,594.70	$1,355.50	$2,272.45
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$829.25	$1,658.50	$1,409.73	$2,363.36
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$807.10	$1,614.20	$1,372.07	$2,300.24
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$839.36	$1,678.72	$1,426.91	$2,392.18
22	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
23	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$553.37	$1,106.74	$940.73	$1,577.10
24	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a
25	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$575.52	$1,151.04	$978.38	$1,640.23

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
27	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$678.01	$1,356.02	$1,152.62	$1,932.33
28	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a
29	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$705.15	$1,410.30	$1,198.76	$2,009.68

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
30	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$201.91	$403.82	$605.73
31	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$235.13	$470.26	$705.39
32	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$280.39	$560.78	$841.17
33	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$332.51	$665.02	$997.53

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$218.06	$436.12	$370.70	$621.47
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$424.66	$849.32	$721.92	$1,210.28
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$441.65	$883.30	$750.81	$1,258.70
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$446.31	$892.62	$758.73	$1,271.98
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$446.31	$892.62	$758.73	$1,271.98
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$421.15	$842.30	$715.96	$1,200.28
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$438.03	$876.06	$744.65	$1,248.39
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$506.04	$1,012.08	$860.27	$1,442.21
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$526.26	$1,052.52	$894.64	$1,499.84
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$494.15	$988.30	$840.06	$1,408.33
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$513.93	$1,027.86	$873.68	$1,464.70
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$519.63	$1,039.26	$883.37	$1,480.95
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$540.46	$1,080.92	$918.78	$1,540.31
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$619.70	$1,239.40	$1,053.49	$1,766.15
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$644.53	$1,289.06	$1,095.70	$1,836.91
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$614.55	$1,229.10	$1,044.74	$1,751.47
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$639.16	$1,278.32	$1,086.57	$1,821.61
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$726.07	$1,452.14	$1,234.32	$2,069.30
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$755.12	$1,510.24	$1,283.70	$2,152.09
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$734.95	$1,469.90	$1,249.42	$2,094.61
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$764.32	$1,528.64	$1,299.34	$2,178.31
22	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
23	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$503.90	$1,007.80	$856.63	$1,436.12
24	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a
25	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$524.07	$1,048.14	$890.92	$1,493.60

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
27	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$617.40	$1,234.80	$1,049.58	$1,759.59
28	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a
29	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$642.12	$1,284.24	$1,091.60	$1,830.04

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
30	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$183.86	$367.72	$551.58
31	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$214.11	$428.22	$642.33
32	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$255.32	$510.64	$765.96
33	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$302.78	$605.56	$908.34

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$323.17	$646.34	$549.39	$921.03
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$629.37	$1,258.74	$1,069.93	$1,793.70
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$654.55	$1,309.10	$1,112.74	$1,865.47
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$661.45	$1,322.90	$1,124.47	$1,885.13
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$687.93	$1,375.86	$1,169.48	$1,960.60
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$624.17	$1,248.34	$1,061.09	$1,778.88
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$649.19	$1,298.38	$1,103.62	$1,850.19
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$749.98	$1,499.96	$1,274.97	$2,137.44
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$779.95	$1,559.90	$1,325.92	$2,222.86
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$732.36	$1,464.72	$1,245.01	$2,087.23
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$761.68	$1,523.36	$1,294.86	$2,170.79
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$770.13	$1,540.26	$1,309.22	$2,194.87
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$800.99	$1,601.98	$1,361.68	$2,282.82
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$918.43	$1,836.86	$1,561.33	$2,617.53
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$955.23	$1,910.46	$1,623.89	$2,722.41
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$910.80	$1,821.60	$1,548.36	$2,595.78
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$947.27	$1,894.54	$1,610.36	$2,699.72
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$1,076.08	$2,152.16	$1,829.34	$3,066.83
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$1,119.13	$2,238.26	$1,902.52	$3,189.52
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$1,089.24	$2,178.48	$1,851.71	$3,104.33
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$1,132.77	$2,265.54	$1,925.71	$3,228.39
22	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$746.82	$1,493.64	$1,269.59	$2,128.44
23	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
24	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$776.70	$1,553.40	$1,320.39	$2,213.60
25	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_ONHIX_HM(1/15), NY_ONHIX_HM_CHILD(1/15), NY_ONHIX_HM_CAT(1/15)

Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	$915.02	$1,830.04	$1,555.53	$2,607.81
27	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	n/a	n/a	n/a	n/a
28	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	$951.65	$1,903.30	$1,617.81	$2,712.20
29	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	n/a	n/a	n/a	n/a

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
30	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$272.49	$544.98	$817.47
31	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$317.33	$634.66	$951.99
32	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$378.40	$756.80	$1,135.20
33	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$448.74	$897.48	$1,346.22

Supporting Document Schedules

Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	NY80519_2015_Unique Justification Set 1_Indv_On_v1.pdf NY80519_2015_AV Screen Shots_Indv_On_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	2015 Empire IND Rate Narrative061014.pdf Exhibit 13 IND ON HMO.pdf Exhibit 13 IND ON HMO.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	
Attachment(s):	IND HMO On_EXHIBIT 14A.pdf IND HMO On_EXHIBIT 14A.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	IND HMO On_EXHIBIT 15A.pdf IND HMO On_EXHIBIT 15A.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	Exh 16 - AWLP-129582419.pdf Exh 16 - AWLP-129582419.xlsx
Item Status:	
Status Date:	

State: New York **Filing Company:** Empire HealthChoice HMO, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NY Individual On-Exch HMO 2015
Project Name/Number: IND On-Exch HMO 2015 - Rate Adjustment/IND On-Exch HMO 2015 - Rate Adjustment

Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	Exh 17 - AWLP-129582419.xlsx Exh 17 - AWLP-129582419.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	IND HMO On_Exhibit 18.pdf IND HMO On_Exhibit 18_Printable.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	EXHIBIT_19-AWLP-129582419.pdf EXHIBIT_19-AWLP-129582419.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	IND HMO On_Exhibit 20.pdf IND HMO On_Exhibit 20.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	IND HMO On_Exhibit 23.pdf IND HMO On_Exhibit 23.xls
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	EBC_IND_NOF_June14 060414 FINAL.pdf EBCBS_IND_NOF_june14 060414 FINAL.pdf

State: New York **Filing Company:** Empire HealthChoice HMO, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NY Individual On-Exch HMO 2015
Project Name/Number: IND On-Exch HMO 2015 - Rate Adjustment/IND On-Exch HMO 2015 - Rate Adjustment

Item Status:	
Status Date:	

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	Final Notice - Individual - Sample.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	Exh 22 - AWLP-129582419 - REDACTED.pdf Exh 11 - AWLP-129582419 - REDACTED.pdf Act_Memo_IND_1922_ON_OFF_FED_Redacted.pdf Act_Memo_IND_1922_ON_ST_Redacted.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRT - NY - IND - G1922-file.pdf URRT - NY - IND - G1922-file.xlsm
Item Status:	
Status Date:	

Unique Plan Design Supporting Documentation and Justification

Please fill in the following information.

HIOS Issuer ID: 80519

HIOS Product IDs: 80519NY016, 80519NY033

Applicable HIOS Plan IDs (Standard Component):

80519NY0160128, 80519NY0160142, 80519NY0160127, 80519NY0160141, 80519NY0160176, 80519NY0160175, 80519NY0160144, 80519NY0160143, 80519NY0330020, 80519NY0330016, 80519NY0330012, 80519NY0330019, 80519NY0160163, 80519NY0160161, 80519NY0160164, 80519NY0160162, 80519NY0160132, 80519NY0160148, 80519NY0160131, 80519NY0160147, 80519NY0330022, 80519NY0160166, 80519NY0160168, 80519NY0160165, 80519NY0160167, 80519NY0330017, 80519NY0330021, 80519NY0330018, 80519NY0160170, 80519NY0160171, 80519NY0160172, 80519NY0160169

Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator and the materiality of those benefits):

1 Benefit designs include one or more of the following benefit features not supported by the functionality of the AV calculator:

1. Flat dollar copayment for Outpatient Facility Fee
2. Flat dollar copayment for Outpatient Surgery Physician/Surgical Services
3. Flat dollar copayment and percentage coinsurance for the same medical or Rx benefit category

Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

1 Per 156.135(b)(2), The actual cost shares were converted into effective coinsurance rates.

Confirmation that only in-network cost sharing, including multitier networks, was considered: Yes

Description of the standardized plan population data used: Used AV Calculator population data.

If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

1 For Outpatient Facility Fee, used the average cost and frequency data from a nationally recognized consulting firm trended to 2014. For all other benefit categories, used the cost and frequency data from the AV calculator continuance tables at the appropriate charge level associated with the OOP limit. Used linear interpolation when the exact level was not available in the continuance table. The charge level associated with the OOP was considered "unlimited" when the plan overall (medical or Rx, as applicable) coinsurance was 100%. When the plan overall coinsurance was less than 100%, the following formula was used to calculate the charge level associated with the OOP.

$$\text{Stop Loss} = \frac{(\text{OOP Max} - \text{Deductible})}{1 - \text{Plan Coinsurance}} + \text{Deductible}$$

where Stop Loss = charge level associated with OOP

The effective coinsurance was calculated using the following formula:

$$\text{Plan Eff Coins} = \text{Min}(1, \text{Max}(0, \frac{(\text{Ben Cost} - \text{Ben Copay} \bullet \text{Ben Freq}) \times (1 - \text{Ben Coins})}{\text{Ben Cost}}))$$

where:
Ben Cost = average benefit cost PMPY
Ben Freq = average benefit frequency PMPY
Ben Copay = member copayment for the benefit category
Ben Coins = member coinsurance for the benefit category

If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments: This method was not used.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV

The analysis was
(i) conducted by a member of the American Academy of Actuaries;
(ii) performed in accordance with generally accepted actuarial principles and methodologies;

Actuary signature: Brian S. Renshaw

Actuary Printed Name: Brian S. Renshaw, FSA, MAAA

Date: June 11, 2014

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160128

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,000.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	50%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	66%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☑
# Copays (1-10):	2

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 58.7%
Metal Tier: Bronze
$2,921.16
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160142

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,000.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	50%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	66%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☑
# Copays (1-10):	2

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 58.7%
Metal Tier: Bronze
$2,921.16
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160127

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,000.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	50%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	66%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☑
# Copays (1-10):	2

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 58.7%
Metal Tier: Bronze
$2,921.16
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160141

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$6,000.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	50%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	66%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑		$45.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☑
# Copays (1-10):	2

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 58.7%
Metal Tier: Bronze
$2,921.16
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160176

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,600.00			
Coinsurance (%, Insurer's Cost Share)			60.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	37%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	40%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 60.2%
Metal Tier: Bronze
$2,994.54
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160175

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,600.00			
Coinsurance (%, Insurer's Cost Share)			60.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	37%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	40%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 60.2%
Metal Tier: Bronze
$2,994.54
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160144

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,600.00			
Coinsurance (%, Insurer's Cost Share)			60.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	37%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	40%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 60.2%
Metal Tier: Bronze
$2,994.54
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160143

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,600.00			
Coinsurance (%, Insurer's Cost Share)			60.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	37%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	40%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 60.2%
Metal Tier: Bronze
$2,994.54
$4,976.71

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330020

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330020-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,712.08
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330020-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330020-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330016

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID:	80519
HIOS Product ID:	80519NY033
HIOS Plan ID:	80519NY0330016-04

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	72.1%
Metal Tier:	Silver
$3,712.08	
$5,146.76	

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330016-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330016-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330012

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330012-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,712.08
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330012-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330012-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330019

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330019-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,712.08
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330019-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330019-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160163

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160163-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,712.08
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160163-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160163-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160161

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160161-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,712.08
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160161-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160161-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160164

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160164-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,712.08
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160164-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160164-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160162

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,450.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	80%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	81%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.6%
Metal Tier: Silver
$3,529.47
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160162-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	78%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,712.08
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160162-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,100.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$1,100.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.7%
Metal Tier: Gold
$4,681.88
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160162-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$475.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$475.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.6%
Metal Tier: Platinum
$5,431.55
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160132

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$5,800.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	65%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	64%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.0%
Metal Tier: Silver
$3,500.57
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160132-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,750.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$5,200.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	70%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	69%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,709.29
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160132-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$250.00			
Coinsurance (%, Insurer's Cost Share)			85.00%			
OOP Maximum ($)			$4,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	83%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.0%
Metal Tier: Gold
$4,647.46
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160132-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$1,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	86%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	89%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☑			☐	☐		
Preferred Brand Drugs	☐	☑			☐	☐		
Non-Preferred Brand Drugs	☐	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.5%
Metal Tier: Platinum
$5,429.12
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160148

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$5,800.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	65%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	64%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.0%
Metal Tier: Silver
$3,500.57
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160148-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,750.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$5,200.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	70%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	69%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,709.29
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160148-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$250.00			
Coinsurance (%, Insurer's Cost Share)			85.00%			
OOP Maximum ($)			$4,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	83%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.0%
Metal Tier: Gold
$4,647.46
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160148-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$1,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	86%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	89%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☑			☐	☐		
Preferred Brand Drugs	☐	☑			☐	☐		
Non-Preferred Brand Drugs	☐	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.5%
Metal Tier: Platinum
$5,429.12
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160131

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$5,800.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	65%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	64%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.0%
Metal Tier: Silver
$3,500.57
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160131-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,750.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$5,200.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	70%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	69%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,709.29
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160131-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$250.00			
Coinsurance (%, Insurer's Cost Share)			85.00%			
OOP Maximum ($)			$4,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	83%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.0%
Metal Tier: Gold
$4,647.46
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160131-06

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$1,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	86%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	89%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☑			☐	☐		
Preferred Brand Drugs	☐	☑			☐	☐		
Non-Preferred Brand Drugs	☐	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.5%
Metal Tier: Platinum
$5,429.12
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160147

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,250.00			
Coinsurance (%, Insurer's Cost Share)			75.00%			
OOP Maximum ($)			$5,800.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	65%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	64%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.0%
Metal Tier: Silver
$3,500.57
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160147-04

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,750.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$5,200.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	70%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	69%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value: 72.1%
Metal Tier: Silver
$3,709.29
$5,146.76

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160147-05

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$250.00			
Coinsurance (%, Insurer's Cost Share)			85.00%			
OOP Maximum ($)			$4,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	83%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☐	☐		
Preferred Brand Drugs	☑	☑			☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
Actuarial Value: 86.0%
Metal Tier: Gold
$4,647.46
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160147-06

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$1,600.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	86%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	89%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☑			☐	☐		
Preferred Brand Drugs	☐	☑			☐	☐		
Non-Preferred Brand Drugs	☐	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.5%
Metal Tier: Platinum
$5,429.12
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330022

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160166

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160168

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160165

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160167

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330017

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330021

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY033
HIOS Plan ID: 80519NY0330018

User Inputs for Plan Parameters

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,000.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$6,550.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	79%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	82%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$15.00	☐	☐		
Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Non-Preferred Brand Drugs	☑	☑			☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑			☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.1%
Metal Tier: Gold
$4,217.58
$5,403.01

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160170

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			
Coinsurance (%, Insurer's Cost Share)			95.00%			
OOP Maximum ($)			$3,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	85%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	93%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☑	☐		$35.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$50.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$50.00	☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.2%
Metal Tier: Platinum
$5,116.48
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160171

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			
Coinsurance (%, Insurer's Cost Share)			95.00%			
OOP Maximum ($)			$3,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	85%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	93%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☑	☐		$35.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$50.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$50.00	☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.2%
Metal Tier: Platinum
$5,116.48
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160172

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			
Coinsurance (%, Insurer's Cost Share)			95.00%			
OOP Maximum ($)			$3,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	85%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	93%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☑	☐		$35.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$50.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$50.00	☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.2%
Metal Tier: Platinum
$5,116.48
$5,804.27

HIOS Issuer ID: 80519
HIOS Product ID: 80519NY016
HIOS Plan ID: 80519NY0160169

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

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$200.00			
Coinsurance (%, Insurer's Cost Share)			95.00%			
OOP Maximum ($)			$3,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑	85%		☑	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	93%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☑	☐		$35.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐		
Laboratory Outpatient and Professional Services	☑	☑			☐	☑		
X-rays and Diagnostic Imaging	☑	☑			☐	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☐	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$50.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$50.00	☐	☑		

Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	☐
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 88.2%
Metal Tier: Platinum
$5,116.48
$5,804.27

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

REQUEST OF:

EMPIRE BLUE CROSS AND BLUE SHIELD

TO:

THE DEPARTMENT OF FINANCIAL SERVICES of the STATE OF NEW YORK

FOR APPROVAL OF COMMUNITY RATE INCREASES

Filed June 13, 2014

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

NARRATIVE SUMMARY
[DFS and policyholder – for public posting]

I. OVERVIEW

Empire Blue Cross and Blue Shield (Empire) has made an application to the Superintendent of Financial Services to adjust premium rates for health insurance available to individual customers.

These individual customers and their covered dependents are combined, by long standing New York law, in what is known as a community rated pool. All members enrolled in the pool plans are guaranteed issuance of coverage and are charged the same premium rate as any other member for the health insurance product they select regardless of health status, age, sex, or other demographic factors other than the region of the State where they reside.

All medical, hospital, pharmacy, and other covered care and necessary administrative costs are also combined, by law, in the pool in order to determine appropriate premium rates. These premium rates must support sufficient, sustainable revenue and reserves for both current and future coverage costs related to community pool products on a stand-alone basis. Current approved rates for Empire's community pool products are inadequate for the rising costs incurred as provider charges continue to rise, utilization of services increases, and new taxes and fees are implemented.

The products specifically impacted by rate increases at this time are the individual policies sold by Empire HealthChoice HMO, Inc., (Empire's HMO company; NAIC code number 95433). These rate adjustments impact both on-exchange and off-exchange policies. The actual rate increases requested are provided below. Empire's proposed rates are subject to review and approval by the New York Department of Financial Services (the Department), with the determination by the Department supported by sound actuarial assumptions and methods. The rate application was filed with the Department on June 13, 2014 (SERFF numbers: AWLP-yyy). The actual rate increases approved will be communicated to the impacted parties upon completion of the Department's review and are scheduled to be effective beginning on January 1, 2015.

Empire is required by New York State law to develop rates that are actuarially sound, assume at least 82% of premium revenue will be spent on health care costs, cover all claim costs, and also contribute to claims reserves. The percent of premium attributable to claims is essentially how much of the premium dollar is used to pay claims and is referred to as the Medical Loss Ratio (MLR). The actual MLR may vary over time based on changes in the amounts charged by hospitals, physicians, and other providers, as well as the increase in health care trend or inflation and health care utilization by our members.

Overall, Empire's historic MLR's for individual policies have been substantially higher than the 82% statutory minimum. With the proposed rate adjustments, Empire's overall MLR is expected to remain above the 82% minimum allowable ratio. In the event Empire's MLR does not meet the required minimum, Empire will refund the difference to policyholders.

Empire has attempted to limit the rate increases to the lowest feasible level while preserving the financial integrity of the products. This rate action is intended to keep the rates at an adequate level to compensate for both anticipated utilization and the annual increases in the cost of medical care (*See description of health care costs below*).

Periodic rate adjustments are necessary to secure the ability of Empire, like any health insurer, to produce sufficient revenue and surplus for reserves to assure continued coverage and claim payments both for current healthcare needs and potential catastrophic cost situations. Empire's reserves vary from year to year based on actual healthcare costs incurred and typically vary from 3 to 6 months of foreseeable claims costs. Failing to meet the minimum statutory reserves will result in the insurer being deemed "impaired" under the New York Insurance Law. These reserves are the "insurance" that ensures payment even when costs run higher than anticipated or emergencies or disasters occur, and should not be used as an alternative fund to temporarily reduce rate adjustments.

In filing this rate application we are sensitive to the fact that individuals struggle to afford health insurance coverage and we are seeking the appropriate premium necessary, as determined by our actuaries, to maintain a viable health plan. In our sound actuarial judgment it is clear that an increase in premiums is critical to ensure the viability of these products. Failure to approve these rates will likely lead to even greater rate increases and fewer product offerings in the future as claim costs will eventually exceed premiums collected.

II. FACTORS CONTRIBUTING TO THE PROPOSED RATE INCREASE

Escalating Health Care Costs

The cost of health care services, equipment and products continues to be the primary reason for rate increases. Nationally, the growth in the cost of medical care continues to significantly outpace consumer inflation. Total medical cost for a typical American family of four increased 5.4% last year (2014/2013 data). The raw number annual increase of $1,185 is the largest recorded in the previous ten years. Nationally, hospital costs continue to rise, with an increase of 5.7% in inpatient care costs in 2014-2013, and an increase of 8.0% in outpatient costs.[1] According to the Center for Medicare and Medicaid Services' (CMS) National Health Expenditure Projections for 2012-2022, health

[1] 2014 Milliman Medical Index

care spending is projected to grow at a national average rate of 5.8 % from 2012-2022, 1.0 % faster than expected average annual growth in the Gross Domestic Product (GDP).[2]

These trends reflect underlying changes in the demographics and health status of America's population. The aging population is driving some of the increase – as people age they typically utilize more health services. Between 2010 and 2050, the population aged 65 and older is expected to double, as the "baby boomer" population ages and life expectancy continues to rise[3]. As this population nears Medicare eligibility the proportion of the insured population at older ages increases, thus increasing average costs. Moreover, the country's general declining health and the increase in obesity and other health concerns, even at younger ages, forces average costs upward.

Hospital

Hospitals (inpatient and outpatient care) account for the largest share (45% to 55%) of the health care premium dollar in New York; a percentage that continues to grow. Factors driving this growth include increasing demand for care, rising costs to hospitals of the goods and services needed to provide care, growing intensity of care needs, and the shifting of costs of Medicaid and Medicare hospital reimbursement reductions to commercial insurers. As hospitals see higher and higher costs, and payments from Medicaid and Medicare do not keep pace, hospitals have demanded disproportionately higher and higher reimbursement from private insurers.

Nationally, according to a 2012 report by the American Hospital Association, increasing costs to hospitals for the goods and services purchased to provide care accounted for 63% of overall growth in spending on hospital care from 2006 to 2010, while rising demand for care accounted for 29% of the overall growth in spending during the same period[4]. The increase in labor costs is the most important single driver of spending growth for hospitals, accounting for about 35% of overall growth and more than half of the growth in the costs of purchased goods and services. CMS estimates total hospital spending to have grown by 4.9 % in 2012, compared with 4.3 % growth in 2011, and projects hospital spending growth of 4.7% for 2014, 5.6% in 2015, and to grow at 6.4% average annually thereafter from 2016 through 2022.

The increase in cost is also attributed to other factors including increased intensity of hospital care, i.e., hospitals are using more resources to care for each patient. Increased intensity can be attributed to a variety of factors, including sicker patients with more complex conditions.[5]

The increase in cost for hospital inpatient care in Empire's operating area continues to surpass the rate for the rest of the country

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[2] Center for Medicare & Medicaid Services, National Health Expenditures Projections for 2012-2022

[3] Center for Medicare & Medicaid Services, THE NEXT FOUR DECADES The Older Population in the United States: 2010 to 2050

[4] American Hospital Association, The Cost of Caring, June 2012

[5] See, American Hospital Association, The Cost of Caring, June 2012

Medical
Costs per member for medical professionals have experienced relatively moderate increases over the past year. In 2014, CMS projects physician and clinical services spending growth to be 7.1 %.[6]

Prescription Drugs
In recent years, drug cost increases have been tempered by the recent shift of some popular drugs to generic. However, with the recent approval and introduction of new expensive specialty medications, such as Sovaldi for the treatment of Hepatitis C, which currently costs $1,000 per pill and $84,000 to complete the 84 pill regimen, we expect the cost increase to return to higher levels over the coming years.

III. ADMINISTRATIVE SAVINGS

Recognizing the impact that rate increases will have on our customers, Empire attempts to mitigate their impact by controlling and, if possible, reducing selected administrative costs to offset increases that are necessary or beyond our control. Our corporate culture emphasizes Continuous Improvements in all areas of the company with a focus on administrative savings and improving member and customer services.

As a result of these efforts and other cost savings measures, our 2013 administrative costs were 12.7%, excluding the amount paid to the State in premium taxes. This amount does reflect some increases to administrative expense due to one-time expenses incurred by Empire in preparation for the Health Care Exchange in New York State. While we continue to strive to judiciously reduce administrative costs further, we want to avoid sacrificing customer service, which we believe would be at risk by further cost reductions.

IV. HISTORICAL FACTORS

New York Health Care Cost
New York stands out as an especially costly state in which to purchase healthcare. New York City remains the second most expensive major metropolitan area in the country with respect to healthcare costs. A 2012 report by Milliman noted that the cost of care to be 118.4% of the national average.[7] New York's dubious distinction as a high cost state is also borne out in Dartmouth Atlas data which shows the State outpacing national average costs in a wide variety of indicators.[8] As a ratio to national average cost, New York State registered 1.15 in overall Medicaid reimbursements; 1.31 in professional and laboratory reimbursements; and 1.37 in short stay inpatient reimbursements.

The cost per inpatient discharge is another indicator of News York's disproportionately high costs when compared to other states. . In New York, the cost per inpatient discharge

[6] Center for Medicare & Medicaid Services, National Health Expenditures Projections for 2012-2022
[7] See, 2010 Milliman Medical Index and 2009 Milliman Medical Index
[8] See, Dartmouth Atlas of Health Care, last accessed 9/13/2012

has increased from $9,178 in 2006 to $10,792 in 2012. In 2012, New York's cost per inpatient discharge continues to exceed the national median value of $9,843.[9] In addition, while hospital inpatient days have declined, hospital outpatient visits continue to grow and exceed the national average. In 2011, New York has 2,777 hospital outpatient visits per 1,000 individuals, which is 31% higher than the national average.[10]

New York's continued high length of stay (days) is another contributing factor to escalating cost. In 2012, New York's length of stay (days) averaged 5.1, exceeding the national median value of 4.5.[11] In 2010, hospital medical readmission rates are .1% to 2.0% higher than the national average, depending on the region, with the Bronx having the highest regional rates for 30-day medical readmissions in the nation, at 18.1%.[12]

In addition, New York continues to rank poorly on healthcare price transparency, which is recognized as a key component to reducing healthcare costs. In 2014, New York again received an F grade on health care price transparency laws from Catalyst for Payment Reform.[13]

State and Federal Taxes

New York adds more insurance taxes and assessments than any other state in the country. These consist of both direct taxes and a number of indirect taxes amounting to a total of over $4.1 billion in taxes passed on to New York healthcare customers in the form of higher premiums. These taxes include:

- NYS Premium Tax – this 1.75% tax is on all HMO and insurance contracts (and there is an additional amount for customers in the Metropolitan Transit Authority service area). For 2013, the combined entities of Empire incurred $79.4 million in premium taxes.
- Covered Lives Assessment – this indirect tax is a charge on all fully and self insured "covered lives" The purpose of the Covered Lives Assessment is to raise funds for a variety of state programs and for the state budget. The Assessment is included in claims costs for purposes of calculating the MLR. This assessment is currently a charge of from $0.71 to $16.47 per individual contract per month and from $2.35 to $54.37 per family contract per month. For 2013, the combined entities of Empire incurred $76.5 million in covered lives assessment fees.
- HCRA Surcharge – this is a 9.63% surcharge on all hospital discharges. The purpose of the HCRA Surcharge is to raise funds for a variety of state programs and for the state budget. The Assessment is included in claims costs for purposes of calculating the MLR. For 2013, the combined entities of Empire incurred $176.4 million in HCRA Surcharges.
- NYS Insurance Department "332" Assessment – while this assessment is appropriately intended to fund the cost of the Department's regulatory activities, there is an indirect tax whereby a large portion of the revenue generated by the

[9] 2014, Optum, Almanac of Hospital Financial and Operating Indicators
[10] The Kaiser Family Foundation State Health Facts. AHA Annual Survey
[11] See, 2014, Optum, Almanac of Hospital Financial and Operating Indicators
[12] See, Robert Wood Johnson Foundation, "The Revolving Door: A Report on U.S. Hospital Readmissions," February 2013.
[13] Catalyst for Payment Reform and the Health Care Incentives Improvement Institute, "Report Card on State Price Transparency Laws," March 2014.

assessment is used to fund other programs not directly related to insurance regulation. This assessment is charged to insurers based on the number of New York insured members they cover. For 2013, combined entities of Empire incurred $36.8 million in 332 assessment fees.

- ACA related taxes and fees, are projected to be $48.5 million and $51.4 million for 2014 and 2015, respectively, for Empire's HMO and insurer..

While there were not any new tax increases which contributed to the rates being increased with this application, each of these current taxes contribute significantly to the cost of coverage and will vary from year to year as the number of covered lives increases or decreases and the number of hospital discharges vary.

V. DETAILS OF THE PROPOSED RATE INCREASE

Empire provides health insurance protection to approximately 3.5 million persons in 28 counties in eastern and southeastern New York State. The proposed premium rates affect approximately:

- 44,000 on-exchange individual members
- 23,000 off-exchange individual members

Premium rates for community-rated customers are regulated by the Superintendent of Financial Services pursuant to Section 4308 or 3231 of the Insurance Law. The following tables show proposed annual rate changes for the indicated community rated products:

Plan Name	Requested Increase
Empire Catastrophic Guided Access, $6350 Single Deductible	17.1%
Empire Bronze Guided Access, $5800 Single Deductible • Empire Bronze Guided Access - caat • Empire Core Guided Access - caat • Empire Bronze Guided Access w/ Dep Age 29 - cbra • Empire Core Guided Access w/ Dep Age 29 - cbra • Empire Core Guided Access w/SNF - ccgd • Empire Core Guided Access w/ Dep Age 29 and SNF - ccyc	15.7%
Empire Bronze Guided Access w/HSA, $300 0 Single Deductible • Empire Bronze Guided Access w/HSA - cacm • Empire Bronze Guided Access w/HSA and Dep Age 29 - cara • Empire Bronze Guided Access for Child Only w/HSA - cadc • Empire Core Guided Access for Child Only w/HSA - cadc • Empire Core Guided Acces for Child Only w/HSA and SNF - casb	18.4%

Plan Name	Requested Increase
Empire Bronze Guided Access, $4000 Single Deductible • Empire Bronze Guided Access - cabs • Empire Core Guided Access - cabs • Empire Bronze Guided Access w/ Dep Age 29 - ccra • Empire Core Guided Access w/ Dep Age 29 - ccra • Empire Core Guided Access w/SNF - ccge • Empire Core Guided Access w/ Dep Age 29 and SNF - ccyd	17.1%
Empire Silver Guided Access, $2250 Single Deductible • Empire Silver Guided Access - cbjw • Empire Essential Guided Access - cbjw • Empire Silver Guided Access w/ Dep Age 29 - ceae • Empire Essential Guided Access w/ Dep Age 29 - ceae • Empire Essential Guided Access w/SNF - cesd • Empire Essential Guided Access w/ Dep Age 29 and SNF - catd	18.5%
Empire Silver Guided Access w/ HSA, $2450 Single Deductible • Empire Silver Guided Access w/ HSA - cdib • Empire Essential Guided Access w/ HSA - cdib • Empire Silver Guided Access w/ HSA, w/ Dep Age 29 - cefa • Empire Essential Guided Access w/ HSA, w/ Dep Age 29 - cefa • Empire Essential Guided Access w/HSA and SNF - casd • Empire Essential Guided Access w/ HSA, Dep Age 29 and SNF - ccsd	18.4%
Empire Silver Guided Access, $2000 Single Deductible • Empire Silver Guided Access - cbnw • Empire Silver Guided Access w/ Dep Age 29 - ceaa • Empire Silver Guided Access for Child Only - cade • Empire Essential Guided Access for Child Only - cade • Empire Essential Guided Access for Child Only w/SNF - ccub	18.5%
Empire Gold Guided Access, $600 Single Deductible • Empire Gold Guided Access - ccav • Empire Gold Guided Access w/ Dep Age 29 - ceod • Empire Gold Guided Access for Child Only - cadd • Empire Premier Guided Access for Child Only - cadd • Empire Preferred Guided Access for Child Only w/SNF - ccxb	18.5%
Empire Gold Guided Access, $1000 Single Deductible • Empire Gold Guided Access - cecb • Empire Preferred Guided Access - cecb • Empire Gold Guided Access w/ Dep Age 29 - ceea • Empire Preferred Guided Access w/ Dep Age 29 - ceea • Empire Preferred Guided Access w/SNF - ceud • Empire Preferred Guided Access w/ Dep Age 29 and SNF - cetd	18.5%

Plan Name	Requested Increase
Empire Platinum Guided Access, $200 Single Deductible • Empire Platinum Guided Access - cazd • Empire Premier Guided Access - cazd • Empire Platinum Guided Access w/ Dep Age 29 - cayd • Empire Premier Guided Access w/ Dep Age 29 - cayd • Empire Premier Guided Access w/SNF - caxd • Empire Premier Guided Access w/ Dep Age 29 and SNF - cbxd	18.0%
Empire Platinum Guided Access, $0 Single Deductible • Empire Platinum Guided Access - ceaf • Empire Platinum Guided Access w/ Dep Age 29 - ceyd • Empire Platinum Guided Access for Child Only - caed • Empire Premier Guided Access for Child Only - caed • Empire Premier Guided Access for Child Only w/SNF - cczb • Empire Premier Guided Access for Child Only w/ Out-of-Network - cajd • Empire Premier Guided Access for Child Only w/ Out-of-Network and SNF - ceec • Empire Premier Guided Access w/Out of Network - ccze • Empire Premier Guided Access w/Out of Network and Dep Age 29 - cczc • Empire Premier Guided Access w/Out of Network and SNF - ccxd • Empire Premier Guided Access w/Out of Network, Dep Age 29 and SNF - ccod	18.5%
Empire Silver Guided Access w/ HSA, $2450 Single Deductible, a Multi-State Plan • Empire BC/BCBS Silver GuidedAccess, a Multi-State Plan • Empire BC/BCBS Silver Guided Access w/dep age 29, a Multi-State Plan	12.7%
Empire Gold Guided Access, $1000 Single Deductible, a Multi-State Plan • Empire BC/BCBS Gold Guided Access, a Multi-State Plan - cdgd • Empire BC/BCBS Gold Guided Access w/dep age 29, a Multi-State Plan - ccvd	12.6%

VI. FINANCIAL DATA

Exhibit 1 contains the audited Statement of Financial Condition at December 31, 2013 for Empire HealthChoice HMO, Inc.

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Trac AWLP-129582419
Market Segment: Individuals 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 the 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.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	$698.38	$598.83	$488.89	$415.84	$0.00
2015 Premium Rates	$825.32	$697.36	$571.62	$486.63	$0.00

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	18.2%

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

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	11.1%	11.3%
Expense Ratios	N/A	14.1%	13.5%
Pre Tax Profit Ratios	N/A	3.0%	3.0%

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

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

-- for Individual Medical Plans

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Tracking #: AWLP-129582419
Market Segment: Individuals 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 used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).
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	Catastrophic	99 - All Regions	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	Empire HMO 6600	17.10%	17.10%	17.10%
Individual	01/01/15	Bronze	99 - All Regions	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	Empire HMO 5600	15.58%	15.58%	15.58%
Individual	01/01/15	Bronze	99 - All Regions	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	Empire HMO 3000	18.42%	18.42%	18.42%
Individual	01/01/15	Bronze	99 - All Regions	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	Empire HMO 6000	17.04%	17.04%	17.04%
Individual	01/01/15	Silver	99 - All Regions	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	Empire HMO 2250	18.42%	18.42%	18.42%

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	Silver	99 - All Regions	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	Empire HMO 2450	18.35%	18.35%	18.35%
Individual	01/01/15	Silver	99 - All Regions	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	Empire HMO 2000	18.42%	18.42%	18.42%
Individual	01/01/15	Gold	99 - All Regions	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	Empire HMO 600	18.41%	18.41%	18.41%
Individual	01/01/15	Gold	99 - All Regions	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	Empire HMO 1000	18.52%	18.52%	18.52%
Individual	01/01/15	Platinum	99 - All Regions	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	Empire HMO 200	17.94%	17.94%	17.94%
Individual	01/01/15	Platinum	99 - All Regions	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	Empire HMO 0	18.41%	18.41%	18.41%
Individual	01/01/15	Silver	99 - All Regions	Empire Blue Cross HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	Empire Blue Cross HMO 2450	12.69%	12.69%	12.69%
Individual	01/01/15	Gold	99 - All Regions	Empire Blue Cross HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	Empire Blue Cross HMO 1000	12.64%	12.64%	12.64%

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

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Tracking #: AWLP-129582419
Market Segment: Individuals 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										
					5/8/2014			Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Individual	1/1/2015	Catastrophic	99 - All Regions	17.1%	357,536	1,949		0	0	0	0	0	1,949	0	0	0	0	0
Individual	1/1/2015	Bronze	99 - All Regions	17.1%	1,603,213	4,753		0	0	0	0	0	4,753	0	0	0	0	0
Individual	1/1/2015	Silver	99 - All Regions	18.1%	8,597,141	21,451		0	0	0	0	926	20,525	0	0	0	0	0
Individual	1/1/2015	Gold	99 - All Regions	18.2%	3,111,701	6,707		0	0	0	0	307	6,400	0	0	0	0	0
Individual	1/1/2015	Platinum	99 - All Regions	18.4%	5,248,553	9,619		0	0	0	0	0	9,619	0	0	0	0	0
Market Segment Total:				18.0%	18,918,145	44,479		0	0	0	0	1,233	43,246	0	0	0	0	0

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Empire Healthchoice HMO

NAIC Code: 95433

SERFF Number: AWLP-129582419

Market Segment: Individuals 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	Approval Date

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment: Individuals On Exchange

1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only and for all rating regions combined.
- Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
- Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups, Small Group Sole Proprietors and Small Group HNY Business.
- Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).

2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.

3) Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.

4) 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.

5) Paid claims in Columns 14.6, 15.6 and 16.6 are all claims paid during experience period regardless of incurred dates.

6) Note that many cells include a drop down list. Use the drop down list for entries.

7) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).

8) This exhibit must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (mm/dd/y)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
C IPA-1	Small Group HMO	Direct HMO / HMO	HMO	01/01/2015	SG-All Others	HMO	Yes	Closed	3,022	10,458	XX	01/01/13	12/31/13	150,073	86,136,990	91,706,895	84,443,692	82,602,543		-1,105,278	7,210,248	XX
EPO SG INN Cert 0407 with rider: R-Prism EPO-SG.Rev0110	Small Group Prism EPO	Prism EPO	EPO	01/01/2015	SG-All Others	EPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	11,817	5,642,740	N/A	12,378,176	4,832,149		1,476,094	614,630	XX
EPO SG INN Cert 0407	Value EPO	Value EPO	EPO	01/01/2015	SG-All Others	EPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	4,325	1,630,904	1,719,821	3,787,456	1,526,768		195,812	177,645	XX
G-HMO-IN with OON contract: G-POS-OUT	Direct POS	Direct POS	HMO based	01/01/2015	SG-All Others	HMO based POS	Yes	Closed	0	0	XX	01/01/13	12/31/13	761	488,018	N/A	744,320	265,858		232,849	42,436	XX
CR-GR-PPO.A/Rev	Small Group Empire PPO	Empire PPO / PPO +	PPO	01/01/2015	SG-All Others	PPO	Yes	Closed	444	2,503	XX	01/01/13	12/31/13	34,174	23,696,668	24,990,041	22,563,416	20,230,339		-1,845,935	2,581,136	XX
CDHP-Grp. HSA	CDHP	Empire Total Blue	Consumer	01/01/2015	SG-All Others	Consumer Health	Yes	Closed	314	3,001	XX	01/01/13	12/31/13	41,918	15,065,554	15,935,714	17,976,733	15,950,571		-1,189,597	1,641,000	XX
R-EPO-Blue Essential 2011	Blue Essential EPO	Empire Essential EPO	EPO	01/01/2015	SG-All Others	EPO	Yes	Closed	226	1,307	XX	01/01/13	12/31/13	18,044	5,903,249	6,225,093	5,594,352	5,165,835		-211,400	643,005	XX
HNY HMO-CERT-44; HNY HMO-CERT	Healthy New York	Healthy New York	HMO	01/01/2015	SG-HNY	HMO	No	Closed	3,163	13,067	XX	01/01/13	12/31/13	169,724	63,134,112	66,122,925	57,258,776	56,123,886	0		5,611,344	XX
HNY HMO-CERT-44B; HNY HMO-CERT-B	Healthy New York	Healthy New York	HMO	01/01/2015	SG-Sole P	HMO	No	Closed	11,878	18,742	XX	01/01/13	12/31/13	271,204	103,941,813	109,943,357	132,200,068	129,664,861	0		9,238,323	XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

		Data Item for Spe	First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)		16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
C IPA-1	Small Group HMO	Direct HMO / HMO	01/01/12	12/31/12	212,455	112,794,811	136,533,163	112,882,396	105,990,282			-3,039,072	10,378,737	XX	01/01/11	12/31/11	403,003	189,387, 383	255,648,489	192,631,140	183,706,778			-2,507,703	19,483,705	XX
EPO SG INN Cert 0407 with rider: R-Prism EPO-SG.Rev0110	Small Group Prism EPO	Prism EPO	01/01/12	12/31/12	587,818	267,637,863	N/A	287,007,481	239,378,205			17,609,262	30,592,872	XX	01/01/11	12/31/11	1,651,895	699,604,332	N/A	637,255,203	628,352,351			22,506,041	83,016,053	XX
EPO SG INN Cert 0407	Value EPO	Value EPO	01/01/12	12/31/12	174,465	66,930,370	76,334,671	68,128,685	59,326,613			1,871,563	7,650,608	XX	01/01/11	12/31/11	286,061	108,491,612	135,482,322	73,579,942	79,332,923			4,150,450	12,873,770	XX
G-HMO-IN with OON contract: G-POS-OUT	Direct POS	Direct POS	01/01/12	12/31/12	30,121	20,018,430	N/A	21,673,449	18,302,289			-450,849	1,815,907	XX	01/01/11	12/31/11	93,992	60,996,956	N/A	54,919,233	52,364,448	-2,202,592			5,709,812	XX
CR-GR-PPO.A/Rev	Small Group Empire PPO	Empire PPO / PPO +	01/01/12	12/31/12	68,451	51,886,354	58,076,076	47,726,522	44,845,368			-1,702,810	5,930,972	XX	01/01/11	12/31/11	83,576	64,475,981	73,171,624	42,610,071	48,897,213			-634,074	7,650,812	XX
CDHP-Grp. HSA	CDHP	Empire Total Blue	01/01/12	12/31/12	177,268	53,312,299	60,309,634	67,314,289	56,587,966			1,656,179	6,093,967	XX	01/01/11	12/31/11	393,067	110,699,222	140,737,258	94,784,457	103,440,958			43,723	13,135,728	XX
R-EPO-Blue Essential 2011	Blue Essential EPO	Empire Essential EPO	01/01/12	12/31/12	24,469	7,063,156	8,055,592	6,537,087	6,715,308			-210,503	807,368	XX	01/01/11	12/31/11	21,665	9,567,360	11,947,543	4, 233,380	4,756,377			509,541	1,135,277	XX
HNY HMO-CERT-44; HNY HMO-CERT	Healthy New York	Healthy New York	01/01/12	12/31/12	205,189	70,100,882	81,449,762	67,600,127	64,480,835		-20,898,103		6,187,232	XX	01/01/11	12/31/11	238,586	68,231,873	9 6,269,362	63,705,740	65,150,321		-22,692,514		6,440,768	XX
HNY HMO-CERT-44B; HNY HMO-CERT-B	Healthy New York	Healthy New York	01/01/12	12/31/12	334,535	116,033,151	138,433,957	148,342,479	143,307,834		-23,527,857		10,241,298	XX	01/01/11	12/31/11	365,907	112,406 ,939	154,914,182	145,492,115	145,638,017		-25,545,631		10,610,687	XX
														XX												XX
														XX												XX
														XX												XX
														XX												XX

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Catastrophic	Catastrophic	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.598	0.598	0.602	0.602	0.602	0.602	0.620
5	AV Pricing Value (total, risk pool experience based)*	0.431	0.431	0.839	0.839	0.873	0.873	0.882
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 6600, Catastrophic, ST,	Empire HMO 6600, Catastrophic, ST,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 3000 for HSA, Bronze,
8	HIOS Plan ID*	80519NY0160137	80519NY0160138	80519NY0160175	80519NY0160176	80519NY0160143	80519NY0160144	80519NY0160125
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe	14716045						
10B	Member-Months for Latest Experience Period	33634						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	437.53						
11	Average Pricing Actuarial Value reflected in experience period	0.917						
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Catastrophic	Catastrophic	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.598	0.598	0.602	0.602	0.602	0.602	0.620
5	AV Pricing Value (total, risk pool experience based)*	0.431	0.431	0.839	0.839	0.873	0.873	0.882

Market Wide Adjustments to the AV

	Adjusted Experience Period Index Rate	
13	Impact of adjusting experience period data to EHB benefit level	0.975
14	Market wide adjustment for changes in provider network **	0.824
15	Market wide adjustment for fee schedule changes **	1.000
16	Market wide adjustment for utilization management changes **	1.000
17	Market wide adjustment for impact on claim costs from quality improveme and cost containment initiatives **	1.000
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics ** **	1.132
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.040**
20	Adjustment for changes in distribution of risk pool membersh by rating regions **	1.000
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery	0.956
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery	0.918
23	Impact of adjustments due to experience period claim da not being sufficiently credib	1.000
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)	1.239
25	Other 1 (Refined Plan Normalization	0.967
26	Other 2 (Rx Rebates)	0.983
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)	1.018
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**

28	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Separate column for each plan design (on or off Exchange)

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Catastrophic	Catastrophic	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.598	0.598	0.602	0.602	0.602	0.602	0.620
5	AV Pricing Value (total, risk pool experience based)*	0.431	0.431	0.839	0.839	0.873	0.873	0.882

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0.641	0.641	0.633	0.633	0.633	0.633	0.663
30	Pricing actuarial value (only the induced demand factor) #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	0.532	0.532	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.005	1.005	1.005	1.005	1.005	1.005	1.006
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	0.957	0.957	0.992	0.992	1.032	1.032	0.994
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.396**	**0.396**	**0.770**	**0.770**	**0.801**	**0.801**	**0.810**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**187.72**	**187.72**	**365.62**	**365.62**	**380.24**	**380.24**	**384.27**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.620	0.620	0.620	0.620	0.620	0.587	0.587
5	AV Pricing Value (total, risk pool experience based)	0.882	0.917	0.917	0.363	0.363	0.832	0.832
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 3000 for HSA, Bronze,	Empire HMO 3000 for HSA, Bronze,	Empire HMO 3000 for HSA, Bronze,	Empire HMO 3000 for HSA, Bronze,	Empire HMO 3000 for HSA, Bronze,	Empire HMO 6000 Bronze, NS, INN,	Empire HMO 6000 Bronze, NS, INN,
8	HIOS Plan ID*	80519NY0160126	80519NY0160139	80519NY0160140	80519NY0160154	80519NY0160153	80519NY0160127	80519NY0160128
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.620	0.620	0.620	0.620	0.620	0.587	0.587
5	AV Pricing Value (total, risk pool experience based)	0.882	0.917	0.917	0.363	0.363	0.832	0.832
	Market Wide Adjustments to the AV							
	Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **							
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membersh by rating regions **							
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery							
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery							
23	Impact of adjustments due to experience period claim da not being sufficiently credib							
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)							
25	Other 1 (Refined Plan Normalization							
26	Other 2 (Rx Rebates)							
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.620	0.620	0.620	0.620	0.620	0.587	0.587
5	AV Pricing Value (total, risk pool experience based)	0.882	0.917	0.917	0.363	0.363	0.832	0.832

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor)	0.663	0.663	0.663	0.663	0.663	0.629	0.629
30	Pricing actuarial value (only the induced demand factor)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of provider network characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.171	1.171	1.170	1.170
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.006	1.006	1.006	1.015	1.015	1.005	1.005
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	0.994	1.034	1.034	0.406	0.406	0.991	0.991
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.810**	**0.842**	**0.842**	**0.334**	**0.334**	**0.764**	**0.764**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**384.27**	**399.64**	**399.64**	**158.32**	**158.32**	**362.61**	**362.61**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.587	0.587	0.680	0.680	0.680	0.680	0.686
5	AV Pricing Value (total, risk pool experience based)	0.866	0.866	1.000	1.000	1.040	1.040	0.977
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 6000 Bronze, NS, INN,	Empire HMO 6000 Bronze, NS, INN,	Empire HMO 2250 Silver, NS, INN,	Empire HMO 2250 Silver, NS, INN,	Empire HMO 2250 Silver, NS, INN,	Empire HMO 2250 Silver, NS, INN,	Empire HMO 2450 Silver, NS, INN,
8	HIOS Plan ID*	80519NY0160141	80519NY0160142	80519NY0160132	80519NY0160131	80519NY0160148	80519NY0160147	80519NY0160161
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.587	0.587	0.680	0.680	0.680	0.680	0.686
5	AV Pricing Value (total, risk pool experience based)	0.866	0.866	1.000	1.000	1.040	1.040	0.977
	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **							
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membersh by rating regions **							
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery							
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery							
23	Impact of adjustments due to experience period claim da not being sufficiently credib							
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)							
25	Other 1 (Refined Plan Normalization							
26	Other 2 (Rx Rebates)							
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.587	0.587	0.680	0.680	0.680	0.680	0.686
5	AV Pricing Value (total, risk pool experience based)	0.866	0.866	1.000	1.000	1.040	1.040	0.977

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor)	0.629	0.629	0.720	0.720	0.720	0.720	0.746
30	Pricing actuarial value (only the induced demand factor)	1.000	1.000	1.030	1.030	1.030	1.030	1.030
31	Impact of provider network characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.005	1.005	1.005	1.005	1.005	1.005	1.005
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	1.030	1.030	1.010	1.010	1.050	1.050	0.951
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.795**	**0.795**	**0.918**	**0.918**	**0.955**	**0.955**	**0.896**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**377.12**	**377.12**	**435.65**	**435.65**	**453.08**	**453.08**	**425.46**

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

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.686	0.686	0.686	0.707	0.707	0.707	0.707
5	AV Pricing Value (total, risk pool experience based)	0.977	1.016	1.016	1.027	1.027	1.068	1.068
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 2450 Silver, NS, INN,	Empire HMO 2450 Silver, NS, INN,	Empire HMO 2450 Silver, NS, INN,	Empire HMO 2000 Silver, ST, INN,	Empire HMO 2000 Silver, ST, INN,	Empire HMO 2000 Silver, ST, INN,	Empire HMO 2000 Silver, ST, INN,
8	HIOS Plan ID*	80519NY0160162	80519NY0160163	80519NY0160164	80519NY0160130	80519NY0160129	80519NY0160146	80519NY0160145
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

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

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.686	0.686	0.686	0.707	0.707	0.707	0.707
5	AV Pricing Value (total, risk pool experience based)	0.977	1.016	1.016	1.027	1.027	1.068	1.068
	Market Wide Adjustments to the AV							
	Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **							
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membersh by rating regions **							
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery							
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery							
23	Impact of adjustments due to experience period claim da not being sufficiently credib							
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)							
25	Other 1 (Refined Plan Normalization							
26	Other 2 (Rx Rebates)							
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

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

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.686	0.686	0.686	0.707	0.707	0.707	0.707
5	AV Pricing Value (total, risk pool experience based)	0.977	1.016	1.016	1.027	1.027	1.068	1.068

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor)	0.746	0.746	0.746	0.784	0.784	0.784	0.784
30	Pricing actuarial value (only the induced demand factor)	1.030	1.030	1.030	1.030	1.030	1.030	1.030
31	Impact of provider network characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.005	1.005	1.005	1.005	1.005	1.005	1.005
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	0.951	0.989	0.989	0.951	0.951	0.989	0.989
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.896**	**0.932**	**0.932**	**0.943**	**0.943**	**0.980**	**0.980**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**425.46**	**442.48**	**442.48**	**447.40**	**447.40**	**465.29**	**465.29**

sheet

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Silver	Silver	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.707	0.707	0.791	0.791	0.791	0.791	0.791
5	AV Pricing Value (total, risk pool experience based)	0.423	0.423	1.225	1.225	1.274	1.274	0.505
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 2000, Silver, Child Only,	Empire HMO 2000, Silver, Child Only,	Empire HMO 600, Gold, ST, INN,	Empire HMO 600, Gold, ST, INN,	Empire HMO 600, Gold, ST, INN,	Empire HMO 600, Gold, ST, INN,	Empire HMO 600, Gold, Child Only,
8	HIOS Plan ID*	80519NY0160156	80519NY0160155	80519NY0160134	80519NY0160133	80519NY0160150	80519NY0160149	80519NY0160158
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

sheet

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Silver	Silver	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.707	0.707	0.791	0.791	0.791	0.791	0.791
5	AV Pricing Value (total, risk pool experience based)	0.423	0.423	1.225	1.225	1.274	1.274	0.505
	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **							
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membersh by rating regions **							
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery							
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery							
23	Impact of adjustments due to experience period claim da not being sufficiently credib							
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)							
25	Other 1 (Refined Plan Normalization							
26	Other 2 (Rx Rebates)							
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

sheet

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Silver	Silver	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.707	0.707	0.791	0.791	0.791	0.791	0.791
5	AV Pricing Value (total, risk pool experience based)	0.423	0.423	1.225	1.225	1.274	1.274	0.505

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor)	0.784	0.784	0.876	0.876	0.876	0.876	0.876
30	Pricing actuarial value (only the induced demand factor)	1.030	1.030	1.080	1.080	1.080	1.080	1.080
31	Impact of provider network characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.171	1.171	1.170	1.170	1.170	1.170	1.171
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.013	1.013	1.006	1.006	1.006	1.006	1.014
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	0.389	0.389	0.968	0.968	1.007	1.007	0.395
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.388**	**0.388**	**1.124**	**1.124**	**1.169**	**1.169**	**0.463**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**184.33**	**184.33**	**533.55**	**533.55**	**554.89**	**554.89**	**219.82**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.791	0.781	0.781	0.781	0.781	0.882	0.882
5	AV Pricing Value (total, risk pool experience based)	0.505	1.215	1.215	1.263	1.263	1.435	1.435
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 600, Gold, Child Only,	Empire HMO 1000 Gold, NS, INN,	Empire HMO 1000 Gold, NS, INN,	Empire HMO 1000 Gold, NS, INN,	Empire HMO 1000 Gold, NS, INN,	Empire HMO 200, Platinum, NS, INN,	Empire HMO 200, Platinum, NS, INN,
8	HIOS Plan ID*	80519NY0160157	80519NY0160165	80519NY0160166	80519NY0160167	80519NY0160168	80519NY0160170	80519NY0160169
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.791	0.781	0.781	0.781	0.781	0.882	0.882
5	AV Pricing Value (total, risk pool experience based)	0.505	1.215	1.215	1.263	1.263	1.435	1.435
	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **							
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membersh by rating regions **							
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery							
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery							
23	Impact of adjustments due to experience period claim da not being sufficiently credib							
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)							
25	Other 1 (Refined Plan Normalization							
26	Other 2 (Rx Rebates)							
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.791	0.781	0.781	0.781	0.781	0.882	0.882
5	AV Pricing Value (total, risk pool experience based)	0.505	1.215	1.215	1.263	1.263	1.435	1.435

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor)	0.876	0.828	0.828	0.828	0.828	0.920	0.920
30	Pricing actuarial value (only the induced demand factor)	1.080	1.080	1.080	1.080	1.080	1.150	1.150
31	Impact of provider network characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.171	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.014	1.005	1.005	1.005	1.005	1.005	1.005
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	0.395	1.017	1.017	1.057	1.057	1.015	1.015
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.463**	**1.115**	**1.115**	**1.159**	**1.159**	**1.317**	**1.317**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**219.82**	**529.12**	**529.12**	**550.28**	**550.28**	**625.09**	**625.09**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.882	0.882	0.881	0.881	0.881	0.881	0.881
5	AV Pricing Value (total, risk pool experience based)	1.492	1.492	1.452	1.452	1.510	1.510	0.598
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 200, Platinum, NS, INN,	Empire HMO 200, Platinum, NS, INN,	Empire HMO 0, Platinum, ST, INN,	Empire HMO 0, Platinum, ST, INN,	Empire HMO 0, Platinum, ST, INN,	Empire HMO 0, Platinum, ST, INN,	Empire HMO 0, Platinum, Child
8	HIOS Plan ID*	80519NY0160172	80519NY0160171	80519NY0160136	80519NY0160135	80519NY0160152	80519NY0160151	80519NY0160160
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.882	0.882	0.881	0.881	0.881	0.881	0.881
5	AV Pricing Value (total, risk pool experience based)	1.492	1.492	1.452	1.452	1.510	1.510	0.598
	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **							
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membersh by rating regions **							
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery							
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery							
23	Impact of adjustments due to experience period claim da not being sufficiently credib							
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)							
25	Other 1 (Refined Plan Normalization							
26	Other 2 (Rx Rebates)							
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.882	0.882	0.881	0.881	0.881	0.881	0.881
5	AV Pricing Value (total, risk pool experience based)	1.492	1.492	1.452	1.452	1.510	1.510	0.598

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor)	0.920	0.920	0.959	0.959	0.959	0.959	0.959
30	Pricing actuarial value (only the induced demand factor)	1.150	1.150	1.150	1.150	1.150	1.150	1.150
31	Impact of provider network characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170	1.170	1.170	1.170	1.170	1.172
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.005	1.005	1.006	1.006	1.006	1.006	1.015
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	1.055	1.055	0.984	0.984	1.024	1.024	0.401
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.370**	**1.370**	**1.333**	**1.333**	**1.386**	**1.386**	**0.549**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**650.10**	**650.10**	**632.74**	**632.74**	**658.05**	**658.05**	**260.70**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY033	80519NY033	80519NY033	80519NY033	80519NY033	80519NY033
3	Metal Level (or catastrophic)*	Platinum	Silver	Silver	Silver	Silver	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.881	0.686	0.686	0.686	0.686	0.781	0.781
5	AV Pricing Value (total, risk pool experience based)	0.598	0.996	0.996	1.036	1.036	1.220	1.220
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Empire HMO 0, Platinum, Child	Empire HMO 2450 Silver, NS, INN,	Empire HMO 2450 Silver, NS, INN,	Empire Blue Cross Silver	Empire HMO 2450 Silver, NS, INN,	Empire Blue Cross Gold Guided	Empire Blue Cross Gold Guided
8	HIOS Plan ID*	80519NY0160159	80519NY0330019	80519NY0330016	80519NY0330012	80519NY0330020	80519NY0330017	80519NY0330018
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**	**477.00**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY033	80519NY033	80519NY033	80519NY033	80519NY033	80519NY033
3	Metal Level (or catastrophic)*	Platinum	Silver	Silver	Silver	Silver	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.881	0.686	0.686	0.686	0.686	0.781	0.781
5	AV Pricing Value (total, risk pool experience based)	0.598	0.996	0.996	1.036	1.036	1.220	1.220
	Market Wide Adjustments to the AV							
	Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **							
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membersh by rating regions **							
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery							
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery							
23	Impact of adjustments due to experience period claim da not being sufficiently credib							
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)							
25	Other 1 (Refined Plan Normalization							
26	Other 2 (Rx Rebates)							
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General							
1	Product*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
2	Product ID*	80519NY016	80519NY033	80519NY033	80519NY033	80519NY033	80519NY033	80519NY033
3	Metal Level (or catastrophic)*	Platinum	Silver	Silver	Silver	Silver	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.881	0.686	0.686	0.686	0.686	0.781	0.781
5	AV Pricing Value (total, risk pool experience based)	0.598	0.996	0.996	1.036	1.036	1.220	1.220

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor)	0.959	0.746	0.746	0.746	0.746	0.828	0.828
30	Pricing actuarial value (only the induced demand factor)	1.150	1.030	1.030	1.030	1.030	1.080	1.080
31	Impact of provider network characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.172	1.170	1.170	1.170	1.170	1.170	1.170
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012	1.012	1.012	1.012	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.015	1.007	1.007	1.007	1.007	1.006	1.006
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	0.401	0.967	0.967	1.006	1.006	1.020	1.020
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.549**	**0.914**	**0.914**	**0.951**	**0.951**	**1.120**	**1.120**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**260.70**	**433.83**	**433.83**	**451.18**	**451.18**	**531.55**	**531.55**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General		
1	Product*	HMO	HMO
2	Product ID*	80519NY033	80519NY033
3	Metal Level (or catastrophic)*	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.781	0.781
5	AV Pricing Value (total, risk pool experience based)	1.269	1.269
6	Plan Type*	HMO	HMO
7	Plan Name*	Empire Blue Cross Gold Guided	Empire Blue Cross Gold Guided
8	HIOS Plan ID*	80519NY0330021	80519NY0330022
9	Exchange Plan?*	Yes	Yes

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate		
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Pe		
10B	Member-Months for Latest Experience Period		
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)		
11	Average Pricing Actuarial Value reflected in experience period		
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**477.00**	**477.00**

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General		
1	Product*	HMO	HMO
2	Product ID*	80519NY033	80519NY033
3	Metal Level (or catastrophic)*	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.781	0.781
5	AV Pricing Value (total, risk pool experience based)	1.269	1.269
	Market Wide Adjustments to the AV		
	Adjusted Experience Period Index Rate		
13	Impact of adjusting experience period data to EHB benefit level		
14	Market wide adjustment for changes in provider network **		
15	Market wide adjustment for fee schedule changes **		
16	Market wide adjustment for utilization management changes **		
17	Market wide adustment for impact on claim costs from quality improveme and cost containment initiatives **		
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **		
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**		
20	Adjustment for changes in distribution of risk pool membersh by rating regions **		
21	Federal Risk Adjustment Program Impac (less than 1.00 to reflect a recovery		
22	Federal Transitional Reinsurance Program Recove (less than 1.00 to reflect a recovery		
23	Impact of adjustments due to experience period claim da not being sufficiently credib		
24	Claim trend projection factor (midpoint of experience period mid point of rate applicability period)		
25	Other 1 (Refined Plan Normalization		
26	Other 2 (Rx Rebates)		
27	Other 3 (Induced Demand from Cost Share Reductions & Grace Period)		
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.995**	**0.995**

** Not Included in Claim Trend Adjustment

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment : Individuals On Exchange

Line #	General		
1	Product*	HMO	HMO
2	Product ID*	80519NY033	80519NY033
3	Metal Level (or catastrophic)*	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.781	0.781
5	AV Pricing Value (total, risk pool experience based)	1.269	1.269

	Plan Level Adjustments		
29	Pricing actuarial value (without induced demand factor)	0.828	0.828
30	Pricing actuarial value (only the induced demand factor)	1.080	1.080
31	Impact of provider network characteristics #	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000
33	Impact of utilization management practices #	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives #	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.170	1.170
37	Profit/Contribution to surplus margins	1.031	1.031
38	Impact of eligibility categories (catastrophic plans only)	1.012	1.012
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000
41	Other 1 (Pediatric Dental, Pediatric Vision and Gym Membership)	1.006	1.006
42	Other 2 (Child Only, Dep. to Age 29, SNF, Covered Lives Assess., Reg. 146, Rounding)	1.060	1.060
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.165**	**1.165**

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

Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**552.81**	**552.81**

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

Company Name: Empire Healthchoice HMO
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment: Individuals 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/yyy; 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 100%).
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 65 and 165.
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 5/8/2014		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/contribution 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	
Catastrophic	On Std	974.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Catastrophic	On Std	974.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Bronze	On Std	431	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Bronze	On Std	431	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Bronze	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Bronze	On Std	5.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Bronze	On Std	592.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Bronze	On Std	592.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Bronze	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Bronze	On Std	2	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Bronze	On Std	23	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Bronze	On Std	23	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Bronze	On Std	1322.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Bronze	On Std	1322.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Bronze	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Bronze	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.25%	13.36%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.36%	XX
Silver	On Std	1407.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Silver	On Std	1407.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Silver	On Std	8.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Silver	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Silver	On Std	3448	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Silver	On Std	3448	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Silver	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	XX
Silver	On Std	11	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.26%	13.37%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.37%	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 5/8/2014		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
Catastrophic	On Std	974.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Catastrophic	On Std	974.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	431	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	431	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	5.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	592.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	592.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	2	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	23	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	23	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	1322.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	1322.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Bronze	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	1407.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	1407.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	8.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	3448	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	3448	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	11	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%

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 5/8/2014	
Catastrophic	On Std	974.5	XX
Catastrophic	On Std	974.5	XX
Bronze	On Std	431	XX
Bronze	On Std	431	XX
Bronze	On Std	0	XX
Bronze	On Std	5.5	XX
Bronze	On Std	592.5	XX
Bronze	On Std	592.5	XX
Bronze	On Std	0	XX
Bronze	On Std	2	XX
Bronze	On Std	23	XX
Bronze	On Std	23	XX
Bronze	On Std	1322.5	XX
Bronze	On Std	1322.5	XX
Bronze	On Std	0	XX
Bronze	On Std	0	XX
Silver	On Std	1407.5	XX
Silver	On Std	1407.5	XX
Silver	On Std	8.5	XX
Silver	On Std	0	XX
Silver	On Std	3448	XX
Silver	On Std	3448	XX
Silver	On Std	0	XX
Silver	On Std	11	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 5/8/2014		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/contribution 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	5297.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Silver	On Std	5297.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Silver	On Std	44.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Silver	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Silver	On Std	45.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Silver	On Std	45.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Gold	On Std	2781	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	2781	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	23	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	21	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	21	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	366.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Gold	On Std	366.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Gold	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Gold	On Std	8.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.27%	13.38%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.38%	XX
Platinum	On Std	256.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.29%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Platinum	On Std	256.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.29%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Platinum	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.29%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Platinum	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.29%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Platinum	On Std	4415.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.33%	13.44%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.44%	XX
Platinum	On Std	4415.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.33%	13.44%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.44%	XX
Platinum	On Std	88.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.33%	13.44%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.44%	XX
Platinum	On Std	88.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.33%	13.44%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.44%	XX
Platinum	On Std	49	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.33%	13.44%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.44%	XX
Platinum	On Std	49	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.33%	13.44%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.44%	XX
Silver	On Std	9	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Silver	On Std	441.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Silver	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Silver	On Std	12.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	1	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	152.5	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	XX
Gold	On Std	0	XX	01/01/15	12/31/15	11.30%	0.49%	0.99%	1.12%	2.00%	3.52%	5.30%	13.41%	1.92%	0.05%	1.60%	1.03%	34.43%	0.00%	16.41%	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 5/8/2014		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	5297.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	5297.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	44.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	45.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	45.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	2781	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	2781	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	23	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	21	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	21	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	366.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	366.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	8.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	256.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	256.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	4415.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	4415.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	88.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	88.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	49	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Platinum	On Std	49	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	9	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	441.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Silver	On Std	12.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	1	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	152.5	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%
Gold	On Std	0	XX	01/01/14	12/31/14	11.12%	0.94%	0.32%	1.40%	2.00%	2.53%	6.73%	13.93%	1.98%	0.00%	0.00%	1.02%	34.08%	0.00%	16.93%

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 5/8/2014	
Silver	On Std	5297.5	XX
Silver	On Std	5297.5	XX
Silver	On Std	44.5	XX
Silver	On Std	0	XX
Silver	On Std	45.5	XX
Silver	On Std	45.5	XX
Gold	On Std	2781	XX
Gold	On Std	2781	XX
Gold	On Std	23	XX
Gold	On Std	0	XX
Gold	On Std	21	XX
Gold	On Std	21	XX
Gold	On Std	366.5	XX
Gold	On Std	366.5	XX
Gold	On Std	0	XX
Gold	On Std	8.5	XX
Platinum	On Std	256.5	XX
Platinum	On Std	256.5	XX
Platinum	On Std	0	XX
Platinum	On Std	0	XX
Platinum	On Std	4415.5	XX
Platinum	On Std	4415.5	XX
Platinum	On Std	88.5	XX
Platinum	On Std	88.5	XX
Platinum	On Std	49	XX
Platinum	On Std	49	XX
Silver	On Std	9	XX
Silver	On Std	441.5	XX
Silver	On Std	0	XX
Silver	On Std	12.5	XX
Gold	On Std	1	XX
Gold	On Std	152.5	XX
Gold	On Std	0	XX
Gold	On Std	0	XX

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment: Individuals 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)
80519NY0160137	Empire HMO 6600, Catastrophic, ST, NN, Pediatric Dental	Catastrophic	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160138	Empire HMO 6600, Catastrophic, ST, NN, Pediatric Dental	Catastrophic	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160175	Empire HMO 5600, Bronze, NS, NN, Pediatric Dental, Dep 25	Bronze	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160176	Empire HMO 5600, Bronze, NS, NN, Pediatric Dental, Dep 25	Bronze	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160143	Empire HMO 5600, Bronze, NS, NN, Pediatric Dental, Dep 29	Bronze	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160144	Empire HMO 5600, Bronze, NS, NN, Pediatric Dental, Dep 29	Bronze	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160125	Empire HMO 3000, Bronze, ST, NN, Pediatric Dental, Dep 25	Bronze	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160126	Empire HMO 3000, Bronze, ST, NN, Pediatric Dental, Dep 25	Bronze	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160139	Empire HMO 3000, Bronze, ST, NN, Pediatric Dental, Age 29	Bronze	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160140	Empire HMO 3000, Bronze, ST, NN, Pediatric Dental, Dep 29	Bronze	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160154	Empire HMO 3000 ,Bronze, Child Only, ST, NN, Pediatric Dental	Bronze	BOTH	YES	30	NO	INCLUDED	YES
80519NY0160153	Empire HMO 3000 ,Bronze, Child Only, ST, NN, Pediatric Dental	Bronze	BOTH	YES	30	NO	INCLUDED	YES
80519NY0160127	Empire HMO 6000, Bronze, NS, NN, Pediatric Dental, Dep 25	Bronze	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160128	Empire HMO 6000, Bronze, NS, NN, Pediatric Dental, Dep 25	Bronze	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160141	Empire HMO 6000, Bronze, NS, NN, Pediatric Dental, Dep 29	Bronze	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160142	Empire HMO 6000, Bronze, NS, NN, Pediatric Dental, Dep 29	Bronze	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160132	Empire HMO 2250, Silver, NS, NN, Pediatric Dental, Dep 25	Silver	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160131	Empire HMO 2250, Silver, NS, NN, Pediatric Dental, Dep 25	Silver	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160148	Empire HMO 2250, Silver, NS, NN, Pediatric Dental, Dep 29	Silver	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160147	Empire HMO 2250, Silver, NS, NN, Pediatric Dental, Dep 29	Silver	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160161	Empire HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 25	Silver	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160162	Empire HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 25	Silver	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160163	Empire HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 29	Silver	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160164	Empire HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 29	Silver	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160130	Empire HMO 2000, Silver, ST, NN, Pediatric Dental, Dep 25	Silver	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160129	Empire HMO 2000, Silver, ST, NN, Pediatric Dental, Dep 25	Silver	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160146	Empire HMO 2000, Silver, ST, NN, Pediatric Dental, Dep 29	Silver	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160145	Empire HMO 2000, Silver, ST, NN, Pediatric Dental, Dep 29	Silver	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160156	Empire HMO 2000, Silver, Child Only, ST, NN, Pediatric Dental	Silver	BOTH	YES	30	NO	INCLUDED	YES
80519NY0160155	Empire HMO 2000, Silver, Child Only, ST, NN, Pediatric Dental	Silver	BOTH	YES	30	NO	INCLUDED	YES
80519NY0160134	Empire HMO 600, Gold, ST, NN, Pediatric Dental, Dep 25	Gold	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160133	Empire HMO 600, Gold, ST, NN, Pediatric Dental, Dep 25	Gold	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160150	Empire HMO 600, Gold, ST, NN, Pediatric Dental, Dep 29	Gold	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160149	Empire HMO 600, Gold, ST, NN, Pediatric Dental, Dep 29	Gold	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160158	Empire HMO 600, Gold, Child Only, ST, NN, Pediatric Dental	Gold	BOTH	YES	30	NO	INCLUDED	YES
80519NY0160157	Empire HMO 600, Gold, Child Only, ST, NN, Pediatric Dental	Gold	BOTH	YES	30	NO	INCLUDED	YES
80519NY0160165	Empire HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 25	Gold	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160166	Empire HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 25	Gold	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160167	Empire HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 29	Gold	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160168	Empire HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 29	Gold	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160170	Empire HMO 200, Platinum, NS, NN, Pediatric Dental, Dep 25	Platinum	BOTH	NO	26	YES	INCLUDED	YES
80519NY0160169	Empire HMO 200, Platinum, NS, NN, Pediatric Dental, Dep 25	Platinum	BOTH	NO	26	YES	INCLUDED	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)
80519NY0160172	Empire HMO 200, Platinum, NS, NN, Pediatric Dental, Dep 29	Platinum	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160171	Empire HMO 200, Platinum, NS, NN, Pediatric Dental, Dep 29	Platinum	BOTH	NO	30	YES	INCLUDED	YES
80519NY0160136	Empire HMO 0, Platinum, ST, NN, Pediatric Dental, Dep 25	Platinum	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160135	Empire HMO 0, Platinum, ST, NN, Pediatric Dental, Dep 25	Platinum	BOTH	YES	26	YES	INCLUDED	YES
80519NY0160152	Empire HMO 0, Platinum, ST, NN, Pediatric Dental, Dep 29	Platinum	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160151	Empire HMO 0, Platinum, ST, NN, Pediatric Dental, Dep 29	Platinum	BOTH	YES	30	YES	INCLUDED	YES
80519NY0160160	Empire HMO 0, Platinum, Child Only, ST, NN, Pediatric Dental	Platinum	BOTH	YES	30	NO	INCLUDED	YES
80519NY0160159	Empire HMO 0, Platinum, Child Only, ST, NN, Pediatric Dental	Platinum	BOTH	YES	30	NO	INCLUDED	YES
80519NY0330019	Empire Blue Cross HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 25, a Multi-State Plan	Silver	ON	NO	26	YES	INCLUDED	YES
80519NY0330016	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 25, a Multi-State Plan	Silver	ON	NO	26	YES	INCLUDED	YES
80519NY0330012	Empire Blue Cross HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 29, a Multi-State Plan	Silver	ON	NO	30	YES	INCLUDED	YES
80519NY0330020	Empire Blue Cross Blue Shield HMO 2450, Silver, NS, NN, Pediatric Dental, Dep 29, a Multi-State Plan	Silver	ON	NO	30	YES	INCLUDED	YES
80519NY0330017	Empire Blue Cross HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 25, a Multi-State Plan	Gold	ON	NO	26	YES	INCLUDED	YES
80519NY0330018	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 25, a Multi-State Plan	Gold	ON	NO	26	YES	INCLUDED	YES
80519NY0330021	Empire Blue Cross HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 29, a Multi-State Plan	Gold	ON	NO	30	YES	INCLUDED	YES
80519NY0330022	Empire Blue Cross Blue Shield HMO 1000, Gold, NS, NN, Pediatric Dental, Dep 29, a Multi-State Plan	Gold	ON	NO	30	YES	INCLUDED	YES

10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
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NO	YES
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NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
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NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES

EXHIBIT 20

10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES
NO	YES

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment: Individuals 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 Albany	Region 2 Buffalo	Region 3 Mid-Hudson	Region 4 New York	Region 5 Rochester	Region 6 Syracuse	Region 7 Utica	Region 8 Long Island
80519NY0160143	Bronze	IND	On	Non-Standard	Yes	411	n/a	n/a	n/a	n/a	n/a	655	n/a
80519NY0160144	Bronze	IND	On	Non-Standard	Yes	411	n/a	485	442	n/a	n/a	n/a	407
80519NY0160139	Bronze	IND	On	Standard	Yes	432	n/a	n/a	n/a	n/a	n/a	688	n/a
80519NY0160140	Bronze	IND	On	Standard	Yes	432	n/a	510	464	n/a	n/a	n/a	427
80519NY0160141	Bronze	IND	On	Non-Standard	Yes	408	n/a	n/a	n/a	n/a	n/a	649	n/a
80519NY0160142	Bronze	IND	On	Non-Standard	Yes	408	n/a	481	438	n/a	n/a	n/a	403
80519NY0160148	Silver	IND	On	Non-Standard	Yes	490	n/a	578	526	n/a	n/a	n/a	484
80519NY0160147	Silver	IND	On	Non-Standard	Yes	490	n/a	n/a	n/a	n/a	n/a	780	n/a
80519NY0160163	Silver	IND	On	Non-Standard	Yes	479	n/a	n/a	n/a	n/a	n/a	762	n/a
80519NY0160164	Silver	IND	On	Non-Standard	Yes	479	n/a	564	514	n/a	n/a	n/a	473
80519NY0160146	Silver	IND	On	Standard	Yes	503	n/a	594	540	n/a	n/a	n/a	497
80519NY0160145	Silver	IND	On	Standard	Yes	503	n/a	n/a	n/a	n/a	n/a	801	n/a
80519NY0160150	Gold	IND	On	Standard	Yes	600	n/a	708	645	n/a	n/a	n/a	593
80519NY0160149	Gold	IND	On	Standard	Yes	600	n/a	n/a	n/a	n/a	n/a	955	n/a
80519NY0160167	Gold	IND	On	Non-Standard	Yes	595	n/a	n/a	n/a	n/a	n/a	947	n/a
80519NY0160168	Gold	IND	On	Non-Standard	Yes	595	n/a	702	639	n/a	n/a	n/a	588
80519NY0160172	Platinum	IND	On	Non-Standard	Yes	703	n/a	829	755	n/a	n/a	n/a	695
80519NY0160171	Platinum	IND	On	Non-Standard	Yes	703	n/a	n/a	n/a	n/a	n/a	1,119	n/a
80519NY0160152	Platinum	IND	On	Standard	Yes	712	n/a	839	764	n/a	n/a	n/a	704
80519NY0160151	Platinum	IND	On	Standard	Yes	712	n/a	n/a	n/a	n/a	n/a	1,133	n/a
80519NY0330012	Silver	IND	On	Non-Standard	Yes	488	n/a	n/a	n/a	n/a	n/a	777	n/a
80519NY0330020	Silver	IND	On	Non-Standard	Yes	488	n/a	576	524	n/a	n/a	n/a	482
80519NY0330021	Gold	IND	On	Non-Standard	Yes	598	n/a	n/a	n/a	n/a	n/a	952	n/a
80519NY0330022	Gold	IND	On	Non-Standard	Yes	598	n/a	705	642	n/a	n/a	n/a	591

One Liberty Plaza
165 Broadway
New York, NY 10006

<Subscriber first name> <Subscriber last name> <Date>
<Subscriber address>
<Subscriber city>, <state> <zip>

Notice of proposed premium rate change
<product name>
Health Insurance Oversight System (HIOS) identification number: <HIOS ID no.>

Dear <Member first name Member last name>,

We have filed 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

Your current monthly premium is: $ < xx >.
If approved, the percentage change to your premium is <xx>%.

If you enrolled through New York State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. If you qualify again next year, your rate will continue to reflect the APTC. New York 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 rates 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

These are the main reasons we are requesting a rate increase:

- Our 2015 rate filings reflect the rising cost of medical care, a new pool of customers, our new provider networks, and changes to taxes, fees and the federal transitional reinsurance program.
- More benefits are available to more people.
- In 2015 there will be coverage and benefit changes to most plans, including:
    - Inclusion of, or changes to, Pediatric Dental benefits.
    - Cost-sharing changes, such as deductible, copays, coinsurance, or out-of-pocket maximum for hospital and doctor services and prescription drugs.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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 Empire BlueCross BlueShield for additional information.

- Telephone: please see the number on the back of your Empire health plan ID card
- Empire website: www.empireblue.com/health-insurance/customer-care/email-us

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
DFS website: www.dfs.ny.gov/healthinsurancepremiums

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

- The name of your insurer, which is Empire HealthChoice HMO, Inc.
- The name of your Empire benefit plan as shown on your Empire ID card.
- Indicate you have individual coverage.
- Your HIOS identification number, which is <HIOS ID no.>.

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:

- Empire BlueCross BlueShield website: www.empireblue.com/ratefiling
- DFS website: 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,

Brian T. Griffin
President

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

One Liberty Plaza
165 Broadway
New York, NY 10006

<Subscriber first name> <Subscriber last name> <Date>
<Subscriber address>
<Subscriber city>, <state> <zip>

Notice of proposed premium rate change
<product name>
Health Insurance Oversight System (HIOS) identification number: <HIOS ID no.>

Dear <Member first name Member last name>,

We have filed 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

Your current monthly premium is: $ < xx >.
If approved, the percentage change to your premium is <xx>%.

If you enrolled through New York State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit (APTC), your current premium is less than the amount shown above. If you qualify again next year, your rate will continue to reflect the APTC. New York 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 rates 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

These are the main reasons we are requesting a rate increase:

- Our 2015 rate filings reflect the rising cost of medical care, a new pool of customers, our new provider networks, and changes to taxes, fees and the federal transitional reinsurance program.
- More benefits are available to more people.
- In 2015 there will be coverage and benefit changes to most plans, including:
    - Inclusion of, or changes to, Pediatric Dental benefits.
    - Cost-sharing changes, such as deductible, copays, coinsurance, or out-of-pocket maximum for hospital and doctor services and prescription drugs.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
03592NYMENEBS 06/14

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 Empire BlueCross BlueShield for additional information.

- Telephone: please see the number on the back of your Empire health plan ID card
- Empire website: www.empireblue.com/health-insurance/customer-care/email-us

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
DFS website: www.dfs.ny.gov/healthinsurancepremiums

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

- The name of your insurer, which is Empire HealthChoice HMO, Inc.
- The name of your Empire benefit plan as shown on your Empire ID card.
- Indicate you have individual coverage.
- Your HIOS identification number, which is <HIOSID no.>.

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:

- Empire BlueCross BlueShield website: www.empireblue.com/ratefiling
- DFS website: 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,

Brian T. Griffin
President

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Open Enrollment Letter – Off-Exchange Version

We're so glad you chose us for your health coverage this year and we're ready to be there for you again in the year ahead. We want to make it easy for you to understand your choices. It could even be as simple as keeping your current plan another year just by paying your premium.

Choose what's best for you
You can count on us to continue providing reliable health coverage that meets the requirements of the Affordable Care Act (ACA). With your current plan you will continue to get 100% coverage for preventive care and no out-of-pocket costs for check-ups, immunizations and more. You also get access to health and wellness resources and special discounts to help you take care of your health.

Here are two choices for you:

A. **Keep your current plan.** All you need to do is to continue paying your monthly premium on time the same way you pay today. You'll notice these changes, which will start January 1, 2015:
   - Your plan name will change from <current plan name> to <new plan name>.
   - Your monthly rate will change from <old rate> to <new rate>.* Key benefit changes are included in the enclosed benefit comparison chart.
   - You can view a complete list of benefits at <SBC link>.

B. **Choose a different Empire BlueCross plan by December 15, 2014.**** If your needs have changed, here are some easy ways to shop and enroll between <OE Dates>:
   1. Go to ChangeMyCoverage.com to compare plans and check if your doctors are in the new network.
   2. Contact your broker or agent.
   3. Call one of our Health Plan Advisors at <800-000-0000>.

We look forward to serving your needs
If you have questions about any of your choices, call your agent or one of our <Health Plan Advisors / Customer Service representatives> at <800-000-0000>, Monday-Friday <8:30 a.m. – 6 p.m. PST>.

We'll work to find a plan that's right for you and help you enroll.

DRAFT

Callout:
Your Pediatric Dental benefits
The Affordable Care Act requires all health plans to include coverage for ten Essential Health Benefits. These benefits are part of your health plan including pediatric dental care. In 2014, you may have had a separate policy for pediatric dental care. Starting in 2015, coverage for pediatric dental care will be part of your medical policy. This also means the cost of pediatric dental care will be included in your medical premium and is subject to your medical deductible.

Callout:
You may be able to get financial help, called a subsidy, if you have a modified adjusted gross income of $11,670 to $46,680 and up (or $23,850 to $95,400 and up for a family of four). But you have to buy your coverage through the New York State of Health Marketplace, also known as the exchange. The New York State of Health Marketplace at **https://nystateofhealth.ny.gov/** can help you shop for and enroll in health insurance. You can use the New York State of Health Marketplace to compare insurance options and prices offered through the exchange. You will also be able to calculate costs and enroll in coverage online, in person, over the phone or by mail.

You can still choose from Empire BlueCross plans even in the Marketplace. That way, you'll continue to get health care benefits from us and also get financial help.

Callout:
Learn more about doctors and prescriptions
We work hard to give you access to the doctors, hospitals and pharmacies you know and trust. Knowing your network and your drug coverage is important to you.

To see if your doctor is in the network, go to ChangeMyCoverage.com. To see if your drugs are covered under the pharmacy benefit, go to empireblue.com/EBCSelectdrugtier3.

Callout:
If you have billing, claims or other issues, please call us at the number on the back of your Empire ID card.

*Rates pending regulatory approval. In addition, your rate may reflect a change in your age. And, your rate may have been impacted if you moved to an area with higher or lower medical costs, or changed the number of people covered by your policy.
**The Open Enrollment period is from <OE DATES>, but you will need to choose a plan by December 15th, 2014 so you have coverage starting on January 1, 2015.

DRAFT

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Number: AWLP-129582419
Market Segment: Individuals On Exchange

1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans (Small Group Sole Proprietor plans to be excluded).
2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Inpatient Hospital																		
Inpatient Mental Health																		
Inpatient Alcohol and Sub. Abuse																		
Newborn Birth Services																		
Primary Care																		
Physician Specialty Services																		
Ambulatory Surgery																		
Other Professional Services																		
Special Therapies																		
Out-of-Area Other																		
Emergency Room																		
Outpatient Mental Health																		
Outpatient Drug & Alcohol Treatment																		
Dental (excluding Orthodontia)																		
Pharmacy (Prescription Drugs)																		
Durable Medical Equipment																		
Home Health Care																		
Transportation -Emergency																		
Diagnostic Testing, Lab & X-Ray																		
Family Planning																		
Vision Care (incl. eyeglasses)																		
Pharmacy((Non Prescription Drugs)																		
Speech & Hearing																		
Other Medical																		
Total Medical & Hospital																		

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: Empire HealthChoice HMO Inc
NAIC Code: **95433**
SERFF Tracking #: **AWLP-129582419**
Market Segment: **Individuals On Exchange**

A. Insurer Information:

Company submitting the rate filing request	Company Type	Org. Type	Company NAIC Code
Empire HealthChoice HMO Inc	HMO - 44	For Profit	95433

Company mailing address: One Liberty Plaza, Area NY0A14-0008, New York, NY 10006

B. Contact Person:

Rate filing contact person name, title	Contact phone number	Contact Email address
[redacted]	[redacted]	[redacted]

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address
[redacted]	[redacted]	[redacted]

D. New Rate Information:

New rate applicability period	New rate effective date	SERFF Tracking Number
January 1, 2015 - December 31, 2015	01/01/2015	AWLP-129582419

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

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	Yes, they are contained in the companion form only filing.
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.	No
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).	In accordance with DFS guidance, the notices will be sent by June 17, 2014.
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?	Yes
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	Yes, SERFF #AWLP-129572874

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.

ACTUARIAL MEMORANDUM

1. General Information

- Company Identifying Information

Company Legal Name:	Empire Healthchoice HMO
State:	New York
HIOS Issuer ID:	80519
SERFF Number of Associated QHP Filing:	
NAIC Company Code:	95433
Market:	Individual
Effective Date:	January 1, 2015

- Company Contact Information

Primary Contact Name:	[redacted]
Primary Contact Telephone Number:	[redacted]
Primary Contact Email Address:	[redacted]

2. Scope and Purpose of the Filing

To the best of Empire's knowledge and current understanding, this filing complies with the most recent regulations and related guidance. Empire's intention is to fully comply with all applicable laws and guidance; however, the regulatory framework continues to change and evolve rapidly. To the extent relevant rules or guidance on the rules are updated or changed, amendments to this filing may be required.

The purpose of this rate filing is to establish rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). The rates will be in-force for effective dates on or after January 1, 2015. These rates will apply to plans offered both On-Exchange and Off-Exchange. This rate filing is not intended to be used for other purposes.

Policy Form Number(s):

NY_ONHIX_HM(1/15)
NY_ONHIX_HM_CHILD(1/15)
NY_ONHIX_HM_CAT(1/15)
NY_OFFHIX_HM(1/15)
NY_OFFHIX_HM_CHILD(1/15)
NY_OFFHIX_HM_CAT(1/15)

3. Introduction

This filing includes an average rate increase of 17.5%, with range by plan between 12.6% and 18.5%. More details are provided below in Section 5: Proposed Rate Increase, and in Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

• Changes from 2014 Filings

This filing includes new exhibits showing the Market Adjusted Index Rate, Plan Adjusted Index Rate, and Consumer Adjusted Premium Rates, as defined in the new memo instructions for 2015 filings. See Exhibit O: Market Adjusted Index Rate Development and Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates.

4. Description of How the Base Rate Is Determined

The methodology used to develop the rates this year is consistent with the methodology that was used last year. The development of the Base Rate is detailed in Exhibit A: Base Rate Development. Further details on how the base rate is developed can be found in Section 9: Credibility Manual Rate Development, Section 12: Risk Adjustment and Reinsurance, Section 13: Non-Benefit Expenses, Profit and Risk, and Section 19: Calibration. A description of the methodology used to determine the base rate is as follows:

- Historical Individual experience is not considered representative of the future market; therefore, the manual rates are developed based on Small Group Grandfathered and Non-Grandfathered experience.
- The experience data is normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period based on expected distribution of membership.
- The projected claims cost is calculated by adjusting the normalized claims for the impact of benefit changes, population morbidity, trend factors, other cost of care impacts and other claim adjustments.
- The projection period is January 1, 2015 - December 31, 2015.
- Adjustments for risk adjustment and reinsurance are applied to the projected claims cost.
- Non-benefit expenses, profit, and risk are applied to the projected claims cost to determine the required projection period premium.
- The average rating factors in the projection period are applied to the projection period premium to determine the base rate.
- The base rate represents an average benefit plan and area in New York.

Premiums at the member level are determined by multiplying the base rate by the applicable factor for each of the allowable rating criteria: area, contract type and benefit plan. An example of this calculation is shown in Exhibit M: Sample Rate Calculation.

5. Proposed Rate Increase

The average proposed rate increase is 17.5%. Factors that affect the proposed rate increase for all plans include:

- Changes in benefit design
- Anticipated changes in the market-wide morbidity of the covered population in the projection period
- Changing trends in medical costs and utilization and other cost of care impacts
- Anticipated changes in payments from and contributions to the Federal Transitional Reinsurance Program
- Changes in taxes, fees, and other non-benefit expenses

These rate increases by plan are shown in Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

Although rates are based on the same single risk pool of experience, proposed rate increases vary by plan from 12.6% to 18.5%. Factors that affect the variation in the proposed rate increase by plan include:

- Changes in benefit design that vary by plan
- Changes in the adjustment factor for Catastrophic eligibility
- Changes in Non-Benefit Expenses that are applied on a PMPM basis
- Changes in the underlying area rating factors, which are included in the plan-level increase for plans not offered in all areas

These rate increases by plan are shown in Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

6. Experience Period Premium and Claims

Experience shown in Worksheet 1, Section I of the Unified Rate Review Template is for the New York Individual Single Risk Pool Non-Grandfathered Business. Consistent with last year, Empire is assigning 0% credibility to the single risk pool experience, thus it is not used for developing manual rates. The manual rate development is fully detailed in Section 9: Credibility Manual Rate Development.

Claims experience in Worksheet 1, Section I of the Unified Rate Review Template reflects dates of service from January 1, 2013 through December 31, 2013.

- Paid Through Date

  Claims shown in Worksheet 1, Section I of the Unified Rate Review Template are paid through March 31, 2014.

- Allowed and Incurred Claims Incurred During the Experience Period

  The allowed claims are determined by subtracting non-covered benefits, provider discounts, and coordination of benefits amounts from the billed amount.

  Allowed and incurred claims are completed using the chain ladder method, an industry standard, by using historic paid vs. incurred claims patterns. The method calculates historic completion percentages, representing the percent of claims paid for a particular month after one month of run out, two months, etc., for a forty-eight month view of history. Claim backlog files are reviewed on a monthly basis and are accounted for in the historical completion factor estimates.

- Premiums (net of MLR Rebate) in Experience Period

  The estimated Non-Grandfathered gross earned premium for New York Individual is $43,061,853, where earned premium is the pro-rata share of premium owed to Empire due to subscribers actively purchasing insurance coverage during the experience period.

  The MLR Rebate is $0, which is consistent with the December 31, 2013 Empire general ledger estimate allocated to the Non-Grandfathered portion of Individual.

7. Benefit Categories

The methodology used to determine benefit categories in Worksheet 1, Section II of the Unified Rate Review Template is 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.
- Capitation: Includes all services provided under one or more capitated arrangements.
- Prescription Drug: Includes drugs dispensed by a pharmacy and rebates received from drug manufacturers.

8. Projection Factors

As previously indicated, the credibility level assigned to the experience in Worksheet 1, Section III of the Unified Rate Review Template is 0%. Consequently, factors to project experience claims are not provided as they are not applicable. However, the factors used to develop the manual rates are fully detailed in Section 9: Credibility Manual Rate Development.

9. Credibility Manual Rate Development

Consistent with last year's methodology, experience developed and projected herein is Empire's Small Group Business based on plan liability amounts. The rate development is shown in Exhibit A: Base Rate Development.

• Source and Appropriateness of Experience Data Used

As requested by the New York DFS, Empire is using its Small Group experience to develop the manual rates.

As mentioned in Section 4: Description of How the Base Rate Is Determined and Section 6: Experience Period Premium and Claims, historical Individual experience is not considered representative of the 2015 market environment due to ACA requirements of EHB, minimum actuarial value constraints, and other mandate changes. Historical Small Group experience is more reflective of the 2015 population since Small Group business is already guarantee issue with no medical underwriting, and benefit designs are closer to the 2015 ACA requirements. Therefore, Empire is using all Grandfathered and Non-Grandfathered Small Group experience to develop manual rates.

The source data underlying the development of the manual rate consists of claims for all Grandfathered and Non-Grandfathered Small Group business, incurred during the period January 1, 2013 – December 31, 2013 and paid through March 31, 2014. Completion factors are then calculated to reflect additional months of runout after March 31, 2014.

In developing rates effective January 1, 2015, only limited 2014 experience is available. This experience is not deemed credible for purposes of rate development.

Experience is adjusted as follows:

- Claims incurred for members who live out-of-state were excluded; however, claims incurred by in-state members traveling out-of-state were included.

For more detail, see Exhibit B: Claims Experience for Manual Rate Development.

• Adjustments Made to the Data

The development of the projected claims is summarized in Exhibit A: Base Rate Development, items (1) - (10), and described in detail below.

The projected claims cost is calculated by multiplying the normalized claims cost by the impact of benefit changes, anticipated changes in population morbidity, and cost of care impacts. The adjustments are described below, and the factors are presented in Exhibit D: Projection Period Adjustments. In addition, the source data is normalized for changes in the provider contracts.

Changes in Demographics (Normalization)

The source data was normalized to reflect anticipated changes in age/gender, area, network, and benefit plan from the experience period to the projection period. The purpose of these factors is to adjust current experience to be reflective of expected claim experience in the projection period. See Section 23: Membership Projections for additional information on membership movement. The normalization factors and their aggregate impact on the underlying experience data are detailed in Exhibit C: Normalization Factors.

- Age/Gender: The assumed claims cost is applied by age and gender to the experience period distribution and the projection period distribution.
- Area/Network: The area claims factors are developed based on an analysis of Small Group and Individual allowed claims by network, mapped to the prescribed 2015 rating areas using 5-digit zip code.
- Benefit Plan: The experience period claims are normalized to an average 2015 plan using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements.

Changes in Benefits

Benefit changes include the following:

- Preventive Rx (over the counter): The claims are adjusted for 100% coverage of benefits for specific over the counter drugs obtained with a prescription from a physician.
- Rx Adjustments: The claims are adjusted for differences in the Rx formulary, Rx narrow network, mandatory mail order programs, as well as for the impact of moving drugs into different tiers in the projection period relative to what is reflected in the base experience data.

Changes in the Morbidity of the Population Insured

Morbidity changes include the following (for Morbidity factor, see Exhibit D: Projection Period Adjustments):

- Higher morbidity expected from individual-level purchasing decisions in 2015: Empire assumes that the morbidity of the smallest groups, relative to the total small group population are a reasonable approximation for the health status of the individual market. Relative morbidity by group size is based on health status determined from internal risk score data.

- Higher morbidity of the uninsured compared to the insured population: This adjustment is based on a CDC study on the health status and life styles of both currently insured and uninsured populations. This adjustment also considers the expected number of previously uninsured individuals expected to move into the Individual market in 2015.

Trend Factors

- The annual pricing trend used in the development of the rates is 11.3%. The trend is developed by normalizing historical benefit expense for changes in the underlying population and known cost drivers, and the result is projected forward using regression analysis. The claims are trended 24 months from the midpoint of the experience period, which is July 1, 2013, to the midpoint of the projection period, which is July 1, 2015.

- Projected trends include the estimated cost during 2014 and 2015 of the pharmaceutical Sovaldi and other high-cost drugs for treating Hepatitis C. These cost estimates were based on claims experience for New York Individual business, together with CDC recommendations and Industry and Enterprise data.

Other Cost of Care Impacts

- Refined plan normalization: The DFS has prescribed (pages 8-9 of the DFS checklist) that Empire map in-force plans to metal levels using the 2014 HHS AV Calculator and AV ranges specified by the DFS, and that the resulting metal levels be used to limit the level of induced demand applied to each plan in the normalization process. While Empire followed these guidelines, Empire notes that this methodology results in rates that are approximately 3.4% higher than if Empire had used its full, uncapped plan factors in the normalization process. Thus, Empire is applying a factor of 0.9671 to undo this increase in rates.

- Induced Demand Due to Cost Share Reductions: Individuals below 250% Federal Poverty Level who enroll in silver plans On-Exchange will be eligible for cost share reductions. As a result, the base period experience is adjusted to account for the higher anticipated utilization levels.

- Grace Period: The base period experience is adjusted upward to account for some incidence of enrollees not paying premiums due during the first month of the 90-day grace period when the QHP is liable for paying claims. Empire is assuming a 15% rate of premium non-payment on one-twelfth of the annual premium due for 60% of the Individual population (those eligible for Advance Payments of a Premium Tax Credit). The amount of premium at risk is only on the portion that Empire does not receive via direct subsidy, estimated to be about 50%. These assumptions result in an upward adjustment to the base rate of 0.375% (0.15 x 0.60 x 50% x 1/12 = 0.00375).
- Utilization or cost-per-service change: anticipated changes are reflected in the morbidity changes and trend.
- Change in Medical Management: medical management savings not already included in the claims experience and trend.
- Change in Provider Contracts: anticipated changes in provider contracts are reflected in the benefit plan factors and the region rating factors.

Other Claim Adjustments

The adjustments described below are presented in Exhibit E: Other Claim Adjustments.

- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.

- The cost of adding benefits for pediatric dental and vision are included.

- Covered Lives Assessment: This indirect New York tax is a charge on all fully and self insured "covered lives". The purpose of the Covered Lives Assessment is to raise funds for a variety of state programs and for the state Budget. The Assessment is included in claims costs for purposes of calculating the MLR.
- Regulation 146 Adjustment: The remaining 2012 individual market stabilization mechanism disbursements of $6M to Empire, as well as 50% (per discussions with the DFS) of the $23M 2013 disbursement, must be credited to individual customers. In keeping with Empire's historical practice, the 2015 rates will be reduced to implement this credit. The PMPM reduction was estimated by dividing $17.5M by the projected member months (6000000+(23171571)/2)/(85000*12) = $17.24).
- Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

• Capitation Payments

The underlying data includes capitation payments, which are combined with the base medical and pharmacy claims and projected at the same rate. No further adjustment is made to the capitation.

10. Credibility of Experience

The underlying experience data does not reasonably reflect Individual claims experience under the future market conditions. Empire believes that Small Group experience is more representative of the future projection period. Actuarial judgment has been exercised to determine that rates will be developed giving full credibility to the data underlying the manual rate in Section 9: Credibility Manual Rate Development.

- Resulting Credibility Level Assigned to Base Period Experience

  The credibility level assigned to the experience in Worksheet 1, Section III of the Unified Rate Review Template is 0%.

11. Paid to Allowed Ratio

The 'Paid to Allowed Average Factor in Projection Period' shown in Worksheet 1, Section III of the Unified Rate Review Template is developed by membership-weighted essential health benefit paid claims divided by membership-weighted essential health benefit allowed claims of each plan. The projected membership by plan is shown in Worksheet 2, Section II.

12. Risk Adjustment and Reinsurance

- Projected Risk Adjustment

  The Risk Adjustment program transfers funds from lower risk plans to higher risk plans in the Non-Grandfathered Individual and Small Group market. The HHS operated Risk Adjustment program is supported by a user fee, as shown in Exhibit F: Risk Adjustment and Reinsurance - Contributions and Payments.

  Our goal is to price to the average risk of the 2015 ACA market. Since Empire-specific 2013 experience was used as a starting point, we used the Risk Adjustment assumption and internal risk score indications to adjust this experience to the overall 2013 market in NY. Deloitte Consulting collected demographic and claims information from carriers, and calculated Empire's relative risk to the market for 2013. We note that the Deloitte risk adjuster analysis included items such as benefit design and family size, both of which are included elsewhere in Empire's rate build-up. Deloitte also indicated to Empire that their analysis includes assumptions about how the risk adjustment net transfer payments/receipts will be determined that have not yet been verified by HHS. Outside of the Deloitte analysis, we note that Empire's SG internal risk scores and allowed claims from 2013 over 2012 indicates only a slight increase in risk level in 2013 compared to 2012, holding at a level that we feel comfortable reflecting in our rating. Thus, Empire is increasing the risk adjustment assumption to -4.0%, which is a 0.5% improvement over Empire's -3.5% assumption for 2014.

- Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The transitional reinsurance risk mitigation program collects funds from all insurance issuers and TPAs and redistributes them to high cost claimants in the Non-Grandfathered Individual market. The reinsurance contribution is equal to the national per capita reinsurance contribution rate as shown in Exhibit F: Risk Adjustment and Reinsurance - Contributions and Payments.

The reinsurance payment is developed using projected paid claims, claim probability distribution, and reinsurance payment guidelines. The claim probability distribution observes claims between $70K and $250K using a claim probability distribution that reflects the anticipated claim cost distribution of the 2015 Individual market. The coinsurance rate is 50%. Expected paid claims are calculated for an assumed average On-Exchange plan design. Reinsurance payments are allocated proportionally by plan premiums to all plans in the risk pool. CMS has announced an intention to modify the reinsurance program for 2015 by adjusting the attachment point and coinsurance rate. However, we do not expect this to change our projection of the total reinsurance payment, because the total funding available for the reinsurance program is not proposed to change.

13. Non-Benefit Expenses, Profit and Risk

Non-Benefit expenses are detailed in Exhibit G: Non-Benefit Expenses and Profit & Risk.

- Administrative Expense

Administrative Expense contains both acquisition costs associated with the production of new business through non-broker distribution channels (direct, telesales, etc.) as well as maintenance costs associated with ongoing costs for the administration of the business. Acquisition costs are projected using historical cost per member sold amounts applied to future sales estimates. Maintenance costs are projected for 2015 based on 2013 actual expenses, with adjustments for expected changes in business operations such as the elimination of underwriting and new expenses for risk management, regulatory compliance and premium reconciliation and balancing.

- Quality Improvement Expense

The quality improvement expense represents Empire's dedication to providing the highest standard of customer care and consistently seeking to improve health care quality, outcomes and value in a cost efficient manner.

The QI Expense assumptions are based on historical amounts related to the following initiatives: Improve Health Outcomes, Activities to Prevent Hospital Readmissions, Improve Patient Safety and Reduce Medical Errors, Wellness and Health Promotion Activities, HIT Expenses for Health Care Quality Improvements, Other Cost Containment and ICD-10.

- Selling Expense

Selling Expense represents broker commissions and bonuses associated with the broker distribution channel using historical and projected commission levels. Commissions will be paid both On-Exchange and Off-Exchange.

Empire will soon file a commission schedule for 2015 Individual business.

- Taxes and Fees

  - Patient-Centered Outcomes Research Institute (PCORI) Fee: The PCORI fee is a federally-mandated fee designed to help fund the Patient-Centered Outcomes Research Trust Fund. For plan years ending before October 1, 2014, the fee is $2 per member per year. Thereafter, for every plan year ending before October 1, 2019, the fee will increase by the percentage increase in National Healthcare Expenditures.
  - Risk Adjustment Fee: The Risk Adjustment fee is a user fee to support the administration of the HHS operated Risk Adjustment program. The charge is $1 per enrollee per year.
  - ACA Insurer Fee: The health insurance industry will be assessed a permanent fee, based on market share of net premium, which is not tax deductible. The tax impact of non-deductibility is captured in this fee.
  - Premium taxes, federal income taxes and state income taxes are also included in the retention items.

- Profit

  Profit is reflected on a post-tax basis as a percent that does not vary by product or plan. The profit percentage does not include any assumed risk corridor payments or receipts.

- Reconciliation with Financial Statements

  Based on the expected differences in the volume and morbidity of the future individual population and the large drop in premium levels, a comparison to past individual financial statements adds little value.

14. Projected Loss Ratio

- Projected Federal MLR

The projected Federal MLR for the products in this filing is estimated in Exhibit N: Federal MLR Estimated Calculation. Please note that this calculation is purely an estimate and not meant to be a true measure for Federal or State MLR rebate purposes. The products in this filing represent only a subset of Empire's Individual business. The MLR for Empire's entire book of Individual business will be compared to the minimum Federal benchmark for purposes of determining regulation-related premium refunds. Also note that the projected Federal MLR presented here does not capture all adjustments, including but not limited to: three-year averaging, credibility, dual option, and deductible. Empire's projected MLR is expected to meet or exceed the minimum MLR standards at the market level after including all adjustments.

15. Single Risk Pool

As described above in Section 4: Description of How the Base Rate Is Determined, the Empire Index Rate for Individual business in New York is based on total combined claims costs for providing essential health benefits within the single risk pool of non-grandfathered Individual plans in New York. The Index Rate is adjusted on a market-wide basis for the state based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs. The premium rates for all Empire non-grandfathered plans in the Individual market use the applicable market-wide adjusted index rate, subject only to the permitted plan-level adjustments. This demonstrates that the Single Risk Pool for Empire Individual business is established according to the requirements in 45 CFR part 156, §156.80(d).

16. Index Rate

- Experience Period Index Rate

  The index rate represents the average allowed claims PMPM of essential health benefits for Empire's Individual Non-Grandfathered Business. The experience period index rate shown in Worksheet 1, Section I (cell G17) of the Unified Rate Review Template is $2098.84 and is the same as the experience period allowed claims (cell G16 in the same location). A comparison to the benchmark was performed, and only essential health benefits were covered during the experience period.

- Projection Period Index Rate

  The index rate represents the average allowed claims PMPM of essential health benefits for Empire's Individual Non-Grandfathered Business. The projection period index rate was developed as shown in Exhibit O: Market Adjusted Index Rate Development by adjusting the projected incurred claims PMPM described in Section 9: Credibility Manual Rate Development of this memorandum. No benefits in excess of the essential health benefits are included in the projection period allowed claims (cell T30 of Worksheet 1, Section II of the Unified Rate Review Template) or Exhibit O: Market Adjusted Index Rate Development's projection period index rate (also shown in cell V44 of Worksheet 1, Section III of the Unified Rate Review Template).

17. Market Adjusted Index Rate

The Market Adjusted Index rate is calculated as the Index Rate adjusted for all allowable market wide modifiers defined in the market rating rules. This development is presented in Exhibit O: Market Adjusted Index Rate Development.

18. Plan Adjusted Index Rate

The Plan Adjusted Index Rate is calculated as the Market Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rules. This development is presented in Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates.

- Plan Level Modifiers

  - Cost Sharing Adjustments: This is a multiplicative factor that adjusts for the projected paid/allowed ratio of each plan, based on the AV metal value with an adjustment for utilization differences due to differences in cost sharing.
  - Provider Network Adjustments: This is a multiplicative factor that adjusts for differences in projected claims cost due to different network discounts.
  - Adjustments for Benefits in Addition to EHBs: This multiplicative factor adjusts for additional benefits that are not EHBs.
  - Adjustments for administrative cost: This is an additive adjustment that includes all the Selling Expense, Administration and Other Retention Items shown in Exhibit G: Non-Benefit Expenses and Profit & Risk, with the exception of the Exchange User Fee, if any.

19. Calibration

The required premium in the projection period is calibrated by the average area, contract type and benefit plan rating factors to develop the Consumer Adjusted Premium Rates. The average rating factors are shown in Exhibit H: Calibration, Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates, and applied in line item 15 of Exhibit A: Base Rate Development.

- Benefit Plan Factors

  The benefit plan rating factors are applied to the projection period distribution.

  Benefit plan factors also consider the following adjustments, as applicable.

  - Benefit Richness Factor Adjustment: This adjustment accounts for member behavior variations depending on the richness of the benefit design. The adjustment is not based on the health status of the member.
  - Non-EHBs: For plans including benefits in addition to EHBs, the benefit plan factor reflects enhanced benefits.

- Catastrophic Factor: This adjustment assumes a healthier than average population will select the catastrophic plan. The catastrophic adjustment factor is normalized to 1.0 across all plans in the Single Risk Pool.
- > Provider Network: This factor accounts for differences in contracted rates and network structure.

Refer to Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

• Area Factors

Area factors are unchanged from 2014.

• Contract Type Factors

Refer to Exhibit I: Contract Type Factors.

20. Consumer Adjusted Premium Rate

The Consumer Adjusted Premium Rate is calculated as the Plan Adjusted Index Rate calibrated as described in the previous section. This development is presented in Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates. The calibration is shown in Exhibit H: Calibration.

21. Actuarial Value Metal Values

The Actuarial Value (AV) Metal Values included in Worksheet 2 of the Unified Rate Review Template are based on the AV Calculator. To the extent a component of the benefit design was not accommodated by an available input within the AV Calculator, the benefit characteristic was adjusted to be actuarially equivalent to an available input within the AV Calculator for purposes of utilizing the AV Calculator as the basis for the AV Metal Values. Benefits for Plans that are not compatible with the parameters of the AV Calculator have been separately identified and documented in the Unique Plan Design Supporting Documentation and Justification that supports the Plan & Benefits Template.

22. Actuarial Value Pricing Values

The AV Pricing Values for each Product ID are in Worksheet 2, Section I of the Unified Rate Review Template. The fixed reference plan selected as the basis for the AV Pricing Value calculations is '80519NY0160132'. Consistent with final Market rules, utilization adjustments are made to account for member behavior variations based upon cost-share variations of the benefit design and not the health status of the member. The average allowable modifiers to the Index Rate can be found in Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates.

These factors are developed using WellPoint's benefit relativity factor model, which is a modified Milliman model. The program allows induced utilization to be turned off and the DFS' recommended induced utilization amounts were used.

23. Membership Projections

Membership projections in Worksheet 2 of the Unified Rate Review Template are developed using a population movement model plus adjustments for sales expectations. This model projects the membership in the projection period by taking into account:

- Uninsured to Individual as a result of subsidized coverage and individual mandate
- Individual and Uninsured to Medicaid as a result of expanded Medicaid eligibility

The plan distribution is based on assumed metal tier and network distributions. Some 2014 preliminary enrollment information has been considered in projecting membership distributions.

The projected morbidity changes shown in Exhibit D: Projection Period Adjustments include expected morbidity changes due to population movement.

Cost share reduction subsidies will be available on silver level plans. Empire ran projections to estimate enrollment by income level in each of the plans. Projected enrollment by plan and subsidy level can be found in Exhibit R: Membership Projections for Cost-Sharing Reductions.

24. Warning Alerts

There are no warning alerts indicated on Worksheet 2 of the Unified Rate Review Template.

25. Terminated Products

The list of terminated plans is shown in Exhibit Q: Terminated Plans.

26. Plan Type

Plan types in Worksheet 2, Section I of the URRT adequately describe Empire's plans.

27. Reliance

In support of this rate development, various data and analyses were provided by other members of Empire's internal actuarial staff, including data and analysis related to cost of care, valuation, and pricing. I have reviewed these data and analyses for reasonableness and consistency. I have also relied on [redacted] to provide the actuarial certification for the Unique Plan Design Supporting Documentation and Justification for plans included in this filing.

28. Actuarial Certification

I, [redacted] am an actuary for Empire. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I hereby certify that the following statements are true to the best of my knowledge with regards to this filing:

(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.

(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 is calculated in accordance with actuarial standards of practice.

(4) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.

[redacted]

[redacted]

June 13, 2014

Date

ACTUARIAL MEMORANDUM

1. General Information

- Company Identifying Information

Company Legal Name:	Empire Healthchoice HMO
State:	New York
HIOS Issuer ID:	80519
SERFF Number of Associated QHP Filing:	
NAIC Company Code:	95433
Market:	Individual
Effective Date:	January 1, 2015

- Company Contact Information

Primary Contact Name:	[redacted]
Primary Contact Telephone Number:	[redacted]
Primary Contact Email Address:	[redacted]

2. Scope and Purpose of the Filing

To the best of Empire's knowledge and current understanding, this filing complies with the most recent regulations and related guidance. Empire's intention is to fully comply with all applicable laws and guidance; however, the regulatory framework continues to change and evolve rapidly. To the extent relevant rules or guidance on the rules are updated or changed, amendments to this filing may be required.

The purpose of this rate filing is to establish rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). The rates will be in-force for effective dates on or after January 1, 2015. These rates will apply to plans offered On-Exchange. This rate filing is not intended to be used for other purposes.

Policy Form Number(s):

NY_ONHIX_HM(1/15)
NY_ONHIX_HM_CHILD(1/15)
NY_ONHIX_HM_CAT(1/15)

3. Introduction

This filing includes an average rate increase of 17.5%, with range by plan between 12.6% and 18.5%. More details are provided below in Section 5: Proposed Rate Increase, and in Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

• Changes from 2014 Filings

This filing includes new exhibits showing the Market Adjusted Index Rate, Plan Adjusted Index Rate, and Consumer Adjusted Premium Rates, as defined in the new memo instructions for 2015 filings. See Exhibit O: Market Adjusted Index Rate Development and Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates.

4. Description of How the Base Rate Is Determined

The methodology used to develop the rates this year is consistent with the methodology that was used last year. The development of the Base Rate is detailed in Exhibit A: Base Rate Development. Further details on how the base rate is developed can be found in Section 9: Credibility Manual Rate Development, Section 12: Risk Adjustment and Reinsurance, Section 13: Non-Benefit Expenses, Profit and Risk, and Section 19: Calibration. A description of the methodology used to determine the base rate is as follows:

- Historical Individual experience is not considered representative of the future market; therefore, the manual rates are developed based on Small Group Grandfathered and Non-Grandfathered experience.
- The experience data is normalized to reflect anticipated changes in age/gender, area/network and benefit plan from the experience period to the projection period based on expected distribution of membership.
- The projected claims cost is calculated by adjusting the normalized claims for the impact of benefit changes, population morbidity, trend factors, other cost of care impacts and other claim adjustments.
- The projection period is January 1, 2015 - December 31, 2015.
- Adjustments for risk adjustment and reinsurance are applied to the projected claims cost.
- Non-benefit expenses, profit, and risk are applied to the projected claims cost to determine the required projection period premium.
- The average rating factors in the projection period are applied to the projection period premium to determine the base rate.
- The base rate represents an average benefit plan and area in New York.

Premiums at the member level are determined by multiplying the base rate by the applicable factor for each of the allowable rating criteria: area, contract type and benefit plan. An example of this calculation is shown in Exhibit M: Sample Rate Calculation.

5. Proposed Rate Increase

The average proposed rate increase is 17.5%. Factors that affect the proposed rate increase for all plans include:

- Changes in benefit design
- Anticipated changes in the market-wide morbidity of the covered population in the projection period
- Changing trends in medical costs and utilization and other cost of care impacts
- Anticipated changes in payments from and contributions to the Federal Transitional Reinsurance Program
- Changes in taxes, fees, and other non-benefit expenses

These rate increases by plan are shown in Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

Although rates are based on the same single risk pool of experience, proposed rate increases vary by plan from 12.6% to 18.5%. Factors that affect the variation in the proposed rate increase by plan include:

- Changes in benefit design that vary by plan
- Changes in the adjustment factor for Catastrophic eligibility
- Changes in Non-Benefit Expenses that are applied on a PMPM basis
- Changes in the underlying area rating factors, which are included in the plan-level increase for plans not offered in all areas

These rate increases by plan are shown in Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

6. Experience Period Premium and Claims

Experience shown in Worksheet 1, Section I of the Unified Rate Review Template is for the New York Individual Single Risk Pool Non-Grandfathered Business. Consistent with last year, Empire is assigning 0% credibility to the single risk pool experience, thus it is not used for developing manual rates. The manual rate development is fully detailed in Section 9: Credibility Manual Rate Development.

Claims experience in Worksheet 1, Section I of the Unified Rate Review Template reflects dates of service from January 1, 2013 through December 31, 2013.

- Paid Through Date

  Claims shown in Worksheet 1, Section I of the Unified Rate Review Template are paid through March 31, 2014.

- Allowed and Incurred Claims Incurred During the Experience Period

  The allowed claims are determined by subtracting non-covered benefits, provider discounts, and coordination of benefits amounts from the billed amount.

  Allowed and incurred claims are completed using the chain ladder method, an industry standard, by using historic paid vs. incurred claims patterns. The method calculates historic completion percentages, representing the percent of claims paid for a particular month after one month of run out, two months, etc., for a forty-eight month view of history. Claim backlog files are reviewed on a monthly basis and are accounted for in the historical completion factor estimates.

- Premiums (net of MLR Rebate) in Experience Period

  The estimated Non-Grandfathered gross earned premium for New York Individual is $43,061,853, where earned premium is the pro-rata share of premium owed to Empire due to subscribers actively purchasing insurance coverage during the experience period.

  The MLR Rebate is $0, which is consistent with the December 31, 2013 Empire general ledger estimate allocated to the Non-Grandfathered portion of Individual.

7. Benefit Categories

The methodology used to determine benefit categories in Worksheet 1, Section II of the Unified Rate Review Template is 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.
- Capitation: Includes all services provided under one or more capitated arrangements.
- Prescription Drug: Includes drugs dispensed by a pharmacy and rebates received from drug manufacturers.

8. Projection Factors

As previously indicated, the credibility level assigned to the experience in Worksheet 1, Section III of the Unified Rate Review Template is 0%. Consequently, factors to project experience claims are not provided as they are not applicable. However, the factors used to develop the manual rates are fully detailed in Section 9: Credibility Manual Rate Development.

9. Credibility Manual Rate Development

Consistent with last year's methodology, experience developed and projected herein is Empire's Small Group Business based on plan liability amounts. The rate development is shown in Exhibit A: Base Rate Development.

• Source and Appropriateness of Experience Data Used

As requested by the New York DFS, Empire is using its Small Group experience to develop the manual rates.

As mentioned in Section 4: Description of How the Base Rate Is Determined and Section 6: Experience Period Premium and Claims, historical Individual experience is not considered representative of the 2015 market environment due to ACA requirements of EHB, minimum actuarial value constraints, and other mandate changes. Historical Small Group experience is more reflective of the 2015 population since Small Group business is already guarantee issue with no medical underwriting, and benefit designs are closer to the 2015 ACA requirements. Therefore, Empire is using all Grandfathered and Non-Grandfathered Small Group experience to develop manual rates.

The source data underlying the development of the manual rate consists of claims for all Grandfathered and Non-Grandfathered Small Group business, incurred during the period January 1, 2013 – December 31, 2013 and paid through March 31, 2014. Completion factors are then calculated to reflect additional months of runout after March 31, 2014.

In developing rates effective January 1, 2015, only limited 2014 experience is available. This experience is not deemed credible for purposes of rate development.

Experience is adjusted as follows:

- Claims incurred for members who live out-of-state were excluded; however, claims incurred by in-state members traveling out-of-state were included.

For more detail, see Exhibit B: Claims Experience for Manual Rate Development.

• Adjustments Made to the Data

The development of the projected claims is summarized in Exhibit A: Base Rate Development, items (1) - (10), and described in detail below.

The projected claims cost is calculated by multiplying the normalized claims cost by the impact of benefit changes, anticipated changes in population morbidity, and cost of care impacts. The adjustments are described below, and the factors are presented in Exhibit D: Projection Period Adjustments. In addition, the source data is normalized for changes in the provider contracts.

Changes in Demographics (Normalization)

The source data was normalized to reflect anticipated changes in age/gender, area, network, and benefit plan from the experience period to the projection period. The purpose of these factors is to adjust current experience to be reflective of expected claim experience in the projection period. See Section 23: Membership Projections for additional information on membership movement. The normalization factors and their aggregate impact on the underlying experience data are detailed in Exhibit C: Normalization Factors.

- Age/Gender: The assumed claims cost is applied by age and gender to the experience period distribution and the projection period distribution.
- Area/Network: The area claims factors are developed based on an analysis of Small Group and Individual allowed claims by network, mapped to the prescribed 2015 rating areas using 5-digit zip code.
- Benefit Plan: The experience period claims are normalized to an average 2015 plan using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements.

Changes in Benefits

Benefit changes include the following:

- Preventive Rx (over the counter): The claims are adjusted for 100% coverage of benefits for specific over the counter drugs obtained with a prescription from a physician.
- Rx Adjustments: The claims are adjusted for differences in the Rx formulary, Rx narrow network, mandatory mail order programs, as well as for the impact of moving drugs into different tiers in the projection period relative to what is reflected in the base experience data.

Changes in the Morbidity of the Population Insured

Morbidity changes include the following (for Morbidity factor, see Exhibit D: Projection Period Adjustments):

- Higher morbidity expected from individual-level purchasing decisions in 2015: Empire assumes that the morbidity of the smallest groups relative to the total small group population are a reasonable approximation for the health status of the individual market. Relative morbidity by group size is based on health status determined from internal risk score data.

- Higher morbidity of the uninsured compared to the insured population: This adjustment is based on a CDC study on the health status and life styles of both currently insured and uninsured populations. This adjustment also considers the expected number of previously uninsured individuals expected to move into the Individual market in 2015.

Trend Factors

- The annual pricing trend used in the development of the rates is 11.3%. The trend is developed by normalizing historical benefit expense for changes in the underlying population and known cost drivers, and the result is projected forward using regression analysis. The claims are trended 24 months from the midpoint of the experience period, which is July 1, 2013, to the midpoint of the projection period, which is July 1, 2015.

- Projected trends include the estimated cost during 2014 and 2015 of the pharmaceutical Sovaldi and other high-cost drugs for treating Hepatitis C. These cost estimates were based on claims experience for New York Individual business, together with CDC recommendations and Industry and Enterprise data.

Other Cost of Care Impacts

- Refined plan normalization: The DFS has prescribed (pages 8-9 of the DFS checklist) that Empire map in-force plans to metal levels using the 2014 HHS AV Calculator and AV ranges specified by the DFS, and that the resulting metal levels be used to limit the level of induced demand applied to each plan in the normalization process. While Empire followed these guidelines, Empire notes that this methodology results in rates that are approximately 3.4% higher than if Empire had used its full, uncapped plan factors in the normalization process. Thus, Empire is applying a factor of 0.9671 to undo this increase in rates.

- Induced Demand Due to Cost Share Reductions: Individuals below 250% Federal Poverty Level who enroll in silver plans On-Exchange will be eligible for cost share reductions. As a result, the base period experience is adjusted to account for the higher anticipated utilization levels.

- Grace Period: The base period experience is adjusted upward to account for some incidence of enrollees not paying premiums due during the first month of the 90-day grace period when the QHP is liable for paying claims. Empire is assuming a 15% rate of premium non-payment on one-twelfth of the annual premium due for 60% of the Individual population (those eligible for Advance Payments of a Premium Tax Credit). The amount of premium at risk is only on the portion that Empire does not receive via direct subsidy, estimated to be about 50%. These assumptions result in an upward adjustment to the base rate of 0.375% (0.15 x 0.60 x 50% x 1/12 = 0.00375).
- Utilization or cost-per-service change: anticipated changes are reflected in the morbidity changes and trend.
- Change in Medical Management: medical management savings not already included in the claims experience and trend.
- Change in Provider Contracts: anticipated changes in provider contracts are reflected in the benefit plan factors and the region rating factors.

Other Claim Adjustments

The adjustments described below are presented in Exhibit E: Other Claim Adjustments.

- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.

- The cost of adding benefits for pediatric dental and vision are included.

- Covered Lives Assessment: This indirect New York tax is a charge on all fully and self insured "covered lives". The purpose of the Covered Lives Assessment is to raise funds for a variety of state programs and for the state Budget. The Assessment is included in claims costs for purposes of calculating the MLR.

- Regulation 146 Adjustment: The remaining 2012 individual market stabilization mechanism disbursements of $6M to Empire, as well as 50% (per discussions with the DFS) of the $23M 2013 disbursement, must be credited to individual customers. In keeping with Empire's historical practice, the 2015 rates will be reduced to implement this credit. The PMPM reduction was estimated by dividing $17.5M by the projected member months (6000000+(23171571)/2)/(85000*12) = $17.24).
- Additional Non-EHBs: The cost to cover dependents through age 29, as required by New York State, as a buy-up option to the standard coverage through age 25.

• Capitation Payments

The underlying data includes capitation payments, which are combined with the base medical and pharmacy claims and projected at the same rate. No further adjustment is made to the capitation.

10. Credibility of Experience

The underlying experience data does not reasonably reflect Individual claims experience under the future market conditions. Empire believes that Small Group experience is more representative of the future projection period. Actuarial judgment has been exercised to determine that rates will be developed giving full credibility to the data underlying the manual rate in Section 9: Credibility Manual Rate Development.

• Resulting Credibility Level Assigned to Base Period Experience

The credibility level assigned to the experience in Worksheet 1, Section III of the Unified Rate Review Template is 0%.

11. Paid to Allowed Ratio

The 'Paid to Allowed Average Factor in Projection Period' shown in Worksheet 1, Section III of the Unified Rate Review Template is developed by membership-weighted essential health benefit paid claims divided by membership-weighted essential health benefit allowed claims of each plan. The projected membership by plan is shown in Worksheet 2, Section II.

12. Risk Adjustment and Reinsurance

• Projected Risk Adjustment

The Risk Adjustment program transfers funds from lower risk plans to higher risk plans in the Non-Grandfathered Individual and Small Group market. The HHS operated Risk Adjustment program is supported by a user fee, as shown in Exhibit F: Risk Adjustment and Reinsurance - Contributions and Payments.

Our goal is to price to the average risk of the 2015 ACA market. Since Empire-specific 2013 experience was used as a starting point, we used the Risk Adjustment assumption and internal risk score indications to adjust this experience to the overall 2013 market in NY. Deloitte Consulting collected demographic and claims information from carriers, and calculated Empire's relative risk to the market for 2013. We note that the Deloitte risk adjuster analysis included items such as benefit design and family size, both of which are included elsewhere in Empire's rate build-up. Deloitte also indicated to Empire that their analysis includes assumptions about how the risk adjustment net transfer payments/receipts will be determined that have not yet been verified by HHS. Outside of the Deloitte analysis, we note that Empire's SG internal risk scores and allowed claims from 2013 over 2012 indicates only a slight increase in risk level in 2013 compared to 2012, holding at a level that we feel comfortable reflecting in our rating. Thus, Empire is increasing the risk adjustment assumption to -4.0%, which is a 0.5% improvement over Empire's -3.5% assumption for 2014.

- Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The transitional reinsurance risk mitigation program collects funds from all insurance issuers and TPAs and redistributes them to high cost claimants in the Non-Grandfathered Individual market. The reinsurance contribution is equal to the national per capita reinsurance contribution rate as shown in Exhibit F: Risk Adjustment and Reinsurance - Contributions and Payments.

The reinsurance payment is developed using projected paid claims, claim probability distribution, and reinsurance payment guidelines. The claim probability distribution observes claims between $70K and $250K using a claim probability distribution that reflects the anticipated claim cost distribution of the 2015 Individual market. The coinsurance rate is 50%. Expected paid claims are calculated for an assumed average On-Exchange plan design. Reinsurance payments are allocated proportionally by plan premiums to all plans in the risk pool. CMS has announced an intention to modify the reinsurance program for 2015 by adjusting the attachment point and coinsurance rate. However, we do not expect this to change our projection of the total reinsurance payment, because the total funding available for the reinsurance program is not proposed to change.

13. Non-Benefit Expenses, Profit and Risk

Non-Benefit expenses are detailed in Exhibit G: Non-Benefit Expenses and Profit & Risk.

- Administrative Expense

Administrative Expense contains both acquisition costs associated with the production of new business through non-broker distribution channels (direct, telesales, etc.) as well as maintenance costs associated with ongoing costs for the administration of the business. Acquisition costs are projected using historical cost per member sold amounts applied to future sales estimates. Maintenance costs are projected for 2015 based on 2013 actual expenses, with adjustments for expected changes in business operations such as the elimination of underwriting and new expenses for risk management, regulatory compliance and premium reconciliation and balancing.

- Quality Improvement Expense

The quality improvement expense represents Empire's dedication to providing the highest standard of customer care and consistently seeking to improve health care quality, outcomes and value in a cost efficient manner.

The QI Expense assumptions are based on historical amounts related to the following initiatives: Improve Health Outcomes, Activities to Prevent Hospital Readmissions, Improve Patient Safety and Reduce Medical Errors, Wellness and Health Promotion Activities, HIT Expenses for Health Care Quality Improvements, Other Cost Containment and ICD-10.

- Selling Expense

Selling Expense represents broker commissions and bonuses associated with the broker distribution channel using historical and projected commission levels. Commissions will be paid both On-Exchange and Off-Exchange.

Empire will soon file a commission schedule for 2015 Individual business.

- Taxes and Fees

  - Patient-Centered Outcomes Research Institute (PCORI) Fee: The PCORI fee is a federally-mandated fee designed to help fund the Patient-Centered Outcomes Research Trust Fund. For plan years ending before October 1, 2014, the fee is $2 per member per year. Thereafter, for every plan year ending before October 1, 2019, the fee will increase by the percentage increase in National Healthcare Expenditures.
  - Risk Adjustment Fee: The Risk Adjustment fee is a user fee to support the administration of the HHS operated Risk Adjustment program. The charge is $1 per enrollee per year.
  - ACA Insurer Fee: The health insurance industry will be assessed a permanent fee, based on market share of net premium, which is not tax deductible. The tax impact of non-deductibility is captured in this fee.
  - Premium taxes, federal income taxes and state income taxes are also included in the retention items.

- Profit

Profit is reflected on a post-tax basis as a percent that does not vary by product or plan. The profit percentage does not include any assumed risk corridor payments or receipts.

- Reconciliation with Financial Statements

Based on the expected differences in the volume and morbidity of the future individual population and the large drop in premium levels, a comparison to past individual financial statements adds little value.

14. Projected Loss Ratio

- Projected Federal MLR

The projected Federal MLR for the products in this filing is estimated in Exhibit N: Federal MLR Estimated Calculation. Please note that this calculation is purely an estimate and not meant to be a true measure for Federal or State MLR rebate purposes. The products in this filing represent only a subset of Empire's Individual business. The MLR for Empire's entire book of Individual business will be compared to the minimum Federal benchmark for purposes of determining regulation-related premium refunds. Also note that the projected Federal MLR presented here does not capture all adjustments, including but not limited to: three-year averaging, credibility, dual option, and deductible. Empire's projected MLR is expected to meet or exceed the minimum MLR standards at the market level after including all adjustments.

15. Single Risk Pool

As described above in Section 4: Description of How the Base Rate Is Determined, the Empire Index Rate for Individual business in New York is based on total combined claims costs for providing essential health benefits within the single risk pool of non-grandfathered Individual plans in New York. The Index Rate is adjusted on a market-wide basis for the state based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs. The premium rates for all Empire non-grandfathered plans in the Individual market use the applicable market-wide adjusted index rate, subject only to the permitted plan-level adjustments. This demonstrates that the Single Risk Pool for Empire Individual business is established according to the requirements in 45 CFR part 156, §156.80(d).

16. Index Rate

- Experience Period Index Rate

The index rate represents the average allowed claims PMPM of essential health benefits for Empire's Individual Non-Grandfathered Business. The experience period index rate shown in Worksheet 1, Section I (cell G17) of the Unified Rate Review Template is $2098.84 and is the same as the experience period allowed claims (cell G16 in the same location). A comparison to the benchmark was performed, and only essential health benefits were covered during the experience period.

- Projection Period Index Rate

The index rate represents the average allowed claims PMPM of essential health benefits for Empire's Individual Non-Grandfathered Business. The projection period index rate was developed as shown in Exhibit O: Market Adjusted Index Rate Development by adjusting the projected incurred claims PMPM described in Section 9: Credibility Manual Rate Development of this memorandum. No benefits in excess of the essential health benefits are included in the projection period allowed claims (cell T30 of Worksheet 1, Section II of the Unified Rate Review Template) or Exhibit O: Market Adjusted Index Rate Development's projection period index rate (also shown in cell V44 of Worksheet 1, Section III of the Unified Rate Review Template).

17. Market Adjusted Index Rate

The Market Adjusted Index rate is calculated as the Index Rate adjusted for all allowable market wide modifiers defined in the market rating rules. This development is presented in Exhibit O: Market Adjusted Index Rate Development.

18. Plan Adjusted Index Rate

The Plan Adjusted Index Rate is calculated as the Market Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rules. This development is presented in Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates.

- Plan Level Modifiers

  - Cost Sharing Adjustments: This is a multiplicative factor that adjusts for the projected paid/allowed ratio of each plan, based on the AV metal value with an adjustment for utilization differences due to differences in cost sharing.
  - Provider Network Adjustments: This is a multiplicative factor that adjusts for differences in projected claims cost due to different network discounts.
  - Adjustments for Benefits in Addition to EHBs: This multiplicative factor adjusts for additional benefits that are not EHBs.
  - Adjustments for administrative cost: This is an additive adjustment that includes all the Selling Expense, Administration and Other Retention Items shown in Exhibit G: Non-Benefit Expenses and Profit & Risk, with the exception of the Exchange User Fee, if any.

19. Calibration

The required premium in the projection period is calibrated by the average area, contract type and benefit plan rating factors to develop the Consumer Adjusted Premium Rates. The average rating factors are shown in Exhibit H: Calibration, Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates, and applied in line item 15 of Exhibit A: Base Rate Development.

- Benefit Plan Factors

The benefit plan rating factors are applied to the projection period distribution.

Benefit plan factors also consider the following adjustments, as applicable.

- Benefit Richness Factor Adjustment: This adjustment accounts for member behavior variations depending on the richness of the benefit design. The adjustment is not based on the health status of the member.
- Non-EHBs: For plans including benefits in addition to EHBs, the benefit plan factor reflects enhanced benefits.
- Catastrophic Factor: This adjustment assumes a healthier than average population will select the catastrophic plan. The catastrophic adjustment factor is normalized to 1.0 across all plans in the Single Risk Pool.
- > Provider Network: This factor accounts for differences in contracted rates and network structure.

Refer to Exhibit K: Non-Grandfathered Benefit Plan Factors and Rate Increases.

• Area Factors

Area factors are unchanged from 2014.

• Contract Type Factors

Refer to Exhibit I: Contract Type Factors.

20. Consumer Adjusted Premium Rate

The Consumer Adjusted Premium Rate is calculated as the Plan Adjusted Index Rate calibrated as described in the previous section. This development is presented in Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates. The calibration is shown in Exhibit H: Calibration.

21. Actuarial Value Metal Values

The Actuarial Value (AV) Metal Values included in Worksheet 2 of the Unified Rate Review Template are based on the AV Calculator. To the extent a component of the benefit design was not accommodated by an available input within the AV Calculator, the benefit characteristic was adjusted to be actuarially equivalent to an available input within the AV Calculator for purposes of utilizing the AV Calculator as the basis for the AV Metal Values. Benefits for Plans that are not compatible with the parameters of the AV Calculator have been separately identified and documented in the Unique Plan Design Supporting Documentation and Justification that supports the Plan & Benefits Template.

22. Actuarial Value Pricing Values

The AV Pricing Values for each Product ID are in Worksheet 2, Section I of the Unified Rate Review Template. The fixed reference plan selected as the basis for the AV Pricing Value calculations is '80519NY0160132'. Consistent with final Market rules, utilization adjustments are made to account for member behavior variations based upon cost-share variations of the benefit design and not the health status of the member. The average allowable modifiers to the Index Rate can be found in Exhibit P: Plan Adjusted Index Rate and Consumer Adjusted Premium Rates.

These factors are developed using WellPoint's benefit relativity factor model, which is a modified Milliman model. The program allows induced utilization to be turned off and the DFS' recommended induced utilization amounts were used.

23. Membership Projections

Membership projections in Worksheet 2 of the Unified Rate Review Template are developed using a population movement model plus adjustments for sales expectations. This model projects the membership in the projection period by taking into account:

- Uninsured to Individual as a result of subsidized coverage and individual mandate
- Individual and Uninsured to Medicaid as a result of expanded Medicaid eligibility

The plan distribution is based on assumed metal tier and network distributions. Some 2014 preliminary enrollment information has been considered in projecting membership distributions.

The projected morbidity changes shown in Exhibit D: Projection Period Adjustments include expected morbidity changes due to population movement.

Cost share reduction subsidies will be available on silver level plans. Empire ran projections to estimate enrollment by income level in each of the plans. Projected enrollment by plan and subsidy level can be found in Exhibit S: Membership Projections for Cost-Sharing Reductions.

24. Warning Alerts

There are no warning alerts indicated on Worksheet 2 of the Unified Rate Review Template.

25. Terminated Products

The list of terminated plans is shown in Exhibit Q: Terminated Plans.

26. Plan Type

Plan types in Worksheet 2, Section I of the URRT adequately describe Empire's plans.

27. Reliance

In support of this rate development, various data and analyses were provided by other members of Empire's internal actuarial staff, including data and analysis related to cost of care, valuation, and pricing. I have reviewed these data and analyses for reasonableness and consistency. I have also relied on [redacted] to provide the actuarial certification for the Unique Plan Design Supporting Documentation and Justification for plans included in this filing.

28. Actuarial Certification

I, [redacted], am an actuary for Empire. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I hereby certify that the following statements are true to the best of my knowledge with regards to this filing:

(1) The filing is in compliance with all applicable laws and regulations of the State of New York;

(2) 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
- ASOP No. 41, Actuarial Communications

(3) The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York;

(4) The benefits are reasonable in relation to the premiums charged; and

(5) The rates are not unfairly discriminatory.

[redacted]

[redacted]

June 13, 2014

Date

Exhibit A - Base Rate Development

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

		Paid Claims	
1)	Experience Period Cost PMPM	$ 437.53	Exhibit B
2)	x Normalization Factor	0.8318	Exhibit C
3)	= Normalized Claims	$ 363.94	= (1) x (2)
4)	x Benefit Changes	0.9751	Exhibit D
5)	x Morbidity Changes	1.0540	Exhibit D
6)	x Trend Factor	1.2388	Exhibit D
7)	x Other Cost of Care Impacts	0.9842	Exhibit D
8)	= Projected Claim Cost	$ 456.04	= (3) x (4) x (5) x (6) x (7)
9)	+ Other Claim Adjustments	$ (10.29)	Exhibit E
10)	= Claims Projected to Projection Period	$ 445.75	= (8) + (9)
11)	+ Risk Adjustment and Reinsurance - Contributions and Payments	$ (51.25)	Exhibit F
12)	+ Non-Benefit Expenses and Profit & Risk {1}	$ 77.32	Exhibit G
13)	= Required Premium in Projection Period	$ 471.82	= (10) + (11) + (12)
14)	x Average Contract Size Factor in Projection Period	1.5517	Exhibit H
15)	÷ Average Rating Factors (Rating Tier/Area/Plan) in Projection Period	1.3513	Exhibit H
16)	= Required Base Rate (Average Plan Level)	$ 541.79	= (13) x (14) ÷ (15)
17)	Benefit Relativity Re-Alignment	1.0013	
18)	Projected Loss Ratio (Conventional Basis)	87.3%	

NOTES:

{1} Equivalent to PMPM expenses on Exhibit G + % of premium expenses on Exhibit G applied to Required Premium (Row 13 above).

{2} Projected Loss Ratio (Row 18 above) = (Row 10 above + Row 11 above + Regulation 146 Adjustment from Other Claims Adjustment Exhibit)/Row 13 above

Exhibit B - Claims Experience for Manual Rate Development

Empire Healthchoice HMO
Individual

Incurred January 1, 2013 through December 31, 2013
Paid through March 31, 2014

PAID CLAIMS:										
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM
$ 140,885,187	$ 32,338,863	$ 1,980,441	$ 11,719	$ 142,865,628	$ 32,350,582	$ 1,376,334	$ 176,592,544	403,610	**$ 437.53**

ALLOWED CLAIMS:									
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM
$ 177,878,503	$ 40,986,425	$ 2,500,461	$ 14,853	$ 180,378,964	$ 41,001,278	$ 1,376,334	$ 222,756,576	403,610	**$ 551.91**

Exhibit C - Normalization Factors

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

	Average Claim Factors		
	Experience Period Population	Future Population	Normalization Factor
Age/Gender	1.1084	1.2381	1.1170
Area/Network	1.0000	0.8244	0.8244
Benefit Plan	0.9173	0.8286	0.9033
Total			**0.8318**

Exhibit D - Projection Period Adjustments

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Impact of Changes Between Experience Period and Projection Period:		
		Adjustment Factor
Benefit changes		
	Preventive Rx (over the counter)	1.0001
	Rx Adjustments {1}	0.9750
	Total Benefit Changes	0.9751
Morbidity changes		
	Total Morbidity Changes	1.0540
Cost of care impacts		
	Annual Medical/Rx Trend Rate	11.30%
	# Months of Projection	24
	Trend Factor	1.2388
	Refined plan normalization	0.9671
	Induced Demand for CSR	1.0138
	Grace Period	1.0038
	Total other Impacts	0.9842

NOTES:

different tiers

Exhibit E - Other Claim Adjustments

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Adjustments to projection period claims to reflect covered benefits not included in experience period data:

	PMPM
Rx Rebates	($7.90)
Pediatric Dental	$0.96
Pediatric Vision	$0.38
Gym Membership	$0.99
Dependent to Age 29	$0.39
Skilled Nursing Facility	$0.11
Covered Lives Assessment	$12.02
Regulation 146 Adjustment	($17.24)
Total	($10.29)

NOTES:

Adjustments above reflect ONLY additional costs beyond those already captured in line Item 8 of Exhibit A.

Exhibit F - Risk Adjustment and Reinsurance - Contributions and Payments

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Risk Adjustment:

PMPM	User Fee	Net Transfer
Federal Program	$0.08	($18.24)

Reinsurance:

PMPM	Contributions Made	Expected Receipts	
Federal Program	$3.67	($36.76)	*Small Group Plans contribute funds but only Individual Plans are eligible to receive payments*

Source:
HHS estimates a national per capita contribution rate of $3.67 per month ($44 per year) in benefit year 2015 (per Payment Parameter Rule).

Grand Total of All Risk Mitigation Programs	($51.25)

Exhibit G - Non-Benefit Expenses and Profit & Risk

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

	Expenses Applied As a PMPM Cost	Expenses Applied as a % of Premium	Expressed as a PMPM {1}
Administrative Expenses			
Administrative Costs	$24.68		
Quality Improvement Expense	$4.65		
Selling Expense	$5.27		
Specialty Expenses	$0.22		
New York State 332 assessment expenses (% prem)		0.49%	
Total Administrative Expenses	**$34.82**	**0.49%**	$37.13
Taxes and Fees			
PCORI Fee	$0.18		
ACA Insurer Fee		3.48%	
Premium Tax		2.00%	
MLR-Deductible Federal/State Income Taxes {2}		1.08%	
Total Taxes and Fees	**$0.18**	**6.56%**	$31.13
Profit and Risk {3}		1.92%	$9.06
Total Non-Benefit Expenses, Profit, and Risk	**$35.00**	**8.97%**	**$77.32**

NOTES:

{1} The sum of the rounded percentages shown may not equal the total at the bottom of the table due to rounding.

{2} Includes only those income taxes which are deductible from the MLR denominator; in particular, Federal income taxes on investment income are excluded.

{3} Profit shown here is post-tax profit, net of those federal and state income taxes which are deductible from the MLR denominator.

Exhibit H - Calibration

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Average 2015 rating factors for 2015 population:	
	Calibration Factors
Average Contract Size	1.5517
Contract Type	1.3703
Area	0.9861
Benefit Plan	1.0000
Total (Contract Type x Area x Benefit Plan) =	1.3513
Calibration Factor	0.8709

NOTES:

See Line Items 14 and 15 on Exhibit A.

The base rate is developed by dividing the required premium in the projection period by the calibration factor shown above.

Exhibit I - Contract Type Factors

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Contract Type	Contract Type Factor
Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Family	2.85

NOTES:

The Child only rate is 0.412 of the Single rate for 1 child; 2 x 0.412 of the Single rate for 2 children; and 3 x 0.412 of the Single rate for 3 or more children.

Exhibit J - Development of Conversion Factor

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Contract Type	Projected Contract Distribution	a) Prescribed Premium Relativity	b) Average Contract Size	c) Conversion Factor: (b) ÷ (a)
Single	70%	1.00	1.00	
Single + Spouse	15%	2.00	2.00	
Single + Child(ren)	4%	1.70	2.60	
Child Only	1%	0.41	1.00	
Family	11%	2.85	4.17	
All Contracts	100%	1.3703	1.5517	1.1324

Exhibit K - Non-Grandfathered Benefit Plan Factors and Rate Increases

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

HIOS Plan Name	2015 HIOS Plan ID	On/Off Exchange	Metal Level	Benefit Plan Factor	Network Name	Area(s) Offered	2014 HIOS Plan ID Mapping	Plan Specific Rate Increase* (excluding aging)
Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental, Dep 30	80519NY0160137	On	Catastrophic	0.3979	NY IND:-:Pathway X Enhanced	01,07	80519NY0160015	17.10%
Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental, Dep 30	80519NY0160138	On	Catastrophic	0.3979	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160016	17.10%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160175	On	Bronze	0.7749	NY IND:-:Pathway X Enhanced	01,07	80519NY0160005	15.58%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160176	On	Bronze	0.7749	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160006	15.58%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160143	On	Bronze	0.8059	NY IND:-:Pathway X Enhanced	01,07	80519NY0160021	15.58%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160144	On	Bronze	0.8059	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160022	15.58%
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 25	80519NY0160125	On	Bronze	0.8144	NY IND:-:Pathway X Enhanced	01,07	80519NY0160001	18.42%
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 25	80519NY0160126	On	Bronze	0.8144	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160002	18.42%
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 29	80519NY0160139	On	Bronze	0.8470	NY IND:-:Pathway X Enhanced	01,07	80519NY0160017	18.42%
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 29	80519NY0160140	On	Bronze	0.8470	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160018	18.42%
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160154	On	Bronze	0.3355	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160034	18.42%
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160153	On	Bronze	0.3355	NY IND:-:Pathway X Enhanced	01,07	80519NY0160033	18.42%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160127	On	Bronze	0.7685	NY IND:-:Pathway X Enhanced	01,07	80519NY0160003	17.04%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160128	On	Bronze	0.7685	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160004	17.04%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160141	On	Bronze	0.7993	NY IND:-:Pathway X Enhanced	01,07	80519NY0160019	17.04%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160142	On	Bronze	0.7993	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160020	17.04%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160132	On	Silver	0.9234	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160010	18.42%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160131	On	Silver	0.9234	NY IND:-:Pathway X Enhanced	01,07	80519NY0160009	18.42%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160148	On	Silver	0.9603	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160026	18.42%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160147	On	Silver	0.9603	NY IND:-:Pathway X Enhanced	01,07	80519NY0160025	18.42%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160161	On	Silver	0.9017	NY IND:-:Pathway X Enhanced	01,07	80519NY0160095	18.35%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160162	On	Silver	0.9017	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160099	18.35%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160163	On	Silver	0.9378	NY IND:-:Pathway X Enhanced	01,07	80519NY0160097	18.35%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160164	On	Silver	0.9378	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160101	18.35%
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	80519NY0160130	On	Silver	0.9482	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160008	18.42%
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	80519NY0160129	On	Silver	0.9482	NY IND:-:Pathway X Enhanced	01,07	80519NY0160007	18.42%
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	80519NY0160146	On	Silver	0.9862	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160024	18.42%
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	80519NY0160145	On	Silver	0.9862	NY IND:-:Pathway X Enhanced	01,07	80519NY0160023	18.42%
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160156	On	Silver	0.3907	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160040	18.42%
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160155	On	Silver	0.3907	NY IND:-:Pathway X Enhanced	01,07	80519NY0160039	18.42%
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	80519NY0160134	On	Gold	1.1308	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160012	18.41%
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	80519NY0160133	On	Gold	1.1308	NY IND:-:Pathway X Enhanced	01,07	80519NY0160011	18.41%
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	80519NY0160150	On	Gold	1.1761	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160028	18.41%
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	80519NY0160149	On	Gold	1.1761	NY IND:-:Pathway X Enhanced	01,07	80519NY0160027	18.41%
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160158	On	Gold	0.4659	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160044	18.41%
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160157	On	Gold	0.4659	NY IND:-:Pathway X Enhanced	01,07	80519NY0160043	18.41%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	80519NY0160165	On	Gold	1.1214	NY IND:-:Pathway X Enhanced	01,07	80519NY0160103	18.52%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	80519NY0160166	On	Gold	1.1214	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160107	18.52%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	80519NY0160167	On	Gold	1.1663	NY IND:-:Pathway X Enhanced	01,07	80519NY0160105	18.52%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	80519NY0160168	On	Gold	1.1663	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160109	18.52%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	80519NY0160170	On	Platinum	1.3249	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160115	17.94%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	80519NY0160169	On	Platinum	1.3249	NY IND:-:Pathway X Enhanced	01,07	80519NY0160111	17.94%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	80519NY0160172	On	Platinum	1.3779	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160117	17.94%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	80519NY0160171	On	Platinum	1.3779	NY IND:-:Pathway X Enhanced	01,07	80519NY0160113	17.94%
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	80519NY0160136	On	Platinum	1.3411	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160014	18.41%

Exhibit K - Non-Grandfathered Benefit Plan Factors and Rate Increases

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

HIOS Plan Name	2015 HIOS Plan ID	On/Off Exchange	Metal Level	Benefit Plan Factor	Network Name	Area(s) Offered	2014 HIOS Plan ID Mapping	Plan Specific Rate Increase* (excluding aging)
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	80519NY0160135	On	Platinum	1.3411	NY IND:-:Pathway X Enhanced	01,07	80519NY0160013	18.41%
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	80519NY0160152	On	Platinum	1.3947	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160030	18.41%
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	80519NY0160151	On	Platinum	1.3947	NY IND:-:Pathway X Enhanced	01,07	80519NY0160029	18.41%
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160160	On	Platinum	0.5525	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0160046	18.41%
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160159	On	Platinum	0.5525	NY IND:-:Pathway X Enhanced	01,07	80519NY0160045	18.41%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180131	Off	Bronze	0.7755	NY IND:-:Pathway Enhanced	01,07	80519NY0180003	15.58%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180132	Off	Bronze	0.7755	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180004	15.58%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180143	Off	Bronze	0.8065	NY IND:-:Pathway Enhanced	01,07	80519NY0180015	15.58%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180144	Off	Bronze	0.8065	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180016	15.58%
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180167	Off	Bronze	0.3336	NY IND:-:Pathway Enhanced	01,07	80519NY0180085	17.66%
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180168	Off	Bronze	0.3336	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180086	17.66%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180127	Off	Bronze	0.7691	NY IND:-:Pathway Enhanced	01,07	80519NY0180001	17.04%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180128	Off	Bronze	0.7691	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180002	17.04%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180139	Off	Bronze	0.7998	NY IND:-:Pathway Enhanced	01,07	80519NY0180013	17.04%
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180140	Off	Bronze	0.7998	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180014	17.04%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180136	Off	Silver	0.9240	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180006	18.42%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180135	Off	Silver	0.9240	NY IND:-:Pathway Enhanced	01,07	80519NY0180005	18.42%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180148	Off	Silver	0.9610	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180018	18.42%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180147	Off	Silver	0.9610	NY IND:-:Pathway Enhanced	01,07	80519NY0180017	18.42%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180172	Off	Silver	0.9024	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180093	18.35%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180171	Off	Silver	0.9024	NY IND:-:Pathway Enhanced	01,07	80519NY0180089	18.35%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180176	Off	Silver	0.9385	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180095	18.35%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180175	Off	Silver	0.9385	NY IND:-:Pathway Enhanced	01,07	80519NY0180091	18.35%
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180164	Off	Silver	0.3909	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180042	18.39%
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180163	Off	Silver	0.3909	NY IND:-:Pathway Enhanced	01,07	80519NY0180041	18.39%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180182	Off	Gold	1.1201	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180101	18.29%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180181	Off	Gold	1.1201	NY IND:-:Pathway Enhanced	01,07	80519NY0180097	18.29%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180184	Off	Gold	1.1649	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180103	18.29%
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180183	Off	Gold	1.1649	NY IND:-:Pathway Enhanced	01,07	80519NY0180099	18.29%
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180152	Off	Gold	0.4662	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180036	18.41%
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180151	Off	Gold	0.4662	NY IND:-:Pathway Enhanced	01,07	80519NY0180035	18.41%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180188	Off	Platinum	1.3258	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180109	17.94%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180187	Off	Platinum	1.3258	NY IND:-:Pathway Enhanced	01,07	80519NY0180105	17.94%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180200	Off	Platinum	1.3788	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180111	17.94%
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180199	Off	Platinum	1.3788	NY IND:-:Pathway Enhanced	01,07	80519NY0180107	17.94%
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180156	Off	Platinum	0.5523	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180038	18.27%
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180155	Off	Platinum	0.5523	NY IND:-:Pathway Enhanced	01,07	80519NY0180037	18.27%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	80519NY0180190	Off	Platinum	1.4810	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180114	18.41%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	80519NY0180189	Off	Platinum	1.4810	NY IND:-:Pathway Enhanced	01,07	80519NY0180113	18.41%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	80519NY0180192	Off	Platinum	1.5403	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180116	18.41%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	80519NY0180191	Off	Platinum	1.5403	NY IND:-:Pathway Enhanced	01,07	80519NY0180115	18.41%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	80519NY0180194	Off	Platinum	1.4821	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180114	18.41%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	80519NY0180193	Off	Platinum	1.4821	NY IND:-:Pathway Enhanced	01,07	80519NY0180113	18.41%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	80519NY0180196	Off	Platinum	1.5413	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180116	18.41%
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	80519NY0180195	Off	Platinum	1.5413	NY IND:-:Pathway Enhanced	01,07	80519NY0180115	18.41%

Exhibit K - Non-Grandfathered Benefit Plan Factors and Rate Increases

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

HIOS Plan Name	2015 HIOS Plan ID	On/Off Exchange	Metal Level	Benefit Plan Factor	Network Name	Area(s) Offered	2014 HIOS Plan ID Mapping	Plan Specific Rate Increase* (excluding aging)
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21	80519NY0180158	Off	Platinum	0.6103	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180040	17.99%
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21	80519NY0180157	Off	Platinum	0.6103	NY IND:-:Pathway Enhanced	01,07	80519NY0180039	17.99%
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21, SNF	80519NY0180160	Off	Platinum	0.6106	NY IND:-:Pathway Enhanced	01,03,04,08	80519NY0180040	17.97%
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21, SNF	80519NY0180159	Off	Platinum	0.6106	NY IND:-:Pathway Enhanced	01,07	80519NY0180039	17.97%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	80519NY0330019	On	Silver	0.9195	NY IND:-:Pathway X Enhanced	01,07	80519NY0330004	12.69%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	80519NY0330016	On	Silver	0.9195	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0330003	12.69%
Empire Blue Cross Silver GuidedAccess w/dep age 29, a Multi-State Plan	80519NY0330012	On	Silver	0.9563	NY IND:-:Pathway X Enhanced	01,07	80519NY0330012	12.69%
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	80519NY0330020	On	Silver	0.9563	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0330011	12.69%
Empire Blue Cross Gold Guided Access, a Multi-State Plan	80519NY0330017	On	Gold	1.1266	NY IND:-:Pathway X Enhanced	01,07	80519NY0330006	12.64%
Empire Blue Cross Gold Guided Access, a Multi-State Plan	80519NY0330018	On	Gold	1.1266	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0330005	12.64%
Empire Blue Cross Gold Guided Access w/ Dep Age 29, a Multi-State Plan	80519NY0330021	On	Gold	1.1717	NY IND:-:Pathway X Enhanced	01,07	80519NY0330014	12.64%
Empire Blue Cross Gold Guided Access w/ Dep Age 29, a Multi-State Plan	80519NY0330022	On	Gold	1.1717	NY IND:-:Pathway X Enhanced	01,03,04,08	80519NY0330013	12.64%

NOTES:

Benefit Plan Factors above reflect plan by plan differences from the index rate for allowable adjustments as described in detail in the Market Reform and Payment Parameters Regulations and illustrated in Exhibit P. The weighted average of these adjustments for the entire risk pool included in this rate filing is detailed in Exhibit H.

*Plan level increases in rates do not include demographic changes in the population.

Exhibit L - Area Factors

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Rating Area Description	Area Rating Factor
Albany	0.9418
Mid-Hudson	1.1108
New York City	1.0115
Upstate	1.4991
Long Island	0.9310

NOTES:

{1} The weighted average of these factors for the entire risk pool included in this rate filing is shown in Exhibit H.

Exhibit M - Sample Rate Calculation

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Name:	**John Doe**
Effective Date:	**1/1/2015**
On/Off Exchange:	**On**
Metal Level:	**Silver**
Plan ID:	**80519NY0160132**
Rating Area:	**01**

Calculation of Monthly Premium:

Base Rate =	$	541.79	Exhibit
x Benefit Plan Factor		0.9234	Exhibit
x Area Factor		0.9418	Exhibit
Base Rate Adjusted for Plan/Area =	$	471.17	

Final Monthly Premium PMPM:

Contract Type	Contract Type Factor (Exhibit I)		Monthly Rate
Single	1.00	$	471.17
Single + Spouse	2.00	$	942.34
Single + Child(ren)	1.70	$	800.99
Single + Spouse + Child(ren)	2.85	$	1,342.83

NOTE:

{1} Minor rate variances may occur due to differences in rounding methodology.

Exhibit N - Federal MLR Estimated Calculation

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Numerator:			
Incurred Claims	$	445.75	Exhibit A
+ Quality Improvement Expense	$	4.65	Exhibit G
+ Risk Corridor Contributions	$	-	
+ Risk Adjustment Net Transfer	$	(18.24)	Exhibit F
+ Reinsurance Receipts	$	(36.76)	Exhibit F
+ Risk Corridor Receipts	$	-	
- Regulation 146 Adjustment		($17.24)	Exhibit E
+ Reduction to Rx Incurred Claims (ACA MLR)	$	(6.91)	{5}
= *Estimated* Federal MLR Numerator	$	405.73	
Denominator:			
Premiums	$	471.82	Exhibit A
- Federal and State Taxes	$	5.10	Exhibit A (Line 13) x Exhibit G (Income Taxes)
- Premium Taxes	$	9.44	Exhibit A (Line 13) x Exhibit G (Premium Tax)
- Risk Adjustment User Fee	$	0.08	Exhibit F
- Reinsurance Contributions	$	3.67	Exhibit F
- Licensing and Regulatory Fees	$	16.60	Exhibit A (Line 13) x Exhibit G (Fees)
= *Estimated* Federal MLR Denominator	$	436.93	
***Estimated* Federal MLR**		**92.86%**	

NOTES:

The above calculation is purely an estimate and not meant to be compared to the minimum MLR benchmark for federal/state MLR rebate purposes:

{1} The above calculation represents only the products in this filing. Federal MLR will be calculated at the legal entity and market level.

{2} Not all numerator/denominator components are captured above (for example, fraud and prevention program costs, payroll taxes, assessments for state high risk pools etc.).

{3} Other adjustments may also be applied within the federal MLR calculation such as 3-year averaging, new business, credibility, deductible and dual option. These are ignored in the above calculation.

{4} Licensing and Regulatory Fees include ACA-related fees as allowed under the MLR Final Rule.

Exhibit O - Market Adjusted Index Rate Development

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

1)	Projected Paid Claim Cost	$	456.04	Exhibit A, Line Item 8
2)	- Non-EHBs Embedded in Line Item 1) Above	$	1.00	
3)	= Projected Paid Claims, Excluding ALL Non-EHBs	$	455.04	
4)	+ Rx Rebates	$	(7.90)	Exhibit E
5)	+ Additional EHBs {1}	$	2.33	Exhibit E
6)	= Projected Paid Claims Reflecting only EHBs	$	449.47	
7)	÷ Paid to Allowed Ratio		0.7688	
8)	= Projected Allowed Claims Reflecting only EHBs	**$**	**584.64**	**= Index Rate**
9)	Reinsurance Contribution	$	3.67	Exhibit F
10)	Expected Reinsurance Payments	$	(36.76)	Exhibit F
11)	Risk Adjustment Fee	$	0.08	Exhibit F
12)	Risk Adjustment Net Transfer	$	(18.24)	Exhibit F
13)	Exchange Fee	$	-	
14)	**Market Adjusted Index Rate**	$	517.98	= [(6) + (9) + (10) + (11) + (12) + (13)] ÷ (7)

NOTE:

{1} Pediatric Dental and Pediatric Vision

{2} The Market Adjusted Index Rate is the same for all plans in the single risk pool

Exhibit P - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit O)	Cost Sharing Adjustment	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs	Plan Adjusted Index Rate {2}	Calibration Factor {3}	Consumer Adjusted Premium Rate {4}
Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental, Dep 30	80519NY0160137	$517.98	0.5905	1.0000	0.9993	0.5320	$27.78	$190.37	0.8709	$218.60
Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental, Dep 30	80519NY0160138	$517.98	0.5905	1.0000	0.9993	0.5320	$27.78	$190.37	0.8709	$218.60
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160175	$517.98	0.5827	1.0000	0.9998	1.0123	$65.27	$370.76	0.8709	$425.75
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160176	$517.98	0.5827	1.0000	0.9998	1.0123	$65.27	$370.76	0.8709	$425.75
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160143	$517.98	0.5827	1.0000	1.0372	1.0123	$68.68	$385.59	0.8709	$442.78
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160144	$517.98	0.5827	1.0000	1.0372	1.0123	$68.68	$385.59	0.8709	$442.78
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 25	80519NY0160125	$517.98	0.6120	1.0000	0.9980	1.0123	$69.44	$389.68	0.8709	$447.47
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 25	80519NY0160126	$517.98	0.6120	1.0000	0.9980	1.0123	$69.44	$389.68	0.8709	$447.47
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 29	80519NY0160139	$517.98	0.6120	1.0000	1.0353	1.0123	$73.05	$405.27	0.8709	$465.37
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 29	80519NY0160140	$517.98	0.6120	1.0000	1.0353	1.0123	$73.05	$405.27	0.8709	$465.37
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160154	$517.98	0.2384	1.0000	1.0550	1.0123	$28.69	$160.55	0.8709	$184.35
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160153	$517.98	0.2384	1.0000	1.0550	1.0123	$28.69	$160.55	0.8709	$184.35
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160127	$517.98	0.5788	1.0000	1.0001	1.0123	$64.18	$367.72	0.8709	$422.25
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	80519NY0160128	$517.98	0.5788	1.0000	1.0372	1.0123	$52.91	$367.72	0.8709	$422.25
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160141	$517.98	0.5788	1.0000	0.9980	1.0123	$79.53	$382.43	0.8709	$439.14
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	80519NY0160142	$517.98	0.5788	1.0000	0.9980	1.0123	$79.53	$382.43	0.8709	$439.14
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160132	$517.98	0.6850	1.0000	1.0353	1.0123	$69.90	$441.79	0.8709	$507.30
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160131	$517.98	0.6850	1.0000	1.0353	1.0123	$69.90	$441.79	0.8709	$507.30
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160148	$517.98	0.6850	1.0000	1.0550	1.0123	$80.51	$459.46	0.8709	$527.60
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160147	$517.98	0.6850	1.0000	1.0550	1.0123	$80.51	$459.46	0.8709	$527.60
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160161	$517.98	0.7107	1.0000	1.0001	1.0123	$58.77	$431.45	0.8709	$495.43
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	80519NY0160162	$517.98	0.7107	1.0000	1.0001	1.0123	$58.77	$431.45	0.8709	$495.43
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160163	$517.98	0.7107	1.0000	1.0375	1.0123	$62.09	$448.71	0.8709	$515.25
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	80519NY0160164	$517.98	0.7107	1.0000	1.0375	1.0123	$62.09	$448.71	0.8709	$515.25
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	80519NY0160130	$517.98	0.7479	1.0000	0.9941	1.0123	$63.85	$453.70	0.8709	$520.98
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	80519NY0160129	$517.98	0.7479	1.0000	0.9941	1.0123	$63.85	$453.70	0.8709	$520.98
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	80519NY0160146	$517.98	0.7479	1.0000	1.0313	1.0123	$67.41	$471.84	0.8709	$541.82
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	80519NY0160145	$517.98	0.7479	1.0000	1.0313	1.0123	$67.41	$471.84	0.8709	$541.82
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160156	$517.98	0.2943	1.0000	0.9929	1.0123	$33.68	$186.93	0.8709	$214.65
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160155	$517.98	0.2943	1.0000	0.9929	1.0123	$33.68	$186.93	0.8709	$214.65
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	80519NY0160134	$517.98	0.8792	1.0000	1.0301	1.0123	$66.19	$541.06	0.8709	$621.30
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	80519NY0160133	$517.98	0.8792	1.0000	1.0301	1.0123	$66.19	$541.06	0.8709	$621.30
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	80519NY0160150	$517.98	0.8792	1.0000	0.9914	1.0123	$105.67	$562.70	0.8709	$646.15
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	80519NY0160149	$517.98	0.8792	1.0000	0.9914	1.0123	$105.67	$562.70	0.8709	$646.15
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160158	$517.98	0.3483	1.0000	1.0285	1.0123	$35.08	$222.91	0.8709	$255.97
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160157	$517.98	0.3483	1.0000	1.0285	1.0123	$35.08	$222.91	0.8709	$255.97
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	80519NY0160165	$517.98	0.8294	1.0000	1.0372	1.0123	$85.48	$536.56	0.8709	$616.14
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	80519NY0160166	$517.98	0.8294	1.0000	1.0372	1.0123	$85.48	$536.56	0.8709	$616.14
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	80519NY0160167	$517.98	0.8294	1.0000	0.9869	1.0123	$128.80	$558.03	0.8709	$640.78
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	80519NY0160168	$517.98	0.8294	1.0000	0.9869	1.0123	$128.80	$558.03	0.8709	$640.78
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	80519NY0160170	$517.98	0.9846	1.0000	1.0238	1.0123	$105.30	$633.89	0.8709	$727.90
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	80519NY0160169	$517.98	0.9846	1.0000	1.0238	1.0123	$105.30	$633.89	0.8709	$727.90
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	80519NY0160172	$517.98	0.9846	1.0000	1.0255	1.0123	$129.80	$659.25	0.8709	$757.01
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	80519NY0160171	$517.98	0.9846	1.0000	1.0255	1.0123	$129.80	$659.25	0.8709	$757.01
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	80519NY0160136	$517.98	1.0277	1.0000	0.9885	1.0123	$109.01	$641.65	0.8709	$736.81
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	80519NY0160135	$517.98	1.0277	1.0000	0.9885	1.0123	$109.01	$641.65	0.8709	$736.81
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	80519NY0160152	$517.98	1.0277	1.0000	1.0254	1.0123	$114.76	$667.32	0.8709	$766.28
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	80519NY0160151	$517.98	1.0277	1.0000	1.0254	1.0123	$114.76	$667.32	0.8709	$766.28
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160160	$517.98	0.4093	1.0000	0.9842	1.0123	$53.12	$264.37	0.8709	$303.58
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21	80519NY0160159	$517.98	0.4093	1.0000	0.9842	1.0123	$53.12	$264.37	0.8709	$303.58
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180131	$517.98	0.5827	1.0000	1.0210	1.0123	$59.04	$371.02	0.8709	$426.05
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180132	$517.98	0.5827	1.0000	1.0210	1.0123	$59.04	$371.02	0.8709	$426.05

Exhibit P - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit O)	Cost Sharing Adjustment	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs	Plan Adjusted Index Rate {2}	Calibration Factor {3}	Consumer Adjusted Premium Rate {4}
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180143	$517.98	0.5827	1.0000	0.9833	1.0123	$85.42	$385.86	0.8709	$443.09
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180144	$517.98	0.5827	1.0000	0.9833	1.0123	$85.42	$385.86	0.8709	$443.09
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180167	$517.98	0.2367	1.0000	1.0005	1.0123	$35.45	$159.62	0.8709	$183.30
Empire HMO 3000 for HSA, Bronze, Child Only, ST, INN, Pediatric Dental, Dep 21, SNF	80519NY0180168	$517.98	0.2367	1.0000	1.0005	1.0123	$35.45	$159.62	0.8709	$183.30
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180127	$517.98	0.5788	1.0000	1.0379	1.0123	$52.96	$367.97	0.8709	$422.55
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180128	$517.98	0.5788	1.0000	1.0379	1.0123	$52.96	$367.97	0.8709	$422.55
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180139	$517.98	0.5788	1.0000	0.9987	1.0123	$79.58	$382.69	0.8709	$439.45
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180140	$517.98	0.5788	1.0000	0.9987	1.0123	$79.58	$382.69	0.8709	$439.45
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180136	$517.98	0.6850	1.0000	1.0360	1.0123	$69.96	$442.10	0.8709	$507.66
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180135	$517.98	0.6850	1.0000	1.0360	1.0123	$69.96	$442.10	0.8709	$507.66
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180148	$517.98	0.6850	1.0000	1.0564	1.0123	$80.32	$459.78	0.8709	$527.97
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180147	$517.98	0.6850	1.0000	1.0564	1.0123	$80.32	$459.78	0.8709	$527.97
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180172	$517.98	0.7107	1.0000	1.0008	1.0123	$58.82	$431.75	0.8709	$495.78
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180171	$517.98	0.7107	1.0000	1.0008	1.0123	$58.82	$431.75	0.8709	$495.78
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180176	$517.98	0.7107	1.0000	1.0382	1.0123	$62.15	$449.02	0.8709	$515.61
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180175	$517.98	0.7107	1.0000	1.0382	1.0123	$62.15	$449.02	0.8709	$515.61
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21, SNI	80519NY0180164	$517.98	0.2943	1.0000	0.9936	1.0123	$33.70	$187.01	0.8709	$214.75
Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, Dep 21, SNI	80519NY0180163	$517.98	0.2943	1.0000	0.9936	1.0123	$33.70	$187.01	0.8709	$214.75
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180182	$517.98	0.8294	1.0000	1.0308	1.0123	$87.62	$535.91	0.8709	$615.38
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180181	$517.98	0.8294	1.0000	1.0308	1.0123	$87.62	$535.91	0.8709	$615.38
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180184	$517.98	0.8294	1.0000	0.9921	1.0123	$125.89	$557.34	0.8709	$640.00
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180183	$517.98	0.8294	1.0000	0.9921	1.0123	$125.89	$557.34	0.8709	$640.00
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21, SNI	80519NY0180152	$517.98	0.3483	1.0000	0.9891	1.0123	$42.42	$223.07	0.8709	$256.15
Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, Dep 21, SNI	80519NY0180151	$517.98	0.3483	1.0000	0.9891	1.0123	$42.42	$223.07	0.8709	$256.15
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180188	$517.98	0.9846	1.0000	1.0261	1.0123	$104.57	$634.33	0.8709	$728.41
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	80519NY0180187	$517.98	0.9846	1.0000	1.0261	1.0123	$104.57	$634.33	0.8709	$728.41
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180200	$517.98	0.9846	1.0000	0.9876	1.0123	$149.81	$659.71	0.8709	$757.54
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	80519NY0180199	$517.98	0.9846	1.0000	0.9876	1.0123	$149.81	$659.71	0.8709	$757.54
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21, SNI	80519NY0180156	$517.98	0.4088	1.0000	0.9849	1.0123	$53.11	$264.24	0.8709	$303.43
Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, Dep 21, SNI	80519NY0180155	$517.98	0.4088	1.0000	0.9849	1.0123	$53.11	$264.24	0.8709	$303.43
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	80519NY0180190	$517.98	1.0277	1.0000	1.0217	1.0123	$158.04	$708.61	0.8709	$813.69
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	80519NY0180189	$517.98	1.0277	1.0000	1.0217	1.0123	$158.04	$708.61	0.8709	$813.69
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	80519NY0180192	$517.98	1.0277	1.0000	0.9840	1.0123	$206.73	$736.95	0.8709	$846.24
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	80519NY0180191	$517.98	1.0277	1.0000	0.9840	1.0123	$206.73	$736.95	0.8709	$846.24
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	80519NY0180194	$517.98	1.0277	1.0000	1.0207	1.0123	$159.06	$709.10	0.8709	$814.26
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	80519NY0180193	$517.98	1.0277	1.0000	1.0207	1.0123	$159.06	$709.10	0.8709	$814.26
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	80519NY0180196	$517.98	1.0277	1.0000	1.0168	1.0123	$189.57	$737.47	0.8709	$846.83
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	80519NY0180195	$517.98	1.0277	1.0000	1.0168	1.0123	$189.57	$737.47	0.8709	$846.83
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21	80519NY0180158	$517.98	0.4078	1.0000	0.9833	1.0123	$81.74	$291.99	0.8709	$335.29
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21	80519NY0180157	$517.98	0.4078	1.0000	0.9833	1.0123	$81.74	$291.99	0.8709	$335.29
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21, SNI	80519NY0180160	$517.98	0.4077	1.0000	1.0201	1.0123	$74.08	$292.16	0.8709	$335.49
Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, Dep 21, SNI	80519NY0180159	$517.98	0.4077	1.0000	1.0201	1.0123	$74.08	$292.16	0.8709	$335.49
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plar	80519NY0330019	$517.98	0.7125	1.0000	0.9840	1.0123	$72.33	$439.93	0.8709	$505.18
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plar	80519NY0330016	$517.98	0.7125	1.0000	0.9840	1.0123	$72.33	$439.93	0.8709	$505.18
Empire Blue Cross Silver GuidedAccess w/dep age 29, a Multi-State Plan	80519NY0330012	$517.98	0.7125	1.0000	1.0207	1.0123	$76.19	$457.53	0.8709	$525.38
Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plar	80519NY0330020	$517.98	0.7125	1.0000	1.0207	1.0123	$76.19	$457.53	0.8709	$525.38
Empire Blue Cross Gold Guided Access, a Multi-State Plan	80519NY0330017	$517.98	0.8306	1.0000	1.0162	1.0123	$96.43	$539.03	0.8709	$618.97
Empire Blue Cross Gold Guided Access, a Multi-State Plan	80519NY0330018	$517.98	0.8306	1.0000	1.0162	1.0123	$96.43	$539.03	0.8709	$618.97
Empire Blue Cross Gold Guided Access w/ Dep Age 29, a Multi-State Plan	80519NY0330021	$517.98	0.8306	1.0000	1.0169	1.0123	$117.68	$560.59	0.8709	$643.73
Empire Blue Cross Gold Guided Access w/ Dep Age 29, a Multi-State Plan	80519NY0330022	$517.98	0.8306	1.0000	1.0169	1.0123	$117.68	$560.59	0.8709	$643.73

Notes:

Exhibit P - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit O)	Cost Sharing Adjustment	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs	Plan Adjusted Index Rate {2}	Calibration Factor {3}	Consumer Adjusted Premium Rate {4}

{1} This adjustment assumes a healthier than average population will select the catastrophic plan. The catastrophic adjustment factor is normalized to 1.0 across all plans for revenue neutrality across the entire block.

{2} The Plan Adjusted Index Rate is calculated by multiplying the Market Adjusted Index Rate by the AV and cost sharing, provider network, benefits in addition to the EHBs, and catastrophic plan adjustments and then adding the administrative costs. The Plan Adjusted Index Rate can also be described as a Plan Level Required Premium.
{3} See Exhibit H - Calibration.

{4} The Consumer Adjusted Premium Rate is calculated by dividing the Plan Adjusted Index Rate by 'Calibration Factor'. The Consumer Adjusted Premium Rate can also be described as a Plan Level Base Rate.

Exhibit Q - Terminated Plans

Empire Healthchoice HMO
Individual

Effective January 1, 2015

Following are the plans that will be terminated prior to the effective date:

This includes plans that have experience included in the URRT during the experience period and any plans that were not in effect during the experience period but were made available thereafter.

Pre ACA Terminated Plans			
Plan ID	**Plan Name**	**HIOS Product ID**	**HIOS Product Name**
0	BlueChoice HMO (non-GF)	0	BlueChoice HMO (non-GF)
0	BlueChoice H/POS (non-GF)	0	BlueChoice H/POS (non-GF)
0	Healthy NY	0	Healthy NY
Post ACA Terminated Plans			
Plan ID	**Plan Name**	**HIOS Product ID**	**HIOS Product Name**

Exhibit R - Quality Improvement/Cost Containment Programs

Radiology and Cardiac	Prospective clinical appropriateness reviews for diagnostic imaging .
Specialty Pharmacy Program	Prospective clinical appropriateness reviews for specialty pharmaceuticals.
OptiNet	A web-based application supports collaboration and more informed decision-making by physicians and members when selecting diagnostic imaging facilities.
Specialty Care Shopper Program	A member-engagement program that aims to provide members with choices between high-cost and low-cost imaging facilities with equal or better quality by information sharing and proactive member call outs.
Sleep Program	A Sleep Medicine Management Program that conducts pre-service clinical appropriateness review.
Physical Therapy / Occupational Therapy (PT/OT) Management Program	The PT/OT Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Discharge Planning	Discharge planning activities are comprehensive in nature and consist of organizing and transitioning care to lesser acute facilities, counseling patients on discharge instructions, care coordination, etc.
Care coordination	Nurses interface with the clinicians on a member's care team when members are admitted to the hospital.
Radiology Benefits Management Program	The Radiology Benefits Management program involves prior review of services with regard to established medical policy and clinical guidelines.
Pharmacy Prior Authorization	Prior authorization involves review of submitted pharmacy claims to ensure the intended use is FDA approved or recognized in a major compendia as being safe and effective in order to be a covered benefit.
Specialty Pharmacy Drug Reviews	Pre-certification process of specialty medications.
Care Management	Care management staff coordinates quality health care services and the optimization of benefits through a realistic, cost-effective, and timely care management plan.
ComplexCare	The ComplexCare program is a proactive, collaborative, member-centric model of care management in which chronic care management is emphasized for those members with chronic or multiple non-disease management types of condition(s) at future high risk.
ConditionCare (Disease Management) Program	A program to help maximize member health status, improve health outcomes, and control health care expenses associated with the following prevalent conditions: Asthma (pediatric and adult), Diabetes (pediatric and adult), Heart Failure (HF), Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD).
MyHealth Coach Program	MyHealth Coach nurses serve as a central point of contact for individuals who have questions about a health care related topic, condition or concern, a question about benefits, a concern about claim payment or language in an 'Explanation of Benefits' statement.
Chronic Kidney Disease	The Kidney Disease Management: Chronic Kidney Disease (late stage) and End Stage Renal Disease program is designed to Improve participant's quality of life and clinical outcomes, slowing the progression of the disease and controlling costs related to hospitalizations, emergency room admissions and significant complications.
Nurseline	24/7 NurseLine is staffed exclusively by Registered Nurses who assist consumers in choosing the most appropriate use of health care resources, applying self care, learning about specific medical conditions, treatment options and side effects associated with prescription drugs, and providing valuable lifestyle management and nutrition information.
Healthy Lifestyles	Lifestyle management/health & wellness program that includes web-based programs & tools, telephonic lifestyle coaching and access to a national network of fitness centers.
MyHealth Advantage (MHA)	MHA comprises quality-based communications to members, physicians, health care plans, and pharmacists (as needed) on topics such as best-practice therapeutic interventions in member medical care.
Health IT	IT expenses in support of the programs noted above which have been identified as executing Quality Improvement activities.
Chiropractic Benefit Management Program	The Chiropractic benefit Management program involves retrospective review of services with regard to established medical policy and clinical guidelines.
Gym Reimbursement Program	The Gym Reimbursement program involves partially reimbursing the Subscriber and the Subscriber's Covered Spouse for certain exercise facility fees or membership fees but only if such fees are paid to exercise facilities and which maintain equipment and programs that promote cardiovascular wellness.

Exhibit S - Membership Projections for Cost-Sharing Reductions

Empire Healthchoice HMO
Individual

Rates Effective January 1, 2015

Silver Plan	Projected Membership by Subsidy Level:			
HIOS Standard Component Plan ID	100-150%	150%-200%	200%-250%	Standard
80519NY0160132	406	1,166	480	1,568
80519NY0160131	406	1,166	480	1,568
80519NY0160148	10	28	12	38
80519NY0160147	10	28	12	38
80519NY0160161	203	583	240	785
80519NY0160162	203	583	240	785
80519NY0160163	5	14	6	19
80519NY0160164	5	14	6	19
80519NY0160130	406	1,166	480	1,568
80519NY0160129	406	1,166	480	1,568
80519NY0160146	10	28	12	38
80519NY0160145	10	28	12	38
80519NY0160156	13	36	15	49
80519NY0160155	13	36	15	49
80519NY0180136	0	0	0	1,530
80519NY0180135	0	0	0	1,530
80519NY0180148	0	0	0	36
80519NY0180147	0	0	0	36
80519NY0180172	0	0	0	3,060
80519NY0180171	0	0	0	3,060
80519NY0180176	0	0	0	71
80519NY0180175	0	0	0	71
80519NY0180214	0	0	0	1,530
80519NY0180213	0	0	0	1,530
80519NY0180216	0	0	0	36
80519NY0180215	0	0	0	36
80519NY0180164	0	0	0	38
80519NY0180163	0	0	0	38
80519NY0330019	203	583	240	785
80519NY0330016	203	583	240	785
80519NY0330012	5	14	6	19
80519NY0330020	5	14	6	19
44113NY0560002	0	0	0	1,652
44113NY0560001	0	0	0	1,652
44113NY0560004	0	0	0	38
44113NY0560003	0	0	0	38
44113NY0560006	0	0	0	1,652
44113NY0560005	0	0	0	1,652
44113NY0560008	0	0	0	38
44113NY0560007	0	0	0	38

Unified Rate Review v2.0.2

Company Legal Name:	**Empire HealthChoice HMO, Inc.**	State:	**NY**
HIOS Issuer ID:	**80519**	Market:	**Individual**

Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2013 to 12/31/2013

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$43,061,853	$ 1,486.22	100.0%
Incurred Claims in Experience Period	$57,089,918	1,970.38	132.6%
Allowed Claims:	$60,811,820	2,098.84	141.2%
Index Rate of Experience Period		$ 2,099.00	
Experience Period Member Months	28,974		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2015 to 12/31/2015 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual				
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**		
Inpatient Hospital	Days	403.86	$ 6,878.27	$ 231.49	0.000	0.000	0.000	0.000	-	$ -	$ -	324.01	$ 4,832.31	$ 130.47	22.5%	
Outpatient Hospital	Visits	813.96	2,407.98	163.33	0.000	0.000	0.000	0.000	-	-	-	1,365.50	1,119.41	127.38	22.0%	
Professional	Visits	18,606.00	485.99	753.53	0.000	0.000	0.000	0.000	-	-	-	11,444.81	228.11	217.56	37.5%	
Other Medical	Visits	1,167.57	486.34	47.32	0.000	0.000	0.000	0.000	-	-	-	718.41	228.55	13.68	2.4%	
Capitation	Benefit Period	12,000.00	4.13	4.13	0.000	0.000	0.000	0.000	-	-	-	12,000.00	0.96	0.96	0.2%	
Prescription Drug	Prescriptions	28,157.77	383.14	899.04	0.000	0.000	0.000	0.000	-	-	-	10,976.62	98.11	89.74	15.5%	
Total				$ 2,098.84							$ -			$ 579.80		

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0%	100%	$ 579.80	$ 521,824,628
Paid to Allowed Average Factor in Projection Period			0.7688	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$ 445.75	$ 401,177,675
Projected Risk Adjustments PMPM			$18.16	16,344,109
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$ 427.59	$ 384,833,566
Projected ACA reinsurance recoveries, net of rein prem, PMPM			$33.09	29,781,199
Projected Incurred Claims			$ 394.50000	$ 355,052,367
Administrative Expense Load		7.9%	37.13	33,419,140
Profit & Risk Load		2.0%	9.66	8,694,644
Taxes & Fees		6.6%	31.13	28,018,600
Single Risk Pool Gross Premium Avg. Rate, PMPM			$ 472.42	$ 425,184,751
Index Rate for Projection Period			**$584.64**	
% increase over Experience Period			-68%	
% Increase, annualized:			-44%	
Projected Member Months				**900,006**

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Product-Plan Data Collection

Company Legal Name: **Empire HealthChoice HMO, Inc.**
HIOS Issuer ID: **80519**
Effective Date of Rate Change(s): **1/1/2015**

Product/Plan Level Calculations

Section I:

Product		Terminated Produc	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Product ID:			80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
Metal:		Catastrophic	Catastrophic	Catastrophic	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
AV Metal Value		0.000	0.598	0.598	0.602	0.602	0.602	0.602	0.620	0.620	0.620
AV Pricing Value		0.000	0.431	0.431	0.839	0.839	0.873	0.873	0.882	0.882	0.917
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Products	Empire HMO 6600, Catastrophic,	Empire HMO 6600, Catastrophic,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 5600, Bronze, NS, INN,	Empire HMO 3000 for HSA, Bronze, ST, INN,	Empire HMO 3000 for HSA, Bronze, ST, INN,	Empire HMO 3000 for HSA, Bronze, ST, INN,
Plan ID (Standard Component ID):			80519NY0160137	80519NY0160138	80519NY0160175	80519NY0160176	80519NY0160143	80519NY0160144	80519NY0160125	80519NY0160126	80519NY0160139
Exchange Plan?		No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Effective Date of Proposed Rates		1/1/2014	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)		-999.0%	17.10%	17.10%	15.58%	15.58%	15.58%	15.58%	18.42%	18.42%	18.42%
Cum'tive Rate Change % (over 12 mos prior)		-999.0%	17.10%	17.10%	15.58%	15.58%	15.58%	15.58%	18.42%	18.42%	18.42%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%

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

Plan ID (Standard Component ID):	Total	0	0519NY0160137	0519NY0160138	0519NY0160175	0519NY0160176	0519NY0160143	0519NY0160144	0519NY0160125	0519NY0160126	0519NY0160139
Inpatient	$0.00	$0.00	$11.61	$11.61	$10.09	$10.09	$9.94	$9.94	$12.20	$12.20	$12.11
Outpatient	$0.00	$0.00	$11.33	$11.33	$9.86	$9.86	$9.70	$9.70	$11.91	$11.91	$11.82
Professional	$0.00	$0.00	$19.36	$19.36	$16.83	$16.83	$16.57	$16.57	$20.34	$20.34	$20.20
Prescription Drug	$0.00	$0.00	$7.98	$7.98	$6.94	$6.94	$6.84	$6.84	$8.39	$8.39	$8.33
Other	$0.00	$0.00	$1.22	$1.22	$1.06	$1.06	$1.04	$1.04	$1.28	$1.28	$1.27
Capitation	$0.00	$0.00	$0.09	$0.09	$0.07	$0.07	$0.07	$0.07	$0.09	$0.09	$0.09
Administration	$0.00	$0.00	-$21.85	-$21.85	-$6.71	-$6.71	-$5.56	-$5.56	-$6.04	-$6.04	-$4.83
Taxes & Fees	$0.00	$0.00	$3.00	$3.00	$8.14	$8.14	$8.57	$8.57	$7.50	$7.50	$7.92
Risk & Profit Charge	$0.00	$0.00	-$5.33	-$5.33	$3.01	$3.01	$4.08	$4.08	$4.10	$4.10	$5.26
Total Rate Increase	$0.00	$0.00	$27.41	$27.41	$49.29	$49.29	$51.27	$51.27	$59.78	$59.78	$62.17
Member Cost Share Increase	$0.00	$0.00	$7.22	$7.22	$16.39	$16.39	$16.50	$16.50	$10.56	$10.56	$10.47

Average Current Rate PMPM	$409.16	$0.00	$160.31	$160.31	$316.32	$316.32	$328.98	$328.98	$324.49	$324.49	$337.47
Projected Member Months	900,006	0	16,875	16,875	10,248	10,248	252	252	10,248	10,248	252

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	0									
Average Rate PMPM	$1,486.22	$1,486.22									
Member Months	28,974	28,974									
Total Premium (TP)	$43,061,853	$43,061,853									

EHB Percent of TP, [see instructions]	0.00%	0.00%									
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%									
Other benefits portion of TP	100.00%	100.00%									
Total Allowed Claims (TAC)	$60,811,820	$60,811,820									
EHB Percent of TAC, [see instructions]	0.00%	0.00%									
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%									
Other benefits portion of TAC	100.00%	100.00%									
Allowed Claims which are not the issuer's obligation:	$3,721,902	$3,721,902									
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	-	-	-	-	-	-	-	-	-
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%									
Total Incurred claims, payable with issuer funds	$57,089,918	$57,089,918									
Net Amt of Rein	$0.00										
Net Amt of Risk Adj	$0.00										
Incurred Claims PMPM	$1,970.38	$1,970.38									
Allowed Claims PMPM	$2,098.84	$2,098.84									
EHB portion of Allowed Claims, PMPM	$0.00	$0.00									

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total		0	0	0	0	0	0	0	0	0
Plan Adjusted Index Rate	$478.00		$190.37	$190.37	$370.76	$370.76	$385.59	$385.59	$389.68	$389.68	$405.27
Member Months	900,006		16,875	16,875	10,248	10,248	252	252	10,248	10,248	252
Total Premium (TP)	$430,203,130		$3,212,422	$3,212,422	$3,799,579	$3,799,579	$97,170	$97,170	$3,993,427	$3,993,427	$102,127
EHB Percent of TP, [see instructions]	99.65%		99.70%	99.70%	99.69%	99.69%	95.95%	95.95%	99.71%	99.71%	95.97%
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%
Other benefits portion of TP	0.35%		0.30%	0.30%	0.31%	0.31%	4.05%	4.05%	0.29%	0.29%	4.03%
Total Allowed Claims (TAC)	$518,053,821		$4,984,715	$4,984,715	$5,708,123	$5,708,123	$145,756	$145,756	$5,734,530	$5,734,530	$146,430
EHB Percent of TAC, [see instructions]	99.65%		99.70%	99.70%	99.69%	99.69%	95.95%	95.95%	99.71%	99.71%	95.97%
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%
Other benefits portion of TAC	0.35%		0.30%	0.30%	0.31%	0.31%	4.05%	4.05%	0.29%	0.29%	4.03%
Allowed Claims which are not the issuer's obligation	$162,767,098		$2,240,980	$2,240,980	$2,577,469	$2,577,469	$65,815	$65,815	$2,452,785	$2,452,785	$62,631
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$12,869,390		$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	7.91%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$355,286,723		$2,743,736	$2,743,736	$3,130,654	$3,130,654	$79,941	$79,941	$3,281,746	$3,281,746	$83,799
Net Amt of Rein	$29,800,523		$230,138	$230,138	$262,592	$262,592	$6,705	$6,705	$275,265	$275,265	$7,029
Net Amt of Risk Adj	$16,354,714		$126,301	$126,301	$144,112	$144,112	$3,680	$3,680	$151,067	$151,067	$3,857
Incurred Claims PMPM	$394.76		$162.59	$162.59	$305.49	$305.49	$317.22	$317.22	$320.23	$320.23	$332.53
Allowed Claims PMPM	$575.61		$295.39	$295.39	$557.00	$557.00	$578.40	$578.40	$559.58	$559.58	$581.07
EHB portion of Allowed Claims, PMPM	$573.59		$294.50	$294.50	$555.30	$555.30	$554.98	$554.98	$557.95	$557.95	$557.66

HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016
Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
0.620	0.620	0.620	0.587	0.587	0.587	0.587	0.680	0.680	0.680	0.680	0.686	0.686	0.686	0.686
0.917	0.363	0.363	0.832	0.832	0.866	0.866	1.000	1.000	1.040	1.040	0.977	0.977	1.016	1.016
HMO Empire HMO 3000 for HSA, Bronze, ST, INN,	HMO Empire HMO 3000 for HSA, Bronze, Child	HMO Empire HMO 3000 for HSA, Bronze, Child	HMO Empire HMO 6000, Bronze, NS, INN,	HMO Empire HMO 6000, Bronze, NS, INN,	HMO Empire HMO 6000, Bronze, NS, INN,	HMO Empire HMO 6000, Bronze, NS, INN,	HMO Empire HMO 2250, Silver, NS, INN, Pediatric	HMO Empire HMO 2250, Silver, NS, INN, Pediatric	HMO Empire HMO 2250, Silver, NS, INN, Pediatric	HMO Empire HMO 2250, Silver, NS, INN, Pediatric	HMO Empire HMO 2450, Silver, NS, INN, Pediatric	HMO Empire HMO 2450, Silver, NS, INN, Pediatric	HMO Empire HMO 2450, Silver, NS, INN, Pediatric	HMO Empire HMO 2450, Silver, NS, INN, Pediatric
80519NY0160140	80519NY0160154	80519NY0160153	80519NY0160127	80519NY0160128	80519NY0160141	80519NY0160142	80519NY0160132	80519NY0160131	80519NY0160148	80519NY0160147	80519NY0160161	80519NY0160162	80519NY0160163	80519NY0160164
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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%	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%
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
18.42%	18.42%	18.42%	17.04%	17.04%	17.04%	17.04%	18.42%	18.42%	18.42%	18.42%	18.35%	18.35%	18.35%	18.35%
18.42%	18.42%	18.42%	17.04%	17.04%	17.04%	17.04%	18.42%	18.42%	18.42%	18.42%	18.35%	18.35%	18.35%	18.35%
#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!
18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%

0519NY0160140	0519NY0160154	0519NY0160153	0519NY0160127	0519NY0160128	0519NY0160141	0519NY0160142	0519NY0160132	0519NY0160131	0519NY0160148	0519NY0160147	0519NY0160161	0519NY0160162	0519NY0160163	0519NY0160164
$12.11	$9.83	$9.83	$11.35	$11.35	$11.24	$11.24	$10.96	$10.96	$10.80	$10.80	$17.15	$17.15	$17.21	$17.21
$11.82	$9.60	$9.60	$11.08	$11.08	$10.98	$10.98	$10.70	$10.70	$10.55	$10.55	$16.74	$16.74	$16.80	$16.80
$20.20	$16.39	$16.39	$18.93	$18.93	$18.75	$18.75	$18.28	$18.28	$18.01	$18.01	$28.60	$28.60	$28.70	$28.70
$8.33	$6.76	$6.76	$7.81	$7.81	$7.73	$7.73	$7.54	$7.54	$7.43	$7.43	$11.80	$11.80	$11.84	$11.84
$1.27	$1.03	$1.03	$1.19	$1.19	$1.18	$1.18	$1.15	$1.15	$1.13	$1.13	$1.80	$1.80	$1.80	$1.80
$0.09	$0.07	$0.07	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.13	$0.13	$0.13	$0.13
-$4.83	-$23.65	-$23.65	-$7.41	-$7.41	-$6.25	-$6.25	-$2.01	-$2.01	-$0.67	-$0.67	-$2.96	-$2.96	-$1.57	-$1.57
$7.92	$2.92	$2.92	$7.43	$7.43	$7.83	$7.83	$9.29	$9.29	$9.79	$9.79	$6.45	$6.45	$6.84	$6.84
$5.26	$1.68	$1.68	$2.33	$2.33	$3.37	$3.37	$11.77	$11.77	$13.35	$13.35	-$13.75	-$13.75	-$13.16	-$13.16
$62.17	$24.63	$24.63	$52.80	$52.80	$54.91	$54.91	$67.76	$67.76	$70.47	$70.47	$65.96	$65.96	$68.60	$68.60
$10.47	$4.30	$4.30	$12.00	$12.00	$11.92	$11.92	$11.22	$11.22	$11.23	$11.23	-$11.83	-$11.83	-$12.70	-$12.70

$337.47	$133.69	$133.69	$309.82	$309.82	$322.21	$322.21	$367.90	$367.90	$382.61	$382.61	$359.50	$359.50	$373.88	$373.88
252	450	450	10,248	10,248	252	252	43,443	43,443	1,057	1,057	21,728	21,728	529	529

-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
$405.27	$160.55	$160.55	$367.72	$367.72	$382.43	$382.43	$441.79	$441.79	$459.46	$459.46	$431.45	$431.45	$448.71	$448.71
252	450	450	10,248	10,248	252	252	43,443	43,443	1,057	1,057	21,728	21,728	529	529
$102,127	$72,245	$72,245	$3,768,365	$3,768,365	$96,371	$96,371	$19,192,534	$19,192,534	$485,647	$485,647	$9,374,537	$9,374,537	$237,366	$237,366
95.97%	99.26%	99.26%	99.69%	99.69%	95.95%	95.95%	99.74%	99.74%	96.02%	96.02%	99.75%	99.75%	96.03%	96.03%
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%
4.03%	0.74%	0.74%	0.31%	0.31%	4.05%	4.05%	0.26%	0.26%	3.98%	3.98%	0.25%	0.25%	3.97%	3.97%
$146,430	$103,686	$103,686	$5,711,350	$5,711,350	$145,838	$145,838	$24,881,522	$24,881,522	$628,126	$628,126	$12,447,859	$12,447,859	$314,155	$314,155
95.97%	99.26%	99.26%	99.69%	99.69%	95.95%	95.95%	99.74%	99.74%	96.02%	96.02%	99.75%	99.75%	96.03%	96.03%
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%
4.03%	0.74%	0.74%	0.31%	0.31%	4.05%	4.05%	0.26%	0.26%	3.98%	3.98%	0.25%	0.25%	3.97%	3.97%
$62,631	$44,349	$44,349	$2,600,791	$2,600,791	$66,411	$66,411	$9,368,260	$9,368,260	$236,499	$236,499	$4,408,218	$4,408,218	$111,253	$111,253
$0	$0	$0	$0	$0	$0	$0	$2,073,809	$2,073,809	$52,484	$52,484	$1,012,923	$1,012,923	$25,628	$25,628
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.14%	22.14%	22.19%	22.19%	22.98%	22.98%	23.04%	23.04%
$83,799	$59,337	$59,337	$3,110,559	$3,110,559	$79,427	$79,427	$15,513,262	$15,513,262	$391,627	$391,627	$8,039,641	$8,039,641	$202,902	$202,902
$7,029	$4,977	$4,977	$260,906	$260,906	$6,662	$6,662	$1,301,215	$1,301,215	$32,849	$32,849	$674,346	$674,346	$17,019	$17,019
$3,857	$2,731	$2,731	$143,187	$143,187	$3,656	$3,656	$714,115	$714,115	$18,028	$18,028	$370,085	$370,085	$9,340	$9,340

$332.53	$131.86	$131.86	$303.53	$303.53	$315.19	$315.19	$357.09	$357.09	$370.51	$370.51	$370.01	$370.01	$383.56	$383.56
$581.07	$230.41	$230.41	$557.31	$557.31	$578.72	$578.72	$572.74	$572.74	$594.25	$594.25	$572.89	$572.89	$593.87	$593.87
$557.66	$228.70	$228.70	$555.60	$555.60	$555.28	$555.28	$571.25	$571.25	$570.57	$570.57	$571.46	$571.46	$570.27	$570.27

HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016	80519NY016
Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
0.707	0.707	0.707	0.707	0.707	0.707	0.791	0.791	0.791	0.791	0.791	0.791	0.781	0.781	0.781
1.027	1.027	1.068	1.068	0.423	0.423	1.225	1.225	1.274	1.274	0.505	0.505	1.215	1.215	1.263
HMO Empire HMO 2000, Silver, ST, INN, Pediatric	HMO Empire HMO 2000, Silver, ST, INN, Pediatric	HMO Empire HMO 2000, Silver, ST, INN, Pediatric	HMO Empire HMO 2000, Silver, ST, INN, Pediatric	HMO Empire HMO 2000, Silver, Child Only, ST,	HMO Empire HMO 2000, Silver, Child Only, ST,	HMO Empire HMO 600, Gold, ST, INN, Pediatric	HMO Empire HMO 600, Gold, ST, INN, Pediatric	HMO Empire HMO 600, Gold, ST, INN, Pediatric	HMO Empire HMO 600, Gold, ST, INN, Pediatric	HMO Empire HMO 600, Gold, Child Only, ST, INN,	HMO Empire HMO 600, Gold, Child Only, ST, INN,	HMO Empire HMO 1000, Gold, NS, INN, Pediatric	HMO Empire HMO 1000, Gold, NS, INN, Pediatric	HMO Empire HMO 1000, Gold, NS, INN, Pediatric
80519NY016013	80519NY016012	80519NY016014	80519NY016014	80519NY016015	80519NY016015	80519NY016013	80519NY016013	80519NY016015	80519NY016014	80519NY016015	80519NY016015	80519NY016016	80519NY016016	80519NY016016
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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%	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%
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
18.42%	18.42%	18.42%	18.42%	18.42%	18.42%	18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	18.52%	18.52%	18.52%
18.42%	18.42%	18.42%	18.42%	18.42%	18.42%	18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	18.52%	18.52%	18.52%
#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!
18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%

0519NY0160130	0519NY0160129	0519NY0160146	0519NY0160145	0519NY0160156	0519NY0160155	0519NY0160134	0519NY0160133	0519NY0160150	0519NY0160149	0519NY0160158	0519NY0160157	0519NY0160165	0519NY0160166	0519NY0160167
$17.56	$17.56	$17.62	$17.62	$12.24	$12.24	$16.76	$16.76	$16.75	$16.75	$11.80	$11.80	$10.57	$10.57	$10.35
$17.15	$17.15	$17.21	$17.21	$11.95	$11.95	$16.37	$16.37	$16.36	$16.36	$11.52	$11.52	$10.32	$10.32	$10.10
$29.28	$29.28	$29.39	$29.39	$20.41	$20.41	$27.95	$27.95	$27.94	$27.94	$19.67	$19.67	$17.62	$17.62	$17.25
$12.08	$12.08	$12.12	$12.12	$8.42	$8.42	$11.53	$11.53	$11.52	$11.52	$8.11	$8.11	$7.27	$7.27	$7.12
$1.84	$1.84	$1.85	$1.85	$1.28	$1.28	$1.76	$1.76	$1.76	$1.76	$1.24	$1.24	$1.11	$1.11	$1.08
$0.13	$0.13	$0.13	$0.13	$0.09	$0.09	$0.12	$0.12	$0.12	$0.12	$0.09	$0.09	$0.08	$0.08	$0.08
-$1.14	-$1.14	$0.32	$0.32	-$22.52	-$22.52	$5.89	$5.89	$7.57	$7.57	-$19.14	-$19.14	$5.14	$5.14	$6.73
$6.81	$6.81	$7.22	$7.22	$2.63	$2.63	$9.25	$9.25	$9.78	$9.78	$3.65	$3.65	$11.76	$11.76	$12.39
-$14.13	-$14.13	-$13.49	-$13.49	-$5.83	-$5.83	-$6.68	-$6.68	-$5.53	-$5.53	-$2.77	-$2.77	$18.80	$18.80	$20.89
$69.58	$69.58	$72.36	$72.36	$28.67	$28.67	$82.96	$82.96	$86.28	$86.28	$34.17	$34.17	$82.67	$82.67	$85.98
-$14.04	-$14.04	-$14.95	-$14.95	-$5.82	-$5.82	-$14.22	-$14.22	-$15.01	-$15.01	-$5.89	-$5.89	$13.96	$13.96	$14.22

$377.82	$377.82	$392.94	$392.94	$155.66	$155.66	$450.59	$450.59	$468.62	$468.62	$185.64	$185.64	$446.45	$446.45	$464.31
43,443	43,443	1,057	1,057	1,350	1,350	17,566	17,566	434	434	338	338	17,566	17,566	434

-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
$453.70	$453.70	$471.84	$471.84	$186.93	$186.93	$541.06	$541.06	$562.70	$562.70	$222.91	$222.91	$536.56	$536.56	$558.03
43,443	43,443	1,057	1,057	1,350	1,350	17,566	17,566	434	434	338	338	17,566	17,566	434
$19,709,892	$19,709,892	$498,738	$498,738	$252,351	$252,351	$9,504,280	$9,504,280	$244,213	$244,213	$75,344	$75,344	$9,425,272	$9,425,272	$242,183
99.76%	99.76%	96.04%	96.04%	99.40%	99.40%	99.80%	99.80%	96.09%	96.09%	99.49%	99.49%	99.79%	99.79%	96.08%
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%
0.24%	0.24%	3.96%	3.96%	0.60%	0.60%	0.20%	0.20%	3.91%	3.91%	0.51%	0.51%	0.21%	0.21%	3.92%
$24,881,655	$24,881,655	$628,129	$628,129	$318,371	$318,371	$10,534,700	$10,534,700	$269,846	$269,846	$83,317	$83,317	$10,537,710	$10,537,710	$269,923
99.76%	99.76%	96.04%	96.04%	99.40%	99.40%	99.80%	99.80%	96.09%	96.09%	99.49%	99.49%	99.79%	99.79%	96.08%
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%
0.24%	0.24%	3.96%	3.96%	0.60%	0.60%	0.20%	0.20%	3.91%	3.91%	0.51%	0.51%	0.21%	0.21%	3.92%
$7,991,782	$7,991,782	$201,750	$201,750	$102,258	$102,258	$2,542,251	$2,542,251	$65,120	$65,120	$20,106	$20,106	$2,986,178	$2,986,178	$76,491
$2,129,711	$2,129,711	$53,899	$53,899	$27,267	$27,267	$0	$0	$0	$0	$0	$0	$0	$0	$0
26.65%	26.65%	26.72%	26.72%	26.66%	26.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$16,889,873	$16,889,873	$426,379	$426,379	$216,113	$216,113	$7,992,449	$7,992,449	$204,727	$204,727	$63,211	$63,211	$7,551,532	$7,551,532	$193,433
$1,416,682	$1,416,682	$35,764	$35,764	$18,127	$18,127	$670,387	$670,387	$17,172	$17,172	$5,302	$5,302	$633,404	$633,404	$16,225
$777,484	$777,484	$19,627	$19,627	$9,948	$9,948	$367,913	$367,913	$9,424	$9,424	$2,910	$2,910	$347,616	$347,616	$8,904

$388.78	$388.78	$403.39	$403.39	$160.08	$160.08	$455.00	$455.00	$471.72	$471.72	$187.01	$187.01	$429.89	$429.89	$445.70
$572.74	$572.74	$594.26	$594.26	$235.83	$235.83	$599.72	$599.72	$621.77	$621.77	$246.50	$246.50	$599.89	$599.89	$621.94
$571.38	$571.38	$570.74	$570.74	$234.41	$234.41	$598.51	$598.51	$597.47	$597.47	$245.24	$245.24	$598.60	$598.60	$597.55

HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	HMO 80519NY016	MO - Off-Exchang 80519NY018	MO - Off-Exchang 80519NY018	MO - Off-Exchang 80519NY018	MO - Off-Exchang 80519NY018
Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Bronze	Bronze	Bronze	Bronze
0.781	0.882	0.882	0.882	0.882	0.881	0.881	0.881	0.881	0.881	0.881	0.602	0.602	0.602	0.602
1.263	1.435	1.435	1.492	1.492	1.452	1.452	1.510	1.510	0.598	0.598	0.840	0.840	0.873	0.873
HMO Empire HMO 1000, Gold, NS, INN, Pediatric	HMO Empire HMO 200, Platinum, NS, INN,	HMO Empire HMO 200, Platinum, NS, INN,	HMO Empire HMO 200, Platinum, NS, INN,	HMO Empire HMO 200, Platinum, NS, INN,	HMO Empire HMO 0, Platinum, ST, INN, Pediatric	HMO Empire HMO 0, Platinum, ST, INN, Pediatric	HMO Empire HMO 0, Platinum, ST, INN, Pediatric	HMO Empire HMO 0, Platinum, ST, INN, Pediatric	HMO Empire HMO 0, Platinum, Child Only, ST, INN,	HMO Empire HMO 0, Platinum, Child Only, ST, INN,	HMO Empire HMO 5600, Bronze, NS, INN,	HMO Empire HMO 5600, Bronze, NS, INN,	HMO Empire HMO 5600, Bronze, NS, INN,	HMO Empire HMO 5600, Bronze, NS, INN,
30519NY0160168	30519NY0160170	30519NY0160169	30519NY0160172	30519NY0160171	30519NY0160136	30519NY0160135	30519NY0160152	30519NY0160151	30519NY0160160	30519NY0160159	30519NY0180131	30519NY0180132	30519NY0180143	30519NY0180144
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
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%	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%
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
18.52%	17.94%	17.94%	17.94%	17.94%	18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	15.58%	15.58%	15.58%	15.58%
18.52%	17.94%	17.94%	17.94%	17.94%	18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	15.58%	15.58%	15.58%	15.58%
#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!
18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	18.17%	17.90%	17.90%	17.90%	17.90%

0519NY0160168	0519NY0160170	0519NY0160169	0519NY0160172	0519NY0160171	0519NY0160136	0519NY0160135	0519NY0160152	0519NY0160151	0519NY0160160	0519NY0160159	0519NY0180131	0519NY0180132	0519NY0180143	0519NY0180144
$10.35	$10.41	$10.41	$10.13	$10.13	$15.50	$15.50	$15.40	$15.40	$11.17	$11.17	$10.11	$10.11	$9.95	$9.95
$10.10	$10.17	$10.17	$9.89	$9.89	$15.14	$15.14	$15.03	$15.03	$10.91	$10.91	$9.87	$9.87	$9.72	$9.72
$17.25	$17.36	$17.36	$16.89	$16.89	$25.85	$25.85	$25.67	$25.67	$18.63	$18.63	$16.86	$16.86	$16.59	$16.59
$7.12	$7.16	$7.16	$6.97	$6.97	$10.66	$10.66	$10.59	$10.59	$7.68	$7.68	$6.95	$6.95	$6.85	$6.85
$1.08	$1.09	$1.09	$1.06	$1.06	$1.63	$1.63	$1.61	$1.61	$1.17	$1.17	$1.06	$1.06	$1.04	$1.04
$0.08	$0.08	$0.08	$0.07	$0.07	$0.11	$0.11	$0.11	$0.11	$0.08	$0.08	$0.07	$0.07	$0.07	$0.07
$6.73	$12.71	$12.71	$14.58	$14.58	$13.70	$13.70	$15.65	$15.65	-$15.44	-$15.44	-$6.72	-$6.72	-$5.56	-$5.56
$12.39	$14.29	$14.29	$15.04	$15.04	$12.24	$12.24	$12.91	$12.91	$4.90	$4.90	$8.11	$8.11	$8.55	$8.55
$20.89	$21.81	$21.81	$24.27	$24.27	$3.52	$3.52	$5.31	$5.31	$1.44	$1.44	$3.01	$3.01	$4.09	$4.09
$85.98	$95.09	$95.09	$98.90	$98.90	$98.36	$98.36	$102.30	$102.30	$40.54	$40.54	$49.33	$49.33	$51.30	$51.30
$14.22	$9.13	$9.13	$9.33	$9.33	-$10.49	-$10.49	-$11.01	-$11.01	-$4.34	-$4.34	$16.40	$16.40	$16.50	$16.50

$464.31	$530.00	$530.00	$551.20	$551.20	$534.38	$534.38	$555.76	$555.76	$220.16	$220.16	$316.55	$316.55	$329.21	$329.21
434	26,298	26,298	702	702	26,298	26,298	702	702	450	450	13,193	13,193	307	307

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0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
$558.03	$633.89	$633.89	$659.25	$659.25	$641.65	$641.65	$667.32	$667.32	$264.37	$264.37	$371.02	$371.02	$385.86	$385.86
434	26,298	26,298	702	702	26,298	26,298	702	702	450	450	13,193	13,193	307	307
$242,183	$16,670,034	$16,670,034	$462,790	$462,790	$16,874,109	$16,874,109	$468,456	$468,456	$118,967	$118,967	$4,894,900	$4,894,900	$118,460	$118,460
96.08%	99.82%	99.82%	96.12%	96.12%	99.83%	99.83%	96.13%	96.13%	99.57%	99.57%	99.62%	99.62%	95.88%	95.88%
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%
3.92%	0.18%	0.18%	3.88%	3.88%	0.17%	0.17%	3.87%	3.87%	0.43%	0.43%	0.38%	0.38%	4.12%	4.12%
$269,923	$16,711,919	$16,711,919	$462,471	$462,471	$16,826,227	$16,826,227	$465,634	$465,634	$118,497	$118,497	$7,353,947	$7,353,947	$177,414	$177,414
96.08%	99.82%	99.82%	96.12%	96.12%	99.83%	99.83%	96.13%	96.13%	99.57%	99.57%	99.62%	99.62%	95.88%	95.88%
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%
3.92%	0.18%	0.18%	3.88%	3.88%	0.17%	0.17%	3.87%	3.87%	0.43%	0.43%	0.38%	0.38%	4.12%	4.12%
$76,491	$3,348,566	$3,348,566	$92,665	$92,665	$2,891,738	$2,891,738	$80,023	$80,023	$20,365	$20,365	$3,320,628	$3,320,628	$80,110	$80,110
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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%
$193,433	$13,363,352	$13,363,352	$369,805	$369,805	$13,934,489	$13,934,489	$385,611	$385,611	$98,132	$98,132	$4,033,319	$4,033,319	$97,304	$97,304
$16,225	$1,120,886	$1,120,886	$31,018	$31,018	$1,168,791	$1,168,791	$32,344	$32,344	$8,231	$8,231	$338,303	$338,303	$8,162	$8,162
$8,904	$615,149	$615,149	$17,023	$17,023	$641,440	$641,440	$17,751	$17,751	$4,517	$4,517	$185,663	$185,663	$4,479	$4,479

$445.70	$508.15	$508.15	$526.79	$526.79	$529.87	$529.87	$549.30	$549.30	$218.07	$218.07	$305.72	$305.72	$316.95	$316.95
$621.94	$635.48	$635.48	$658.79	$658.79	$639.83	$639.83	$663.30	$663.30	$263.33	$263.33	$557.41	$557.41	$577.90	$577.90
$597.55	$634.33	$634.33	$633.26	$633.26	$638.72	$638.72	$637.65	$637.65	$262.18	$262.18	$555.31	$555.31	$554.11	$554.11

MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang
80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
0.620	0.620	0.620	0.620	0.620	0.620	0.587	0.587	0.587	0.587	0.680	0.680	0.680	0.680	0.686
0.877	0.877	0.910	0.910	0.361	0.361	0.833	0.833	0.866	0.866	1.001	1.001	1.041	1.041	0.977
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Empire HMO 3000 for HSA, Bronze, ST, INN,	Empire HMO 3000 for HSA, Bronze, ST, INN,	Empire HMO 3000 for HSA, Bronze, ST, INN,	Empire HMO 3000 for HSA, Bronze, ST, INN,	Empire HMO 3000 for HSA, Bronze, Child	Empire HMO 3000 for HSA, Bronze, Child	Empire HMO 6000, Bronze, NS, INN,	Empire HMO 6000, Bronze, NS, INN,	Empire HMO 6000, Bronze, NS, INN,	Empire HMO 6000, Bronze, NS, INN,	Empire HMO 2250, Silver, NS, INN, Pediatric	Empire HMO 2250, Silver, NS, INN, Pediatric	Empire HMO 2250, Silver, NS, INN, Pediatric	Empire HMO 2250, Silver, NS, INN, Pediatric	Empire HMO 2450, Silver, NS, INN, Pediatric
80519NY0180205	80519NY0180206	80519NY0180207	80519NY0180208	80519NY0180167	80519NY0180168	80519NY0180127	80519NY0180128	80519NY0180139	80519NY0180140	80519NY0180136	80519NY0180135	80519NY0180148	80519NY0180147	80519NY0180172
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
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%	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%
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
0.00%	0.00%	0.00%	0.00%	17.66%	17.66%	17.04%	17.04%	17.04%	17.04%	18.42%	18.42%	18.42%	18.42%	18.35%
-999.00%	-999.00%	-999.00%	-999.00%	17.66%	17.66%	17.04%	17.04%	17.04%	17.04%	18.42%	18.42%	18.42%	18.42%	18.35%
#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!
17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%

0519NY0180205	0519NY0180206	0519NY0180207	0519NY0180208	0519NY0180167	0519NY0180168	0519NY0180127	0519NY0180128	0519NY0180139	0519NY0180140	0519NY0180136	0519NY0180135	0519NY0180148	0519NY0180147	0519NY0180172
$0.00	$0.00	$0.00	$0.00	$9.55	$9.55	$11.37	$11.37	$11.26	$11.26	$10.98	$10.98	$10.82	$10.82	$17.17
$0.00	$0.00	$0.00	$0.00	$9.33	$9.33	$11.10	$11.10	$10.99	$10.99	$10.72	$10.72	$10.56	$10.56	$16.76
$0.00	$0.00	$0.00	$0.00	$15.93	$15.93	$18.95	$18.95	$18.77	$18.77	$18.30	$18.30	$18.03	$18.03	$28.63
$0.00	$0.00	$0.00	$0.00	$6.57	$6.57	$7.82	$7.82	$7.74	$7.74	$7.55	$7.55	$7.44	$7.44	$11.81
$0.00	$0.00	$0.00	$0.00	$1.00	$1.00	$1.19	$1.19	$1.18	$1.18	$1.15	$1.15	$1.13	$1.13	$1.80
$0.00	$0.00	$0.00	$0.00	$0.07	$0.07	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.13
$0.00	$0.00	$0.00	$0.00	-$23.52	-$23.52	-$7.41	-$7.41	-$6.26	-$6.26	-$2.01	-$2.01	-$0.67	-$0.67	-$2.96
$0.00	$0.00	$0.00	$0.00	$3.02	$3.02	$7.40	$7.40	$7.81	$7.81	$9.26	$9.26	$9.76	$9.76	$6.42
$0.00	$0.00	$0.00	$0.00	$1.67	$1.67	$2.33	$2.33	$3.38	$3.38	$11.78	$11.78	$13.37	$13.37	-$13.76
$0.00	$0.00	$0.00	$0.00	$23.62	$23.62	$52.83	$52.83	$54.95	$54.95	$67.81	$67.81	$70.52	$70.52	$66.00
$0.00	$0.00	$0.00	$0.00	$3.78	$3.78	$12.01	$12.01	$11.93	$11.93	$11.23	$11.23	$11.23	$11.23	-$11.84

$387.44	$387.44	$401.91	$401.91	$133.79	$133.79	$310.03	$310.03	$322.44	$322.44	$368.16	$368.16	$382.88	$382.88	$359.76
12	12	12	12	225	225	13,193	13,193	307	307	18,361	18,361	427	427	36,721

-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
$387.44	$387.44	$401.91	$401.91	$159.62	$159.62	$367.97	$367.97	$382.69	$382.69	$442.10	$442.10	$459.78	$459.78	$431.75
12	12	12	12	225	225	13,193	13,193	307	307	18,361	18,361	427	427	36,721
$4,649	$4,649	$4,823	$4,823	$35,916	$35,916	$4,854,688	$4,854,688	$117,487	$117,487	$8,117,321	$8,117,321	$196,326	$196,326	$15,854,351
99.64%	99.64%	95.90%	95.90%	99.18%	99.18%	99.62%	99.62%	95.88%	95.88%	99.67%	99.67%	95.95%	95.95%	99.68%
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%
0.36%	0.36%	4.10%	4.10%	0.82%	0.82%	0.38%	0.38%	4.12%	4.12%	0.33%	0.33%	4.05%	4.05%	0.32%
$6,720	$6,720	$6,971	$6,971	$51,546	$51,546	$7,358,104	$7,358,104	$177,514	$177,514	$10,523,136	$10,523,136	$253,870	$253,870	$21,052,464
99.64%	99.64%	95.90%	95.90%	99.18%	99.18%	99.62%	99.62%	95.88%	95.88%	99.67%	99.67%	95.95%	95.95%	99.68%
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%
0.36%	0.36%	4.10%	4.10%	0.82%	0.82%	0.38%	0.38%	4.12%	4.12%	0.33%	0.33%	4.05%	4.05%	0.32%
$2,874	$2,874	$2,982	$2,982	$22,047	$22,047	$3,350,674	$3,350,674	$80,835	$80,835	$3,962,111	$3,962,111	$95,586	$95,586	$7,455,396
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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%
$3,846	$3,846	$3,989	$3,989	$29,498	$29,498	$4,007,430	$4,007,430	$96,679	$96,679	$6,561,025	$6,561,025	$158,285	$158,285	$13,597,067
$323	$323	$335	$335	$2,474	$2,474	$336,131	$336,131	$8,109	$8,109	$550,319	$550,319	$13,276	$13,276	$1,140,482
$177	$177	$184	$184	$1,358	$1,358	$184,471	$184,471	$4,450	$4,450	$302,019	$302,019	$7,286	$7,286	$625,903

$320.47	$320.47	$332.44	$332.44	$131.10	$131.10	$303.75	$303.75	$314.92	$314.92	$357.33	$357.33	$370.69	$370.69	$370.28
$559.98	$559.98	$580.91	$580.91	$229.09	$229.09	$557.73	$557.73	$578.22	$578.22	$573.12	$573.12	$594.54	$594.54	$573.31
$557.95	$557.95	$557.12	$557.12	$227.20	$227.20	$555.61	$555.61	$554.41	$554.41	$571.22	$571.22	$570.45	$570.45	$571.46

MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang
80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold	Gold
0.686	0.686	0.686	0.707	0.707	0.707	0.707	0.707	0.707	0.781	0.781	0.781	0.781	0.791	0.791
0.977	1.016	1.016	1.028	1.028	1.069	1.069	0.423	0.423	1.213	1.213	1.262	1.262	1.226	1.226
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Empire HMO 2450, Silver, NS, INN, Pediatric	Empire HMO 2450, Silver, NS, INN, Pediatric	Empire HMO 2450, Silver, NS, INN, Pediatric	Empire HMO 2000, Silver, ST, INN, Pediatric	Empire HMO 2000, Silver, ST, INN, Pediatric	Empire HMO 2000, Silver, ST, INN, Pediatric	Empire HMO 2000, Silver, ST, INN, Pediatric	Empire HMO 2000, Silver, Child Only, ST,	Empire HMO 2000, Silver, Child Only, ST,	Empire HMO 1000, Gold, NS, INN, Pediatric	Empire HMO 1000, Gold, NS, INN, Pediatric	Empire HMO 1000, Gold, NS, INN, Pediatric	Empire HMO 1000, Gold, NS, INN, Pediatric	Empire HMO 600, Gold, ST, INN, Pediatric	Empire HMO 600, Gold, ST, INN, Pediatric
30519NY0180173	30519NY0180176	30519NY0180175	30519NY0180214	30519NY0180213	30519NY0180216	30519NY0180215	30519NY0180164	30519NY0180163	30519NY0180182	30519NY0180181	30519NY0180184	30519NY0180183	30519NY0180230	30519NY0180229
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
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%	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%
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
18.35%	18.35%	18.35%	0.00%	0.00%	0.00%	0.00%	18.39%	18.39%	18.29%	18.29%	18.29%	18.29%	0.00%	0.00%
18.35%	18.35%	18.35%	-999.00%	-999.00%	-999.00%	-999.00%	18.39%	18.39%	18.29%	18.29%	18.29%	18.29%	-999.00%	-999.00%
#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!
17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%

0519NY0180171	0519NY0180176	0519NY0180175	0519NY0180214	0519NY0180213	0519NY0180216	0519NY0180215	0519NY0180164	0519NY0180163	0519NY0180182	0519NY0180181	0519NY0180184	0519NY0180183	0519NY0180230	0519NY0180229
$17.17	$17.23	$17.23	$0.00	$0.00	$0.00	$0.00	$12.24	$12.24	$10.59	$10.59	$10.36	$10.36	$0.00	$0.00
$16.76	$16.82	$16.82	$0.00	$0.00	$0.00	$0.00	$11.95	$11.95	$10.34	$10.34	$10.11	$10.11	$0.00	$0.00
$28.63	$28.73	$28.73	$0.00	$0.00	$0.00	$0.00	$20.41	$20.41	$17.65	$17.65	$17.28	$17.28	$0.00	$0.00
$11.81	$11.85	$11.85	$0.00	$0.00	$0.00	$0.00	$8.42	$8.42	$7.28	$7.28	$7.13	$7.13	$0.00	$0.00
$1.80	$1.81	$1.81	$0.00	$0.00	$0.00	$0.00	$1.28	$1.28	$1.11	$1.11	$1.09	$1.09	$0.00	$0.00
$0.13	$0.13	$0.13	$0.00	$0.00	$0.00	$0.00	$0.09	$0.09	$0.08	$0.08	$0.08	$0.08	$0.00	$0.00
-$2.96	-$1.57	-$1.57	$0.00	$0.00	$0.00	$0.00	-$22.53	-$22.53	$5.14	$5.14	$6.73	$6.73	$0.00	$0.00
$6.42	$6.81	$6.81	$0.00	$0.00	$0.00	$0.00	$2.62	$2.62	$11.73	$11.73	$12.35	$12.35	$0.00	$0.00
-$13.76	-$13.15	-$13.15	$0.00	$0.00	$0.00	$0.00	-$5.84	-$5.84	$17.80	$17.80	$19.86	$19.86	$0.00	$0.00
$66.00	$68.64	$68.64	$0.00	$0.00	$0.00	$0.00	$28.65	$28.65	$81.71	$81.71	$84.98	$84.98	$0.00	$0.00
-$11.84	-$12.72	-$12.72	$0.00	$0.00	$0.00	$0.00	-$5.84	-$5.84	$13.97	$13.97	$14.23	$14.23	$0.00	$0.00

$359.76	$374.15	$374.15	$454.01	$454.01	$472.16	$472.16	$155.77	$155.77	$446.76	$446.76	$464.63	$464.63	$541.44	$541.44
36,721	854	854	18,361	18,361	427	427	450	450	8,795	8,795	205	205	8,795	8,795

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0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
$431.75	$449.02	$449.02	$454.01	$454.01	$472.16	$472.16	$187.01	$187.01	$535.91	$535.91	$557.34	$557.34	$541.44	$541.44
36,721	854	854	18,361	18,361	427	427	450	450	8,795	8,795	205	205	8,795	8,795
$15,854,351	$383,464	$383,464	$8,336,131	$8,336,131	$201,613	$201,613	$84,156	$84,156	$4,713,306	$4,713,306	$114,255	$114,255	$4,761,962	$4,761,962
99.68%	95.96%	95.96%	99.69%	99.69%	95.98%	95.98%	99.32%	99.32%	99.71%	99.71%	96.01%	96.01%	99.73%	99.73%
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%
0.32%	4.04%	4.04%	0.31%	0.31%	4.02%	4.02%	0.68%	0.68%	0.29%	0.29%	3.99%	3.99%	0.27%	0.27%
$21,052,464	$507,890	$507,890	$10,523,192	$10,523,192	$253,872	$253,872	$106,173	$106,173	$5,279,973	$5,279,973	$127,379	$127,379	$5,278,465	$5,278,465
99.68%	95.96%	95.96%	99.69%	99.69%	95.98%	95.98%	99.32%	99.32%	99.71%	99.71%	96.01%	96.01%	99.73%	99.73%
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%
0.32%	4.04%	4.04%	0.31%	0.31%	4.02%	4.02%	0.68%	0.68%	0.29%	0.29%	3.99%	3.99%	0.27%	0.27%
$7,455,396	$179,861	$179,861	$3,379,957	$3,379,957	$81,541	$81,541	$34,102	$34,102	$1,496,237	$1,496,237	$36,097	$36,097	$1,273,805	$1,273,805
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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%
$13,597,067	$328,029	$328,029	$7,143,235	$7,143,235	$172,330	$172,330	$72,071	$72,071	$3,783,736	$3,783,736	$91,283	$91,283	$4,004,660	$4,004,660
$1,140,482	$27,514	$27,514	$599,153	$599,153	$14,455	$14,455	$6,045	$6,045	$317,369	$317,369	$7,657	$7,657	$335,899	$335,899
$625,903	$15,100	$15,100	$328,819	$328,819	$7,933	$7,933	$3,318	$3,318	$174,174	$174,174	$4,202	$4,202	$184,343	$184,343

$370.28	$384.11	$384.11	$389.04	$389.04	$403.58	$403.58	$160.16	$160.16	$430.21	$430.21	$445.28	$445.28	$455.33	$455.33
$573.31	$594.72	$594.72	$573.13	$573.13	$594.55	$594.55	$235.94	$235.94	$600.34	$600.34	$621.36	$621.36	$600.17	$600.17
$571.46	$570.69	$570.69	$571.35	$571.35	$570.62	$570.62	$234.34	$234.34	$598.62	$598.62	$596.57	$596.57	$598.52	$598.52

MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang
80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018
Gold	Gold	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
0.791	0.791	0.791	0.791	0.882	0.882	0.882	0.882	0.881	0.881	0.881	0.881	0.881	0.881	0.881
1.275	1.275	0.505	0.505	1.436	1.436	1.493	1.493	1.452	1.452	1.506	1.506	0.598	0.598	1.604
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Empire HMO 600, Gold, ST, INN, Pediatric	Empire HMO 600, Gold, ST, INN, Pediatric	Empire HMO 600, Gold, Child Only, ST, INN,	Empire HMO 600, Gold, Child Only, ST, INN,	Empire HMO 200, Platinum, NS, INN,	Empire HMO 200, Platinum, NS, INN,	Empire HMO 200, Platinum, NS, INN,	Empire HMO 200, Platinum, NS, INN,	Empire HMO 0, Platinum, ST, INN, Pediatric	Empire HMO 0, Platinum, ST, INN, Pediatric	Empire HMO 0, Platinum, ST, INN, Pediatric	Empire HMO 0, Platinum, ST, INN, Pediatric	Empire HMO 0, Platinum, Child Only, ST, INN,	Empire HMO 0, Platinum, Child Only, ST, INN,	Empire HMO 0, Platinum, ST, OON, Pediatric
30519NY0180232	30519NY0180231	30519NY0180152	30519NY0180151	30519NY0180188	30519NY0180187	30519NY0180200	30519NY0180199	30519NY0180245	30519NY0180246	30519NY0180247	30519NY0180248	30519NY0180156	30519NY0180155	30519NY0180190
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
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%	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%
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
0.00%	0.00%	18.41%	18.41%	17.94%	17.94%	17.94%	17.94%	0.00%	0.00%	0.00%	0.00%	18.27%	18.27%	18.41%
-999.00%	-999.00%	18.41%	18.41%	17.94%	17.94%	17.94%	17.94%	-999.00%	-999.00%	-999.00%	-999.00%	18.27%	18.27%	18.41%
#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!
17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%

0519NY0180232	0519NY0180231	0519NY0180152	0519NY0180151	0519NY0180188	0519NY0180187	0519NY0180200	0519NY0180199	0519NY0180245	0519NY0180246	0519NY0180247	0519NY0180248	0519NY0180156	0519NY0180155	0519NY0180190
$0.00	$0.00	$11.81	$11.81	$10.43	$10.43	$10.15	$10.15	$0.00	$0.00	$0.00	$0.00	$11.10	$11.10	$2.10
$0.00	$0.00	$11.53	$11.53	$10.19	$10.19	$9.90	$9.90	$0.00	$0.00	$0.00	$0.00	$10.84	$10.84	$2.05
$0.00	$0.00	$19.69	$19.69	$17.40	$17.40	$16.92	$16.92	$0.00	$0.00	$0.00	$0.00	$18.51	$18.51	$3.50
$0.00	$0.00	$8.12	$8.12	$7.18	$7.18	$6.98	$6.98	$0.00	$0.00	$0.00	$0.00	$7.64	$7.64	$1.45
$0.00	$0.00	$1.24	$1.24	$1.09	$1.09	$1.06	$1.06	$0.00	$0.00	$0.00	$0.00	$1.16	$1.16	$0.22
$0.00	$0.00	$0.09	$0.09	$0.08	$0.08	$0.07	$0.07	$0.00	$0.00	$0.00	$0.00	$0.08	$0.08	$0.02
$0.00	$0.00	-$19.15	-$19.15	$12.72	$12.72	$14.59	$14.59	$0.00	$0.00	$0.00	$0.00	-$15.43	-$15.43	$14.88
$0.00	$0.00	$3.64	$3.64	$14.25	$14.25	$15.00	$15.00	$0.00	$0.00	$0.00	$0.00	$4.91	$4.91	$14.86
$0.00	$0.00	-$2.77	-$2.77	$21.83	$21.83	$24.30	$24.30	$0.00	$0.00	$0.00	$0.00	$1.44	$1.44	$69.55
$0.00	$0.00	$34.20	$34.20	$95.16	$95.16	$98.97	$98.97	$0.00	$0.00	$0.00	$0.00	$40.25	$40.25	$108.63
$0.00	$0.00	-$5.89	-$5.89	$9.14	$9.14	$9.34	$9.34	$0.00	$0.00	$0.00	$0.00	-$4.36	-$4.36	-$34.27

$563.08	$563.08	$185.78	$185.78	$530.37	$530.37	$551.59	$551.59	$641.26	$641.26	$665.21	$665.21	$220.32	$220.32	$590.15
205	205	225	225	13,860	13,860	322	322	13,860	13,860	322	322	355	355	3,644

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0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
$563.08	$563.08	$223.07	$223.07	$634.33	$634.33	$659.71	$659.71	$641.26	$641.26	$665.21	$665.21	$264.24	$264.24	$708.61
205	205	225	225	13,860	13,860	322	322	13,860	13,860	322	322	355	355	3,644
$115,432	$115,432	$50,190	$50,190	$8,791,863	$8,791,863	$212,426	$212,426	$8,887,839	$8,887,839	$214,196	$214,196	$93,805	$93,805	$2,582,164
96.03%	96.03%	99.42%	99.42%	99.75%	99.75%	96.06%	96.06%	99.76%	99.76%	96.07%	96.07%	99.49%	99.49%	99.83%
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%
3.97%	3.97%	0.58%	0.58%	0.25%	0.25%	3.94%	3.94%	0.24%	0.24%	3.93%	3.93%	0.51%	0.51%	0.17%
$127,343	$127,343	$55,584	$55,584	$8,813,991	$8,813,991	$212,637	$212,637	$8,874,278	$8,874,278	$214,092	$214,092	$93,320	$93,320	$2,331,459
96.03%	96.03%	99.42%	99.42%	99.75%	99.75%	96.06%	96.06%	99.76%	99.76%	96.07%	96.07%	99.49%	99.49%	99.83%
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%
3.97%	3.97%	0.58%	0.58%	0.25%	0.25%	3.94%	3.94%	0.24%	0.24%	3.93%	3.93%	0.51%	0.51%	0.17%
$30,730	$30,730	$13,414	$13,414	$1,766,053	$1,766,053	$42,606	$42,606	$1,525,119	$1,525,119	$36,793	$36,793	$16,038	$16,038	$400,681
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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%
$96,612	$96,612	$42,170	$42,170	$7,047,937	$7,047,937	$170,031	$170,031	$7,349,159	$7,349,159	$177,298	$177,298	$77,282	$77,282	$1,930,778
$8,104	$8,104	$3,537	$3,537	$591,160	$591,160	$14,262	$14,262	$616,426	$616,426	$14,871	$14,871	$6,482	$6,482	$161,948
$4,447	$4,447	$1,941	$1,941	$324,432	$324,432	$7,827	$7,827	$338,298	$338,298	$8,161	$8,161	$3,557	$3,557	$88,878

$471.28	$471.28	$187.42	$187.42	$508.51	$508.51	$528.05	$528.05	$530.24	$530.24	$550.62	$550.62	$217.70	$217.70	$529.85
$621.18	$621.18	$247.04	$247.04	$635.93	$635.93	$660.36	$660.36	$640.28	$640.28	$664.88	$664.88	$262.87	$262.87	$639.81
$596.50	$596.50	$245.60	$245.60	$634.32	$634.32	$634.33	$634.33	$638.71	$638.71	$638.73	$638.73	$261.54	$261.54	$638.70

MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	MO - Off-Exchang	HMO	HMO	HMO	HMO
80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY018	80519NY033	80519NY033	80519NY033	80519NY033
Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Silver	Silver	Silver	Silver
0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.686	0.686	0.686	0.686
1.604	1.668	1.668	1.605	1.605	1.669	1.669	0.661	0.661	0.661	0.661	0.996	0.996	1.036	1.036
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Empire HMO 0, Platinum, ST, OON, Pediatric	Empire HMO 0, Platinum, ST, OON, Pediatric	Empire HMO 0, Platinum, ST, OON, Pediatric	Empire HMO 0, Platinum, ST, OON, Pediatric	Empire HMO 0, Platinum, ST, OON, Pediatric	Empire HMO 0, Platinum, ST, OON, Pediatric	Empire HMO 0, Platinum, ST, OON, Pediatric	Empire HMO 0, Platinum, Child Only, ST, OON,	Empire HMO 0, Platinum, Child Only, ST, OON,	Empire HMO 0, Platinum, Child Only, ST, OON,	Empire HMO 0, Platinum, Child Only, ST, OON,	Empire HMO 2450, Silver, NS, INN, Pediatric	Empire HMO 2450, Silver, NS, INN, Pediatric	Empire Blue Cross Silver GuidedAccess	Empire HMO 2450, Silver, NS, INN, Pediatric
30519NY018018	30519NY018019	30519NY018019	30519NY018019	30519NY018019	30519NY018019	30519NY018019	30519NY018015	30519NY018015	30519NY018016	30519NY018015	30519NY033001	30519NY033001	30519NY033001	30519NY033002
No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes
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%	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%
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
18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	17.99%	17.99%	17.97%	17.97%	12.69%	12.69%	12.69%	12.69%
18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	18.41%	17.99%	17.99%	17.97%	17.97%	12.69%	12.69%	12.69%	12.69%
#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!
17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%	12.66%	12.66%	12.66%	12.66%

0519NY0180189	0519NY0180192	0519NY0180191	0519NY0180194	0519NY0180193	0519NY0180196	0519NY0180195	0519NY0180158	0519NY0180157	0519NY0180160	0519NY0180159	0519NY0330019	0519NY0330016	0519NY0330012	0519NY0330020
$2.10	$1.47	$1.47	$2.12	$2.12	$1.48	$1.48	$4.99	$4.99	$4.99	$4.99	$12.03	$12.03	$11.83	$11.83
$2.05	$1.43	$1.43	$2.07	$2.07	$1.44	$1.44	$4.87	$4.87	$4.87	$4.87	$11.74	$11.74	$11.55	$11.55
$3.50	$2.45	$2.45	$3.53	$3.53	$2.47	$2.47	$8.32	$8.32	$8.32	$8.32	$20.05	$20.05	$19.72	$19.72
$1.45	$1.01	$1.01	$1.46	$1.46	$1.02	$1.02	$3.43	$3.43	$3.43	$3.43	$8.27	$8.27	$8.14	$8.14
$0.22	$0.15	$0.15	$0.22	$0.22	$0.16	$0.16	$0.52	$0.52	$0.52	$0.52	$1.26	$1.26	$1.24	$1.24
$0.02	$0.01	$0.01	$0.02	$0.02	$0.01	$0.01	$0.04	$0.04	$0.04	$0.04	$0.09	$0.09	$0.09	$0.09
$14.88	$16.82	$16.82	$14.89	$14.89	$16.84	$16.84	-$14.08	-$14.08	-$14.09	-$14.09	-$7.91	-$7.91	-$6.51	-$6.51
$14.86	$15.64	$15.64	$14.82	$14.82	$15.59	$15.59	$6.20	$6.20	$6.19	$6.19	$10.01	$10.01	$10.55	$10.55
$69.55	$73.98	$73.98	$69.60	$69.60	$74.05	$74.05	$29.61	$29.61	$29.62	$29.62	-$6.67	-$6.67	-$5.78	-$5.78
$108.63	$112.97	$112.97	$108.70	$108.70	$113.05	$113.05	$43.90	$43.90	$43.89	$43.89	$48.86	$48.86	$50.82	$50.82
-$34.27	-$35.75	-$35.75	-$34.29	-$34.29	-$35.77	-$35.77	-$14.21	-$14.21	-$14.22	-$14.22	-$23.25	-$23.25	-$24.58	-$24.58

$590.15	$613.75	$613.75	$590.56	$590.56	$614.18	$614.18	$244.04	$244.04	$244.21	$244.21	$384.96	$384.96	$400.36	$400.36
3,644	174	174	3,644	3,644	174	174	48	48	48	48	21,728	21,728	529	529

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0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
$708.61	$736.95	$736.95	$709.10	$709.10	$737.47	$737.47	$291.99	$291.99	$292.16	$292.16	$439.93	$439.93	$457.53	$457.53
3,644	174	174	3,644	3,644	174	174	48	48	48	48	21,728	21,728	529	529
$2,582,164	$128,230	$128,230	$2,583,972	$2,583,972	$128,319	$128,319	$14,016	$14,016	$14,024	$14,024	$9,558,906	$9,558,906	$242,035	$242,035
99.83%	96.14%	96.14%	99.76%	99.76%	96.07%	96.07%	99.56%	99.56%	99.49%	99.49%	99.75%	99.75%	96.03%	96.03%
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%
0.17%	3.86%	3.86%	0.24%	0.24%	3.93%	3.93%	0.44%	0.44%	0.51%	0.51%	0.25%	0.25%	3.97%	3.97%
$2,331,459	$115,174	$115,174	$2,333,091	$2,333,091	$115,252	$115,252	$12,520	$12,520	$12,528	$12,528	$12,478,582	$12,478,582	$314,931	$314,931
99.83%	96.14%	96.14%	99.76%	99.76%	96.07%	96.07%	99.56%	99.56%	99.49%	99.49%	99.75%	99.75%	96.03%	96.03%
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%
0.17%	3.86%	3.86%	0.24%	0.24%	3.93%	3.93%	0.44%	0.44%	0.51%	0.51%	0.25%	0.25%	3.97%	3.97%
$400,681	$19,794	$19,794	$400,961	$400,961	$19,807	$19,807	$2,152	$2,152	$2,153	$2,153	$4,419,098	$4,419,098	$111,528	$111,528
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,032,844	$1,032,844	$26,132	$26,132
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.37%	23.37%	23.43%	23.43%
$1,930,778	$95,380	$95,380	$1,932,130	$1,932,130	$95,445	$95,445	$10,369	$10,369	$10,375	$10,375	$8,059,484	$8,059,484	$203,403	$203,403
$161,948	$8,000	$8,000	$162,061	$162,061	$8,006	$8,006	$870	$870	$870	$870	$676,010	$676,010	$17,061	$17,061
$88,878	$4,391	$4,391	$88,940	$88,940	$4,394	$4,394	$477	$477	$478	$478	$370,999	$370,999	$9,363	$9,363

$529.85	$548.16	$548.16	$530.22	$530.22	$548.53	$548.53	$216.01	$216.01	$216.14	$216.14	$370.93	$370.93	$384.50	$384.50
$639.81	$661.92	$661.92	$640.26	$640.26	$662.37	$662.37	$260.84	$260.84	$260.99	$260.99	$574.31	$574.31	$595.33	$595.33
$638.70	$636.35	$636.35	$638.69	$638.69	$636.34	$636.34	$259.70	$259.70	$259.66	$259.66	$572.87	$572.87	$571.68	$571.68

HMO 80519NY033	HMO 80519NY033	HMO 80519NY033	HMO 80519NY033
Gold	Gold	Gold	Gold
0.781	0.781	0.781	0.781
1.220	1.220	1.269	1.269
HMO Empire Blue Cross Gold Guided Access,	HMO Empire Blue Cross Gold Guided Access,	HMO Empire Blue Cross Gold Guided Access	HMO Empire Blue Cross Gold Guided Access
80519NY0330017	80519NY0330018	80519NY0330023	80519NY0330022
Yes	Yes	Yes	Yes
0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%
1/1/2015	1/1/2015	1/1/2015	1/1/2015
12.64%	12.64%	12.64%	12.64%
12.64%	12.64%	12.64%	12.64%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12.66%	12.66%	12.66%	12.66%

0519NY0330017	0519NY0330018	0519NY0330021	0519NY0330022
$5.39	$5.39	$4.91	$4.91
$5.27	$5.27	$4.79	$4.79
$8.99	$8.99	$8.19	$8.19
$3.71	$3.71	$3.38	$3.38
$0.57	$0.57	$0.51	$0.51
$0.04	$0.04	$0.04	$0.04
-$0.05	-$0.05	$1.56	$1.56
$15.36	$15.36	$16.13	$16.13
$20.36	$20.36	$22.52	$22.52
$59.64	$59.64	$62.03	$62.03
$8.41	$8.41	$8.45	$8.45

$471.91	$471.91	$490.78	$490.78
17,566	17,566	434	434

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0	0	0	0
$539.03	$539.03	$560.59	$560.59
17,566	17,566	434	434
$9,468,621	$9,468,621	$243,297	$243,297
99.79%	99.79%	96.08%	96.08%
0.00%	0.00%	0.00%	0.00%
0.21%	0.21%	3.92%	3.92%
$10,552,705	$10,552,705	$270,308	$270,308
99.79%	99.79%	96.08%	96.08%
0.00%	0.00%	0.00%	0.00%
0.21%	0.21%	3.92%	3.92%
$2,990,427	$2,990,427	$76,600	$76,600
$0	$0	$0	$0
0.00%	0.00%	0.00%	0.00%
$7,562,278	$7,562,278	$193,708	$193,708
$634,306	$634,306	$16,248	$16,248
$348,111	$348,111	$8,917	$8,917

$430.51	$430.51	$446.33	$446.33
$600.75	$600.75	$622.83	$622.83
$599.46	$599.46	$598.40	$598.40