

State: New York **Filing Company:** Freelancers Health Service Corporation DBA Health Republic Insurance of New York
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: Individual On Exchange
Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Filing at a Glance

Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York
 Product Name: Individual On Exchange
 State: New York
 TOI: H16I Individual Health - Major Medical
 Sub-TOI: H16I.005C Individual - Other
 Filing Type: Prior Approval Exchange Form & Rate Filing
 Date Submitted: 06/13/2014
 SERFF Tr Num: PERR-129586116
 SERFF Status: Assigned
 State Tr Num: 2014060256
 State Status:
 Co Tr Num: HRINY-IH-ONXC-NY-1401R
 Implementation: 01/01/2015
 Date Requested:
 Author(s): 
 Reviewer(s): 
 Disposition Date:
 Disposition Status:
 Implementation Date:
 State Filing Description:

State: New York **Filing Company:** Freelancers Health Service Corporation DBA Health Republic Insurance of New York

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General Information

Project Name: HRINY-IH-ONXC-NY-1401R Status of Filing in Domicile: Pending
 Project Number: HRINY-IH-ONXC-NY-1401R Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: NY is the domicile state.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 06/16/2014
 State Status Changed:
 Deemer Date: Created By: [REDACTED]
 Submitted By: [REDACTED] Corresponding Filing Tracking Number: HRINY-IH-ONXC-NY-1401F
 PPACA: Not PPACA-Related

PPACA Notes: null
 Exchange Intentions: Please see filing description

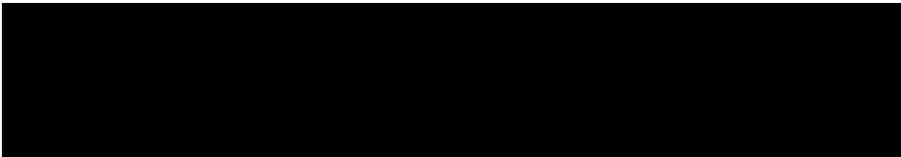
Filing Description:
 On behalf of Freelancers Health Service Corporation DBA Health Republic Insurance of New York (the "Company"), we are submitting rates for Individual policies for the NY Health Insurance Exchange .

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. The Company has prepared the materials contained within this filing. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information



Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Freelancers Health Service Corporation DBA Health Republic Insurance of New York	CoCode: 15273	State of Domicile: New York
Health Republic Insurance of NY	Group Code:	Company Type: Health
30 Broad Street, 34th Floor	Group Name: N/A	State ID Number:
New York, NY 10004	FEIN Number: 45-3368051	

State: New York **Filing Company:** Freelancers Health Service Corporation DBA Health Republic Insurance of New York
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Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
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 prefilling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): 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, Other: 2015 On Exchange Rate Filing
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.): No, not a rate adjustment filing

SERFF Tracking #:

PERR-129586116

State Tracking #:

2014060256

Company Tracking #:

HRINY-IH-ONXC-NY-1401R

State:

New York

Filing Company:Freelancers Health Service Corporation DBA Health Republic
Insurance of New York**TOI/Sub-TOI:**

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

Individual On Exchange

Project Name/Number:

HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Exhibit 13-Narrative Summary and Numerical Summary	Ines Piquet	06/23/2014	06/23/2014
Supporting Document	Actuarial Memorandum/Actuarial Certification	Ines Piquet	06/19/2014	06/19/2014
Supporting Document	Exhibit 14A-Indiv Requested Percentage Changes	Ines Piquet	06/19/2014	06/19/2014
Supporting Document	Exhibit 15A-Indiv Distribution by Rate Adj Percentages	Ines Piquet	06/19/2014	06/19/2014
Supporting Document	Exhibit 16-Summary of Policy Form & Product Changes	Ines Piquet	06/19/2014	06/19/2014
Supporting Document	Initial Notice of Proposed Rate Adjustment	Ines Piquet	06/19/2014	06/19/2014
Supporting Document	Final Notice of Proposed Rate Adjustment	Ines Piquet	06/19/2014	06/19/2014

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York
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Amendment Letter

Submitted Date: 06/23/2014

Comments:

Please see attached the Narrative Summary. We apologize for the oversight.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.xlsx Narrative Summary of Requested Rate Changes -- Individual.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Exhibit 13-Narrative Summary and Numerical Summary</i>
Comments:	
Attachment(s):	<i>HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.xlsx</i>

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New York

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Freelancers Health Service Corporation DBA Health Republic
Insurance of New York

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

Individual On Exchange

Project Name/Number:

HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Amendment Letter

Submitted Date:

06/19/2014

Comments:

Per our phone conversation, we are amending this filing to add the missing information.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: Individual On Exchange
 Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	Please see Part III Act Memorandum below.
Attachment(s):	
<i>Previous Version</i>	
Bypassed - Item:	Actuarial Memorandum/Actuarial Certification
Bypass Reason:	N/A, not a rate adjustment filing.
Attachment(s):	

Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 14A.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 14A.xlsx
<i>Previous Version</i>	
Bypassed - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Bypass Reason:	N/A
Attachment(s):	

Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 15A.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 15A.xlsx
<i>Previous Version</i>	
Bypassed - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Bypass Reason:	N/A
Attachment(s):	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 16.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 16.xlsx
<i>Previous Version</i>	
Bypassed - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Bypass Reason:	N/A

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Individual On Exchange

Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Attachment(s):

Satisfied - Item: Initial Notice of Proposed Rate Adjustment

Comments:

Attachment(s): Individ Downstate Final.pdf
Individ Upstate Final.pdf

Previous Version

Bypassed - Item: Initial Notice of Proposed Rate Adjustment

Bypass Reason: N/A

Attachment(s):

Bypassed - Item: Final Notice of Proposed Rate Adjustment

Bypass Reason: The Company has not prepared the final notices yet.

Attachment(s):

Previous Version

Bypassed - Item: Final Notice of Proposed Rate Adjustment

Bypass Reason: N/A

Attachment(s):

State: New York **Filing Company:** Freelancers Health Service Corporation DBA Health Republic Insurance of New York
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: Individual On Exchange
Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Post Submission Update Request Processed On 06/20/2014

Status: Allowed
Created By: Ines Piquet
Processed By: Elaine Chu
Comments:

Rate Information:

Field Name	Requested Change	Prior Value
Rate Change Type	Increase	Neutral
Filing Method of Last Filing	N/A	

Company Rate Information:

Company Name: Freelancers Health Service Corporation DBA Health Republic Insurance of New York

Field Name	Requested Change	Prior Value
Company Rate Change	Increase	New Product
Overall % Indicated Change	15.000%	0.000%
Overall % Rate Impact	15.000%	0.000%
Written Premium Change for this Program	\$51359136	\$0
Number of Policy Holders Affected for this Program	63693	0
Written Premium for this Program	\$342394244	\$0
Maximum %Change (where required)	18.770%	0.000%
Minimum %Change (where required)	-20.290%	

REQUESTED RATE CHANGE INFORMATION:

Benefit Change:	Increase	None
Min:	-20.290	0.000
Max:	18.770	0
Weighted Avg.:	15.230	0

PRIOR RATE:

Total Earned Premium::	297,129,141.000	0.000
Total Incurred Claims:	270,916,328.000	0.000
Min:	148.630	0.000
Max:	592.990	0.000
Weighted Avg.:	388.750	0.000

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Freelancers Health Service Corporation DBA Health Republic Insurance of New York

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

Individual On Exchange

Project Name/Number:

HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

N/A

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):
Freelancers Health Service Corporation DBA Health Republic Insurance of New York	Increase	15.000%	15.000%	\$51,359,136	63,693	\$342,394,244	18.770%	-20.290%

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
 Product Name: Individual On Exchange
 Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Rate Review Detail

COMPANY:

Company Name: Freelancers Health Service Corporation DBA Health Republic Insurance of New York
 HHS Issuer Id: 71644

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Individual (on exchange)	001	0000	1

Trend Factors:

FORMS:

New Policy Forms: FHSC - CAT001 (Rev. 1/15)
 Affected Forms:
 Other Affected Forms: FHSC-IND26ND (Rev. 1/15), FHSC-IND26NDX (Rev. 1/15), FHSC - CHILD001 (Rev. 1/15), FHSC-IND26BND (Rev. 1/15), FHSC-IND26NDXW (Rev. 1/15), FHSC - CHILD001W (Rev. 1/15)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 764,324
 Benefit Change: Increase
 Percent Change Requested: Min: -20.29 Max: 18.77 Avg: 15.23

PRIOR RATE:

Total Earned Premium: 297,129,141.00
 Total Incurred Claims: 270,916,328.00
 Annual \$: Min: 148.63 Max: 592.99 Avg: 388.75

REQUESTED RATE:

Projected Earned Premium: 342,394,244.00
 Projected Incurred Claims: 305,057,254.00
 Annual \$: Min: 125.12 Max: 592.99 Avg: 447.97

SERFF Tracking #:

PERR-129586116

State Tracking #:

2014060256

Company Tracking #:

HRINY-IH-ONXC-NY-1401R

State:

New York

Filing Company:Freelancers Health Service Corporation DBA Health Republic
Insurance of New York**TOI/Sub-TOI:**

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

Individual On Exchange

Project Name/Number:

HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2015 Individual Rate Filing - On Exchange	FHSC-IND26ND (Rev. 1/15), FHSC-IND26NDX (Rev. 1/15), FHSC - CHILD001 (Rev. 1/15), FHSC-IND26BND (Rev. 1/15), FHSC-IND26NDXW (Rev. 1/15), FHSC - CHILD001W (Rev. 1/15)	New		HRINY Rate Manual IM 6-10-14 On.pdf, HRINY Rate Manual IM 6-10-14 On.xlsx,

SERFF Tracking #:

PERR-129586116

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Attachment HRINY Rate Manual IM 6-10-14 On.xlsx is not a PDF document and cannot be reproduced here.

Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Table of Contents	
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001	
Section	Page(s)
Rate Parameters	2
Rates - 2015	3a - 3d
Benefit Grid	
Standard Plans	4a - 4e
Non-Standard Plans	5a - 5f
Rating Regions	6
Commission Schedule	7
Expected Loss Ratios	8

**Health Republic Insurance of New York
2015 Individual Rate Filing - On Exchange
Rate Setting Parameters**

Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001

HIOS ID	Product	Market	Metal	Rate Factor	Index Rate (Adult)
					\$329.36
71644NY0010004	EssentialCare Platinum	On and Off Exchange	Platinum	1.6795	
71644NY0010003	EssentialCare Gold	On and Off Exchange	Gold	1.4284	
71644NY0010002	EssentialCare Silver	On and Off Exchange	Silver	1.2224	
71644NY0010001	EssentialCare Bronze	On and Off Exchange	Bronze	1.0000	
71644NY0010005	EssentialCare Catastrophic	On and Off Exchange	Catastrophic	0.5253	
71644NY0030004	Primary Select Platinum	On and Off Exchange	Platinum	1.6101	
71644NY0030003	Primary Select Gold	On and Off Exchange	Gold	1.4273	
71644NY0030002	Primary Select Silver	On and Off Exchange	Silver	1.2216	
71644NY0730001	Active Living Advanced (Gold)	On and Off Exchange	Gold	1.1824	
71644NY0700001	Active Living Plus (Silver)	On and Off Exchange	Silver	1.0135	
71644NY0670001	Active Living Basic (Bronze)	On and Off Exchange	Bronze	0.8906	
71644NY0040002	Primary Select PCMH	On and Off Exchange	Silver	1.1526	
71644NY0020004	EssentialCare Platinum Child Only	On and Off Exchange	Platinum	1.6795	
71644NY0020003	EssentialCare Gold Child Only	On and Off Exchange	Gold	1.4284	
71644NY0020002	EssentialCare Silver Child Only	On and Off Exchange	Silver	1.2224	
71644NY0020001	EssentialCare Bronze Child Only	On and Off Exchange	Bronze	1.0000	
71644NY0090004	EssentialCare Platinum Age 29 Option	On and Off Exchange	Platinum	1.6795	
71644NY0090003	EssentialCare Gold Age 29 Option	On and Off Exchange	Gold	1.4284	
71644NY0090002	EssentialCare Silver Age 29 Option	On and Off Exchange	Silver	1.2224	
71644NY0090001	EssentialCare Bronze Age 29 Option	On and Off Exchange	Bronze	1.0000	
71644NY0130004	Primary Select Platinum Age 29 Option	On and Off Exchange	Platinum	1.6101	
71644NY0130003	Primary Select Gold Age 29 Option	On and Off Exchange	Gold	1.4273	
71644NY0130002	Primary Select Silver Age 29 Option	On and Off Exchange	Silver	1.2216	
71644NY0150002	Primary Select PCMH Age 29 Option	On and Off Exchange	Silver	1.1526	
71644NY0750001	Active Living Advanced (Gold) Age 29 Option	On and Off Exchange	Gold	1.1824	
71644NY0720001	Active Living Plus (Silver) Age 29 Option	On and Off Exchange	Silver	1.0135	
71644NY0690001	Active Living Basic (Bronze) Age 29 Option	On and Off Exchange	Bronze	0.8906	
71644NY0740001	Active Living Advanced (Gold) Child Only	On and Off Exchange	Gold	1.1824	
71644NY0710001	Active Living Plus (Silver) Child Only	On and Off Exchange	Silver	1.0135	
71644NY0680001	Active Living Basic (Bronze) Child Only	On and Off Exchange	Bronze	0.8906	

Age Band	Rate Factor	Tobacco Factor
0-17	1.000	1.000
18	1.000	1.000
19	1.000	1.000
20	1.000	1.000
21	1.000	1.000
22	1.000	1.000
23	1.000	1.000
24	1.000	1.000
25	1.000	1.000
26	1.000	1.000
27	1.000	1.000
28	1.000	1.000
29	1.000	1.000
30	1.000	1.000
31	1.000	1.000
32	1.000	1.000
33	1.000	1.000
34	1.000	1.000
35	1.000	1.000
36	1.000	1.000
37	1.000	1.000
38	1.000	1.000
39	1.000	1.000
40	1.000	1.000
41	1.000	1.000
42	1.000	1.000
43	1.000	1.000
44	1.000	1.000
45	1.000	1.000
46	1.000	1.000
47	1.000	1.000
48	1.000	1.000
49	1.000	1.000
50	1.000	1.000
51	1.000	1.000
52	1.000	1.000
53	1.000	1.000
54	1.000	1.000
55	1.000	1.000
56	1.000	1.000
57	1.000	1.000
58	1.000	1.000
59	1.000	1.000
60	1.000	1.000
61	1.000	1.000
62	1.000	1.000
63	1.000	1.000
64+	1.000	1.000

Geographic Factors:

Area	Rate Factor
Region 1	0.8408
Region 2	0.7483
Region 3	0.9445
Region 4	1.0865
Region 5	0.7737
Region 6	0.7232
Region 7	0.7950
Region 8	1.0865

Four Tier Family Factors:

Individual	1.000
Couple	2.000
Primary Subscriber and One Dependent	1.700
Primary Subscriber and Two Dependents	1.700
Primary Subscriber and Three or More Dependents	1.700
Couple and One Dependent	2.850
Couple and Two Dependents	2.850
Couple and Three or More Dependents	2.850
Child Only	0.412

Sample Rate Calculation:

EssentialCare Platinum in Region 1 for a Single Adult with Two Dependents =
 Base Rate x EssentialCare Platinum Factor x Region 1 Factor x Single Adult and Two Dependents Factor =
 \$329.36 x 1.6795 x 0.8408 x 1.7000 = **\$790.66**

Health Republic Insurance of New York
2015 Individual Rate Filing - On Exchange
Rates - 2015

Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHLD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001

	Individual	Couple	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three or More Dependents	Couple and One Dependent	Couple and Two Dependents	Couple and Three or More Dependents	
EssentialCare Platinum	Region 1	\$465.10	\$930.19	\$790.66	\$790.66	\$790.66	\$1,325.53	\$1,325.53	\$1,325.53
	Region 2	\$413.93	\$827.86	\$703.68	\$703.68	\$703.68	\$1,179.70	\$1,179.70	\$1,179.70
	Region 3	\$522.46	\$1,044.92	\$888.18	\$888.18	\$888.18	\$1,489.01	\$1,489.01	\$1,489.01
	Region 4	\$601.01	\$1,202.02	\$1,021.71	\$1,021.71	\$1,021.71	\$1,712.87	\$1,712.87	\$1,712.87
	Region 5	\$427.98	\$855.96	\$727.57	\$727.57	\$727.57	\$1,219.74	\$1,219.74	\$1,219.74
	Region 6	\$400.05	\$800.09	\$680.08	\$680.08	\$680.08	\$1,140.13	\$1,140.13	\$1,140.13
	Region 7	\$439.76	\$879.52	\$747.60	\$747.60	\$747.60	\$1,253.32	\$1,253.32	\$1,253.32
	Region 8	\$601.01	\$1,202.02	\$1,021.71	\$1,021.71	\$1,021.71	\$1,712.87	\$1,712.87	\$1,712.87
EssentialCare Gold	Region 1	\$395.56	\$791.12	\$672.45	\$672.45	\$672.45	\$1,127.35	\$1,127.35	\$1,127.35
	Region 2	\$352.04	\$704.09	\$598.47	\$598.47	\$598.47	\$1,003.32	\$1,003.32	\$1,003.32
	Region 3	\$444.35	\$888.69	\$755.39	\$755.39	\$755.39	\$1,266.39	\$1,266.39	\$1,266.39
	Region 4	\$511.15	\$1,022.30	\$868.96	\$868.96	\$868.96	\$1,456.78	\$1,456.78	\$1,456.78
	Region 5	\$363.99	\$727.99	\$618.79	\$618.79	\$618.79	\$1,037.38	\$1,037.38	\$1,037.38
	Region 6	\$340.24	\$680.47	\$578.40	\$578.40	\$578.40	\$969.67	\$969.67	\$969.67
	Region 7	\$374.01	\$748.03	\$635.82	\$635.82	\$635.82	\$1,065.94	\$1,065.94	\$1,065.94
	Region 8	\$511.15	\$1,022.30	\$868.96	\$868.96	\$868.96	\$1,456.78	\$1,456.78	\$1,456.78
EssentialCare Silver	Region 1	\$338.51	\$677.03	\$575.47	\$575.47	\$575.47	\$964.77	\$964.77	\$964.77
	Region 2	\$301.27	\$602.55	\$512.16	\$512.16	\$512.16	\$858.63	\$858.63	\$858.63
	Region 3	\$380.26	\$760.53	\$646.45	\$646.45	\$646.45	\$1,083.75	\$1,083.75	\$1,083.75
	Region 4	\$437.44	\$874.87	\$743.64	\$743.64	\$743.64	\$1,246.69	\$1,246.69	\$1,246.69
	Region 5	\$311.50	\$623.00	\$529.55	\$529.55	\$529.55	\$887.77	\$887.77	\$887.77
	Region 6	\$291.17	\$582.33	\$494.98	\$494.98	\$494.98	\$829.83	\$829.83	\$829.83
	Region 7	\$320.07	\$640.15	\$544.13	\$544.13	\$544.13	\$912.21	\$912.21	\$912.21
	Region 8	\$437.44	\$874.87	\$743.64	\$743.64	\$743.64	\$1,246.69	\$1,246.69	\$1,246.69
EssentialCare Bronze	Region 1	\$276.93	\$553.85	\$470.77	\$470.77	\$470.77	\$789.24	\$789.24	\$789.24
	Region 2	\$246.46	\$492.92	\$418.98	\$418.98	\$418.98	\$702.41	\$702.41	\$702.41
	Region 3	\$311.08	\$622.16	\$528.84	\$528.84	\$528.84	\$886.58	\$886.58	\$886.58
	Region 4	\$357.85	\$715.70	\$608.34	\$608.34	\$608.34	\$1,019.87	\$1,019.87	\$1,019.87
	Region 5	\$254.83	\$509.65	\$433.20	\$433.20	\$433.20	\$726.25	\$726.25	\$726.25
	Region 6	\$238.19	\$476.39	\$404.93	\$404.93	\$404.93	\$678.85	\$678.85	\$678.85
	Region 7	\$261.84	\$523.68	\$445.13	\$445.13	\$445.13	\$746.25	\$746.25	\$746.25
	Region 8	\$357.85	\$715.70	\$608.34	\$608.34	\$608.34	\$1,019.87	\$1,019.87	\$1,019.87
EssentialCare Catastrophic	Region 1	\$145.47	\$290.94	\$247.30	\$247.30	\$247.30	\$414.59	\$414.59	\$414.59
	Region 2	\$129.47	\$258.93	\$220.09	\$220.09	\$220.09	\$368.98	\$368.98	\$368.98
	Region 3	\$163.41	\$326.82	\$277.80	\$277.80	\$277.80	\$465.72	\$465.72	\$465.72
	Region 4	\$187.98	\$375.96	\$319.56	\$319.56	\$319.56	\$535.74	\$535.74	\$535.74
	Region 5	\$133.86	\$267.72	\$227.56	\$227.56	\$227.56	\$381.50	\$381.50	\$381.50
	Region 6	\$125.12	\$250.25	\$212.71	\$212.71	\$212.71	\$356.60	\$356.60	\$356.60
	Region 7	\$137.55	\$275.09	\$233.83	\$233.83	\$233.83	\$392.00	\$392.00	\$392.00
	Region 8	\$187.98	\$375.96	\$319.56	\$319.56	\$319.56	\$535.74	\$535.74	\$535.74
Primary Select Platinum	Region 1	\$445.88	\$891.76	\$757.99	\$757.99	\$757.99	\$1,270.75	\$1,270.75	\$1,270.75
	Region 2	\$396.83	\$793.65	\$674.60	\$674.60	\$674.60	\$1,130.95	\$1,130.95	\$1,130.95
	Region 3	\$500.87	\$1,001.74	\$851.48	\$851.48	\$851.48	\$1,427.48	\$1,427.48	\$1,427.48
	Region 4	\$576.17	\$1,152.35	\$979.50	\$979.50	\$979.50	\$1,642.10	\$1,642.10	\$1,642.10
	Region 5	\$410.30	\$820.59	\$697.50	\$697.50	\$697.50	\$1,169.34	\$1,169.34	\$1,169.34
	Region 6	\$383.51	\$767.03	\$651.98	\$651.98	\$651.98	\$1,093.02	\$1,093.02	\$1,093.02
	Region 7	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 8	\$576.17	\$1,152.35	\$979.50	\$979.50	\$979.50	\$1,642.10	\$1,642.10	\$1,642.10
Primary Select Gold	Region 1	\$395.26	\$790.51	\$671.94	\$671.94	\$671.94	\$1,126.48	\$1,126.48	\$1,126.48
	Region 2	\$351.77	\$703.54	\$598.01	\$598.01	\$598.01	\$1,002.55	\$1,002.55	\$1,002.55
	Region 3	\$444.01	\$888.01	\$754.81	\$754.81	\$754.81	\$1,265.41	\$1,265.41	\$1,265.41
	Region 4	\$510.76	\$1,021.52	\$868.29	\$868.29	\$868.29	\$1,455.66	\$1,455.66	\$1,455.66
	Region 5	\$363.71	\$727.43	\$618.31	\$618.31	\$618.31	\$1,036.58	\$1,036.58	\$1,036.58
	Region 6	\$339.97	\$679.95	\$577.95	\$577.95	\$577.95	\$968.92	\$968.92	\$968.92
	Region 7	\$373.73	\$747.45	\$635.33	\$635.33	\$635.33	\$1,065.12	\$1,065.12	\$1,065.12
	Region 8	\$510.76	\$1,021.52	\$868.29	\$868.29	\$868.29	\$1,455.66	\$1,455.66	\$1,455.66
Primary Select Silver	Region 1	\$338.29	\$676.59	\$575.10	\$575.10	\$575.10	\$964.13	\$964.13	\$964.13
	Region 2	\$301.08	\$602.15	\$511.83	\$511.83	\$511.83	\$858.07	\$858.07	\$858.07
	Region 3	\$380.02	\$760.03	\$646.03	\$646.03	\$646.03	\$1,083.05	\$1,083.05	\$1,083.05
	Region 4	\$437.15	\$874.30	\$743.15	\$743.15	\$743.15	\$1,245.87	\$1,245.87	\$1,245.87
	Region 5	\$311.30	\$622.59	\$529.20	\$529.20	\$529.20	\$887.19	\$887.19	\$887.19
	Region 6	\$290.98	\$581.95	\$494.66	\$494.66	\$494.66	\$829.28	\$829.28	\$829.28
	Region 7	\$319.87	\$639.73	\$543.77	\$543.77	\$543.77	\$911.62	\$911.62	\$911.62
	Region 8	\$437.15	\$874.30	\$743.15	\$743.15	\$743.15	\$1,245.87	\$1,245.87	\$1,245.87

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Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHLD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001

	Individual	Couple	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three or More Dependents	Couple and One Dependent	Couple and Two Dependents	Couple and Three or More Dependents	
Active Living Advanced (Gold)	Region 1	\$327.44	\$654.87	\$556.64	\$556.64	\$556.64	\$933.20	\$933.20	\$933.20
	Region 2	\$291.41	\$582.83	\$495.40	\$495.40	\$495.40	\$830.53	\$830.53	\$830.53
	Region 3	\$367.82	\$735.64	\$625.30	\$625.30	\$625.30	\$1,048.29	\$1,048.29	\$1,048.29
	Region 4	\$423.12	\$846.24	\$719.31	\$719.31	\$719.31	\$1,205.90	\$1,205.90	\$1,205.90
	Region 5	\$301.31	\$602.61	\$512.22	\$512.22	\$512.22	\$858.72	\$858.72	\$858.72
	Region 6	\$281.64	\$563.28	\$478.79	\$478.79	\$478.79	\$802.67	\$802.67	\$802.67
	Region 7	\$309.60	\$619.20	\$526.32	\$526.32	\$526.32	\$882.36	\$882.36	\$882.36
	Region 8	\$423.12	\$846.24	\$719.31	\$719.31	\$719.31	\$1,205.90	\$1,205.90	\$1,205.90
Active Living Plus (Silver)	Region 1	\$280.66	\$561.33	\$477.13	\$477.13	\$477.13	\$799.89	\$799.89	\$799.89
	Region 2	\$249.79	\$499.57	\$424.64	\$424.64	\$424.64	\$711.89	\$711.89	\$711.89
	Region 3	\$315.28	\$630.56	\$535.98	\$535.98	\$535.98	\$898.55	\$898.55	\$898.55
	Region 4	\$362.68	\$725.36	\$616.56	\$616.56	\$616.56	\$1,033.64	\$1,033.64	\$1,033.64
	Region 5	\$258.27	\$516.53	\$439.05	\$439.05	\$439.05	\$736.06	\$736.06	\$736.06
	Region 6	\$241.41	\$482.82	\$410.39	\$410.39	\$410.39	\$688.01	\$688.01	\$688.01
	Region 7	\$265.38	\$530.75	\$451.14	\$451.14	\$451.14	\$756.32	\$756.32	\$756.32
	Region 8	\$362.68	\$725.36	\$616.56	\$616.56	\$616.56	\$1,033.64	\$1,033.64	\$1,033.64
Active Living Basic (Bronze)	Region 1	\$246.63	\$493.26	\$419.27	\$419.27	\$419.27	\$702.90	\$702.90	\$702.90
	Region 2	\$219.50	\$438.99	\$373.15	\$373.15	\$373.15	\$625.57	\$625.57	\$625.57
	Region 3	\$277.05	\$554.10	\$470.98	\$470.98	\$470.98	\$789.59	\$789.59	\$789.59
	Region 4	\$318.70	\$637.40	\$541.79	\$541.79	\$541.79	\$908.30	\$908.30	\$908.30
	Region 5	\$226.95	\$453.90	\$385.81	\$385.81	\$385.81	\$646.80	\$646.80	\$646.80
	Region 6	\$212.13	\$424.27	\$360.63	\$360.63	\$360.63	\$604.58	\$604.58	\$604.58
	Region 7	\$233.20	\$466.39	\$396.43	\$396.43	\$396.43	\$664.61	\$664.61	\$664.61
	Region 8	\$318.70	\$637.40	\$541.79	\$541.79	\$541.79	\$908.30	\$908.30	\$908.30
Primary Select PCMH	Region 1	\$319.18	\$638.37	\$542.61	\$542.61	\$542.61	\$909.68	\$909.68	\$909.68
	Region 2	\$284.07	\$568.14	\$482.92	\$482.92	\$482.92	\$809.60	\$809.60	\$809.60
	Region 3	\$358.55	\$717.10	\$609.54	\$609.54	\$609.54	\$1,021.87	\$1,021.87	\$1,021.87
	Region 4	\$412.46	\$824.91	\$701.18	\$701.18	\$701.18	\$1,175.50	\$1,175.50	\$1,175.50
	Region 5	\$293.71	\$587.42	\$499.31	\$499.31	\$499.31	\$837.08	\$837.08	\$837.08
	Region 6	\$274.54	\$549.08	\$466.72	\$466.72	\$466.72	\$782.44	\$782.44	\$782.44
	Region 7	\$301.80	\$603.60	\$513.06	\$513.06	\$513.06	\$860.12	\$860.12	\$860.12
	Region 8	\$412.46	\$824.91	\$701.18	\$701.18	\$701.18	\$1,175.50	\$1,175.50	\$1,175.50
EssentialCare Platinum Child Only	Region 1	\$191.62	\$191.62	\$191.62	\$191.62	\$191.62	\$191.62	\$191.62	\$191.62
	Region 2	\$170.54	\$170.54	\$170.54	\$170.54	\$170.54	\$170.54	\$170.54	\$170.54
	Region 3	\$215.25	\$215.25	\$215.25	\$215.25	\$215.25	\$215.25	\$215.25	\$215.25
	Region 4	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62
	Region 5	\$176.33	\$176.33	\$176.33	\$176.33	\$176.33	\$176.33	\$176.33	\$176.33
	Region 6	\$164.82	\$164.82	\$164.82	\$164.82	\$164.82	\$164.82	\$164.82	\$164.82
	Region 7	\$181.18	\$181.18	\$181.18	\$181.18	\$181.18	\$181.18	\$181.18	\$181.18
	Region 8	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62	\$247.62
EssentialCare Gold Child Only	Region 1	\$162.97	\$162.97	\$162.97	\$162.97	\$162.97	\$162.97	\$162.97	\$162.97
	Region 2	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04	\$145.04
	Region 3	\$183.07	\$183.07	\$183.07	\$183.07	\$183.07	\$183.07	\$183.07	\$183.07
	Region 4	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59
	Region 5	\$149.97	\$149.97	\$149.97	\$149.97	\$149.97	\$149.97	\$149.97	\$149.97
	Region 6	\$140.18	\$140.18	\$140.18	\$140.18	\$140.18	\$140.18	\$140.18	\$140.18
	Region 7	\$154.09	\$154.09	\$154.09	\$154.09	\$154.09	\$154.09	\$154.09	\$154.09
	Region 8	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59	\$210.59
EssentialCare Silver Child Only	Region 1	\$139.47	\$139.47	\$139.47	\$139.47	\$139.47	\$139.47	\$139.47	\$139.47
	Region 2	\$124.12	\$124.12	\$124.12	\$124.12	\$124.12	\$124.12	\$124.12	\$124.12
	Region 3	\$156.67	\$156.67	\$156.67	\$156.67	\$156.67	\$156.67	\$156.67	\$156.67
	Region 4	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22
	Region 5	\$128.34	\$128.34	\$128.34	\$128.34	\$128.34	\$128.34	\$128.34	\$128.34
	Region 6	\$119.96	\$119.96	\$119.96	\$119.96	\$119.96	\$119.96	\$119.96	\$119.96
	Region 7	\$131.87	\$131.87	\$131.87	\$131.87	\$131.87	\$131.87	\$131.87	\$131.87
	Region 8	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22	\$180.22
EssentialCare Bronze Child Only	Region 1	\$114.09	\$114.09	\$114.09	\$114.09	\$114.09	\$114.09	\$114.09	\$114.09
	Region 2	\$101.54	\$101.54	\$101.54	\$101.54	\$101.54	\$101.54	\$101.54	\$101.54
	Region 3	\$128.17	\$128.17	\$128.17	\$128.17	\$128.17	\$128.17	\$128.17	\$128.17
	Region 4	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43
	Region 5	\$104.99	\$104.99	\$104.99	\$104.99	\$104.99	\$104.99	\$104.99	\$104.99
	Region 6	\$98.14	\$98.14	\$98.14	\$98.14	\$98.14	\$98.14	\$98.14	\$98.14
	Region 7	\$107.88	\$107.88	\$107.88	\$107.88	\$107.88	\$107.88	\$107.88	\$107.88
	Region 8	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43	\$147.43

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		Individual	Couple	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three or More Dependents	Couple and One Dependent	Couple and Two Dependents	Couple and Three or More Dependents
EssentialCare Platinum Age 29 Option	Region 1	\$465.10	\$930.19	\$790.66	\$790.66	\$790.66	\$1,325.53	\$1,325.53	\$1,325.53
	Region 2	\$413.93	\$827.86	\$703.68	\$703.68	\$703.68	\$1,179.70	\$1,179.70	\$1,179.70
	Region 3	\$522.46	\$1,044.92	\$888.18	\$888.18	\$888.18	\$1,489.01	\$1,489.01	\$1,489.01
	Region 4	\$601.01	\$1,202.02	\$1,021.71	\$1,021.71	\$1,021.71	\$1,712.87	\$1,712.87	\$1,712.87
	Region 5	\$427.98	\$855.96	\$727.57	\$727.57	\$727.57	\$1,219.74	\$1,219.74	\$1,219.74
	Region 6	\$400.05	\$800.09	\$680.08	\$680.08	\$680.08	\$1,140.13	\$1,140.13	\$1,140.13
	Region 7	\$439.76	\$879.52	\$747.60	\$747.60	\$747.60	\$1,253.32	\$1,253.32	\$1,253.32
	Region 8	\$601.01	\$1,202.02	\$1,021.71	\$1,021.71	\$1,021.71	\$1,712.87	\$1,712.87	\$1,712.87
EssentialCare Gold Age 29 Option	Region 1	\$395.56	\$791.12	\$672.45	\$672.45	\$672.45	\$1,127.35	\$1,127.35	\$1,127.35
	Region 2	\$352.04	\$704.09	\$598.47	\$598.47	\$598.47	\$1,003.32	\$1,003.32	\$1,003.32
	Region 3	\$444.35	\$888.69	\$755.39	\$755.39	\$755.39	\$1,266.39	\$1,266.39	\$1,266.39
	Region 4	\$511.15	\$1,022.30	\$868.96	\$868.96	\$868.96	\$1,456.78	\$1,456.78	\$1,456.78
	Region 5	\$363.99	\$727.99	\$618.79	\$618.79	\$618.79	\$1,037.38	\$1,037.38	\$1,037.38
	Region 6	\$340.24	\$680.47	\$578.40	\$578.40	\$578.40	\$969.67	\$969.67	\$969.67
	Region 7	\$374.01	\$748.03	\$635.82	\$635.82	\$635.82	\$1,065.94	\$1,065.94	\$1,065.94
	Region 8	\$511.15	\$1,022.30	\$868.96	\$868.96	\$868.96	\$1,456.78	\$1,456.78	\$1,456.78
EssentialCare Silver Age 29 Option	Region 1	\$338.51	\$677.03	\$575.47	\$575.47	\$575.47	\$964.77	\$964.77	\$964.77
	Region 2	\$301.27	\$602.55	\$512.16	\$512.16	\$512.16	\$858.63	\$858.63	\$858.63
	Region 3	\$380.26	\$760.53	\$646.45	\$646.45	\$646.45	\$1,083.75	\$1,083.75	\$1,083.75
	Region 4	\$437.44	\$874.87	\$743.64	\$743.64	\$743.64	\$1,246.69	\$1,246.69	\$1,246.69
	Region 5	\$311.50	\$623.00	\$529.55	\$529.55	\$529.55	\$887.77	\$887.77	\$887.77
	Region 6	\$291.17	\$582.33	\$494.98	\$494.98	\$494.98	\$829.83	\$829.83	\$829.83
	Region 7	\$320.07	\$640.15	\$544.13	\$544.13	\$544.13	\$912.21	\$912.21	\$912.21
	Region 8	\$437.44	\$874.87	\$743.64	\$743.64	\$743.64	\$1,246.69	\$1,246.69	\$1,246.69
EssentialCare Bronze Age 29 Option	Region 1	\$276.93	\$553.85	\$470.77	\$470.77	\$470.77	\$789.24	\$789.24	\$789.24
	Region 2	\$246.46	\$492.92	\$418.98	\$418.98	\$418.98	\$702.41	\$702.41	\$702.41
	Region 3	\$311.08	\$622.16	\$528.84	\$528.84	\$528.84	\$886.58	\$886.58	\$886.58
	Region 4	\$357.85	\$715.70	\$608.34	\$608.34	\$608.34	\$1,019.87	\$1,019.87	\$1,019.87
	Region 5	\$254.83	\$509.65	\$433.20	\$433.20	\$433.20	\$726.25	\$726.25	\$726.25
	Region 6	\$238.19	\$476.39	\$404.93	\$404.93	\$404.93	\$678.85	\$678.85	\$678.85
	Region 7	\$261.84	\$523.68	\$445.13	\$445.13	\$445.13	\$746.25	\$746.25	\$746.25
	Region 8	\$357.85	\$715.70	\$608.34	\$608.34	\$608.34	\$1,019.87	\$1,019.87	\$1,019.87
Primary Select Platinum Age 29 Option	Region 1	\$445.88	\$891.76	\$757.99	\$757.99	\$757.99	\$1,270.75	\$1,270.75	\$1,270.75
	Region 2	\$396.83	\$793.65	\$674.60	\$674.60	\$674.60	\$1,130.95	\$1,130.95	\$1,130.95
	Region 3	\$500.87	\$1,001.74	\$851.48	\$851.48	\$851.48	\$1,427.48	\$1,427.48	\$1,427.48
	Region 4	\$576.17	\$1,152.35	\$979.50	\$979.50	\$979.50	\$1,642.10	\$1,642.10	\$1,642.10
	Region 5	\$410.30	\$820.59	\$697.50	\$697.50	\$697.50	\$1,169.34	\$1,169.34	\$1,169.34
	Region 6	\$383.51	\$767.03	\$651.98	\$651.98	\$651.98	\$1,093.02	\$1,093.02	\$1,093.02
	Region 7	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 8	\$576.17	\$1,152.35	\$979.50	\$979.50	\$979.50	\$1,642.10	\$1,642.10	\$1,642.10
Primary Select Gold Age 29 Option	Region 1	\$395.26	\$790.51	\$671.94	\$671.94	\$671.94	\$1,126.48	\$1,126.48	\$1,126.48
	Region 2	\$351.77	\$703.54	\$598.01	\$598.01	\$598.01	\$1,002.55	\$1,002.55	\$1,002.55
	Region 3	\$444.01	\$888.01	\$754.81	\$754.81	\$754.81	\$1,265.41	\$1,265.41	\$1,265.41
	Region 4	\$510.76	\$1,021.52	\$868.29	\$868.29	\$868.29	\$1,455.66	\$1,455.66	\$1,455.66
	Region 5	\$363.71	\$727.43	\$618.31	\$618.31	\$618.31	\$1,036.58	\$1,036.58	\$1,036.58
	Region 6	\$339.97	\$679.95	\$577.95	\$577.95	\$577.95	\$968.92	\$968.92	\$968.92
	Region 7	\$373.73	\$747.45	\$635.33	\$635.33	\$635.33	\$1,065.12	\$1,065.12	\$1,065.12
	Region 8	\$510.76	\$1,021.52	\$868.29	\$868.29	\$868.29	\$1,455.66	\$1,455.66	\$1,455.66
Primary Select Silver Age 29 Option	Region 1	\$338.29	\$676.59	\$575.10	\$575.10	\$575.10	\$964.13	\$964.13	\$964.13
	Region 2	\$301.08	\$602.15	\$511.83	\$511.83	\$511.83	\$858.07	\$858.07	\$858.07
	Region 3	\$380.02	\$760.03	\$646.03	\$646.03	\$646.03	\$1,083.05	\$1,083.05	\$1,083.05
	Region 4	\$437.15	\$874.30	\$743.15	\$743.15	\$743.15	\$1,245.87	\$1,245.87	\$1,245.87
	Region 5	\$311.30	\$622.59	\$529.20	\$529.20	\$529.20	\$887.19	\$887.19	\$887.19
	Region 6	\$290.98	\$581.95	\$494.66	\$494.66	\$494.66	\$829.28	\$829.28	\$829.28
	Region 7	\$319.87	\$639.73	\$543.77	\$543.77	\$543.77	\$911.62	\$911.62	\$911.62
	Region 8	\$437.15	\$874.30	\$743.15	\$743.15	\$743.15	\$1,245.87	\$1,245.87	\$1,245.87
Primary Select PCMH Age 29 Option	Region 1	\$319.18	\$638.37	\$542.61	\$542.61	\$542.61	\$909.68	\$909.68	\$909.68
	Region 2	\$284.07	\$568.14	\$482.92	\$482.92	\$482.92	\$809.60	\$809.60	\$809.60
	Region 3	\$358.55	\$717.10	\$609.54	\$609.54	\$609.54	\$1,021.87	\$1,021.87	\$1,021.87
	Region 4	\$412.46	\$824.91	\$701.18	\$701.18	\$701.18	\$1,175.50	\$1,175.50	\$1,175.50
	Region 5	\$293.71	\$587.42	\$499.31	\$499.31	\$499.31	\$837.08	\$837.08	\$837.08
	Region 6	\$274.54	\$549.08	\$466.72	\$466.72	\$466.72	\$782.44	\$782.44	\$782.44
	Region 7	\$301.80	\$603.60	\$513.06	\$513.06	\$513.06	\$860.12	\$860.12	\$860.12
	Region 8	\$412.46	\$824.91	\$701.18	\$701.18	\$701.18	\$1,175.50	\$1,175.50	\$1,175.50

Health Republic Insurance of New York
2015 Individual Rate Filing - On Exchange
Rates - 2015

Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001

	Individual	Couple	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three or More Dependents	Couple and One Dependent	Couple and Two Dependents	Couple and Three or More Dependents	
Active Living Advanced (Gold) Age 29 Option	Region 1	\$327.44	\$654.87	\$556.64	\$556.64	\$556.64	\$933.20	\$933.20	\$933.20
	Region 2	\$291.41	\$582.83	\$495.40	\$495.40	\$495.40	\$830.53	\$830.53	\$830.53
	Region 3	\$367.82	\$735.64	\$625.30	\$625.30	\$625.30	\$1,048.29	\$1,048.29	\$1,048.29
	Region 4	\$423.12	\$846.24	\$719.31	\$719.31	\$719.31	\$1,205.90	\$1,205.90	\$1,205.90
	Region 5	\$301.31	\$602.61	\$512.22	\$512.22	\$512.22	\$858.72	\$858.72	\$858.72
	Region 6	\$281.64	\$563.28	\$478.79	\$478.79	\$478.79	\$802.67	\$802.67	\$802.67
	Region 7	\$309.60	\$619.20	\$526.32	\$526.32	\$526.32	\$882.36	\$882.36	\$882.36
	Region 8	\$423.12	\$846.24	\$719.31	\$719.31	\$719.31	\$1,205.90	\$1,205.90	\$1,205.90
Active Living Plus (Silver) Age 29 Option	Region 1	\$280.66	\$561.33	\$477.13	\$477.13	\$477.13	\$799.89	\$799.89	\$799.89
	Region 2	\$249.79	\$499.57	\$424.64	\$424.64	\$424.64	\$711.89	\$711.89	\$711.89
	Region 3	\$315.28	\$630.56	\$535.98	\$535.98	\$535.98	\$898.55	\$898.55	\$898.55
	Region 4	\$362.68	\$725.36	\$616.56	\$616.56	\$616.56	\$1,033.64	\$1,033.64	\$1,033.64
	Region 5	\$258.27	\$516.53	\$439.05	\$439.05	\$439.05	\$736.06	\$736.06	\$736.06
	Region 6	\$241.41	\$482.82	\$410.39	\$410.39	\$410.39	\$688.01	\$688.01	\$688.01
	Region 7	\$265.38	\$530.75	\$451.14	\$451.14	\$451.14	\$756.32	\$756.32	\$756.32
	Region 8	\$362.68	\$725.36	\$616.56	\$616.56	\$616.56	\$1,033.64	\$1,033.64	\$1,033.64
Active Living Basic (Bronze) Age 29 Option	Region 1	\$246.63	\$493.26	\$419.27	\$419.27	\$419.27	\$702.90	\$702.90	\$702.90
	Region 2	\$219.50	\$438.99	\$373.15	\$373.15	\$373.15	\$625.57	\$625.57	\$625.57
	Region 3	\$277.05	\$554.10	\$470.98	\$470.98	\$470.98	\$789.59	\$789.59	\$789.59
	Region 4	\$318.70	\$637.40	\$541.79	\$541.79	\$541.79	\$908.30	\$908.30	\$908.30
	Region 5	\$226.95	\$453.90	\$385.81	\$385.81	\$385.81	\$646.80	\$646.80	\$646.80
	Region 6	\$212.13	\$424.27	\$360.63	\$360.63	\$360.63	\$604.58	\$604.58	\$604.58
	Region 7	\$233.20	\$466.39	\$396.43	\$396.43	\$396.43	\$664.61	\$664.61	\$664.61
	Region 8	\$318.70	\$637.40	\$541.79	\$541.79	\$541.79	\$908.30	\$908.30	\$908.30
Active Living Advanced (Gold) Child Only	Region 1	\$134.90	\$134.90	\$134.90	\$134.90	\$134.90	\$134.90	\$134.90	\$134.90
	Region 2	\$120.06	\$120.06	\$120.06	\$120.06	\$120.06	\$120.06	\$120.06	\$120.06
	Region 3	\$151.54	\$151.54	\$151.54	\$151.54	\$151.54	\$151.54	\$151.54	\$151.54
	Region 4	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33
	Region 5	\$124.14	\$124.14	\$124.14	\$124.14	\$124.14	\$124.14	\$124.14	\$124.14
	Region 6	\$116.04	\$116.04	\$116.04	\$116.04	\$116.04	\$116.04	\$116.04	\$116.04
	Region 7	\$127.56	\$127.56	\$127.56	\$127.56	\$127.56	\$127.56	\$127.56	\$127.56
	Region 8	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33	\$174.33
Active Living Plus (Silver) Child Only	Region 1	\$115.63	\$115.63	\$115.63	\$115.63	\$115.63	\$115.63	\$115.63	\$115.63
	Region 2	\$102.91	\$102.91	\$102.91	\$102.91	\$102.91	\$102.91	\$102.91	\$102.91
	Region 3	\$129.90	\$129.90	\$129.90	\$129.90	\$129.90	\$129.90	\$129.90	\$129.90
	Region 4	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42
	Region 5	\$106.41	\$106.41	\$106.41	\$106.41	\$106.41	\$106.41	\$106.41	\$106.41
	Region 6	\$99.46	\$99.46	\$99.46	\$99.46	\$99.46	\$99.46	\$99.46	\$99.46
	Region 7	\$109.33	\$109.33	\$109.33	\$109.33	\$109.33	\$109.33	\$109.33	\$109.33
	Region 8	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42	\$149.42
Active Living Basic (Bronze) Child Only	Region 1	\$101.61	\$101.61	\$101.61	\$101.61	\$101.61	\$101.61	\$101.61	\$101.61
	Region 2	\$90.43	\$90.43	\$90.43	\$90.43	\$90.43	\$90.43	\$90.43	\$90.43
	Region 3	\$114.14	\$114.14	\$114.14	\$114.14	\$114.14	\$114.14	\$114.14	\$114.14
	Region 4	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30
	Region 5	\$93.50	\$93.50	\$93.50	\$93.50	\$93.50	\$93.50	\$93.50	\$93.50
	Region 6	\$87.40	\$87.40	\$87.40	\$87.40	\$87.40	\$87.40	\$87.40	\$87.40
	Region 7	\$96.08	\$96.08	\$96.08	\$96.08	\$96.08	\$96.08	\$96.08	\$96.08
	Region 8	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30	\$131.30

Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - STANDARD PLANS				
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001				
Plans:	EssentialCare Platinum EssentialCare Platinum Child Only EssentialCare Platinum Age 29 Option		EssentialCare Gold EssentialCare Gold Child Only EssentialCare Gold Age 29 Option	
Benefit Summary	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0	Not Applicable	\$600	Not Applicable
Coinsurance	100%	Not Applicable	100%	Not Applicable
Out of Pocket Maximum	\$2,000	Not Applicable	\$4,000	Not Applicable
Preventive Services				
Allergy Testing				
Bone Density Testing				
Cervical Cytology				
Colonoscopy Screening				
Gynecological Screening				
Immunizations				
Mammography	\$0	Not Covered	\$0	Not Covered
Prenatal Maternity Care				
Prostate Cancer Screening				
Routine Exams				
Women's Preventive Health Services				
Other Services Noted in Section 2713 of ACA				
Physician and Other Services				
Office Visit	\$15 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered
Outpatient Surgical Procedures (in physician's office)	\$100 after deductible is met	Not Covered	\$100 after deductible is met	Not Covered
Emergency & Urgent Care Services				
Emergency Room	\$100 after deductible is met	\$100 after deductible is met	\$150 after deductible is met	\$150 after deductible is met
Ambulance	\$100 after deductible is met	\$100 after deductible is met	\$150 after deductible is met	\$150 after deductible is met
Urgent Care Center	\$55 after deductible is met	Not Covered	\$60 after deductible is met	Not Covered
Hospital Services				
Inpatient Hospital	\$500 after deductible is met	Not Covered	\$1,000 after deductible is met	Not Covered
Outpatient Surgical Procedures (Facility)	\$100 after deductible is met	Not Covered	\$100 after deductible is met	Not Covered
Skilled Nursing Facility	\$500 after deductible is met	Not Covered	\$1,000 after deductible is met	Not Covered
Diagnostic Testing Services				
Laboratory Testing	\$35 after deductible is met	Not Covered	\$40 after deductible is met	Not Covered
EKG	\$35 after deductible is met	Not Covered	\$40 after deductible is met	Not Covered
Routine Radiology	\$35 after deductible is met	Not Covered	\$40 after deductible is met	Not Covered
Advanced Radiology	\$35 after deductible is met	Not Covered	\$40 after deductible is met	Not Covered
Maternity Services				
Inpatient Maternity	\$500 after deductible is met	Not Covered	\$1,000 after deductible is met	Not Covered
Mental Health & Substance Abuse Services				
Inpatient Mental Health	\$500 after deductible is met	Not Covered	\$1,000 after deductible is met	Not Covered
Outpatient Mental Health	\$15 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered
Inpatient Substance Abuse - Rehab	\$500 after deductible is met	Not Covered	\$1,000 after deductible is met	Not Covered
Inpatient Substance Abuse - Detox	\$500 after deductible is met	Not Covered	\$1,000 after deductible is met	Not Covered
Outpatient Substance Abuse	\$15 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered
Diabetic Supplies and Services				
Insulin and Other Oral Agents	\$15 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$15 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered
Rehabilitation Services				
Chiropractic Services	\$35 after deductible is met	Not Covered	\$40 after deductible is met	Not Covered
Physical - Occupational - Speech Therapies	\$25 after deductible is met	Not Covered	\$30 after deductible is met	Not Covered
Cardiac Rehabilitation	\$25 after deductible is met	Not Covered	\$30 after deductible is met	Not Covered
Pulmonary Rehabilitation	\$25 after deductible is met	Not Covered	\$30 after deductible is met	Not Covered
Additional Services				
Durable Medical Equipment	90% cost sharing after deductible is met	Not Covered	80% cost sharing after deductible is met	Not Covered
Prosthetics and Appliances	90% cost sharing after deductible is met	Not Covered	80% cost sharing after deductible is met	Not Covered
Chemotherapy	\$15 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered
Home Health Care	\$15 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered
Prescription Drug Coverage				
Prescription Plan	\$10/\$30/\$60	Not Covered	\$10/\$35/\$70	Not Covered
Maintenance Medications	\$10/\$30/\$60	Not Covered	\$10/\$35/\$70	Not Covered
Vision Services				
Medical Exam	Covered for children only: \$15 after deductible is met	Not Covered	Covered for children only: \$25 after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only: 90% cost sharing after deductible is met	Not Covered	Covered for children only: 80% cost sharing after deductible is met	Not Covered
Frames	Covered for children only: 90% cost sharing after deductible is met	Not Covered	Covered for children only: 80% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only: 90% cost sharing after deductible is met	Not Covered	Covered for children only: 80% cost sharing after deductible is met	Not Covered
Dental Services				
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.	
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	Certain benefits stated in this benefit summary are pending NYS approval.		Certain benefits stated in this benefit summary are pending NYS approval.	

		Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - STANDARD PLANS			
		Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001			
Plans:	EssentialCare Silver EssentialCare Silver Child Only EssentialCare Silver Age 29 Option		EssentialCare Bronze EssentialCare Bronze Child Only EssentialCare Bronze Age 29 Option		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Benefit Summary					
Deductible	\$2,000	Not Applicable	\$3,000	Not Applicable	
Coinsurance	100%	Not Applicable	50%	Not Applicable	
Out of Pocket Maximum	\$5,500	Not Applicable	\$6,350	Not Applicable	
Preventive Services					
Allergy Testing					
Bone Density Testing					
Cervical Cytology					
Colonoscopy Screening					
Gynecological Screening					
Immunizations					
Mammography	\$0	Not Covered	\$0	Not Covered	
Prenatal Maternity Care					
Prostate Cancer Screening					
Routine Exams					
Women's Preventive Health Services					
Other Services Noted in Section 2713 of ACA					
Physician and Other Services					
Office Visit	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Outpatient Surgical Procedures (in physician's office)	\$100 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Emergency & Urgent Care Services					
Emergency Room	\$150 after deductible is met	\$150 after deductible is met	50% cost sharing after deductible is met	50% cost sharing after deductible is met	
Ambulance	\$150 after deductible is met	\$150 after deductible is met	50% cost sharing after deductible is met	50% cost sharing after deductible is met	
Urgent Care Center	\$70 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Hospital Services					
Inpatient Hospital	\$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Outpatient Surgical Procedures (Facility)	\$100 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Skilled Nursing Facility	\$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Diagnostic Testing Services					
Laboratory Testing	\$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
EKG	\$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Routine Radiology	\$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Advanced Radiology	\$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Maternity Services					
Inpatient Maternity	\$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Mental Health & Substance Abuse Services					
Inpatient Mental Health	\$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Outpatient Mental Health	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Inpatient Substance Abuse - Rehab	\$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Inpatient Substance Abuse - Detox	\$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Outpatient Substance Abuse	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Diabetic Supplies and Services					
Insulin and Other Oral Agents	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Rehabilitation Services					
Chiropractic Services	\$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Physical - Occupational - Speech Therapies	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Cardiac Rehabilitation	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Pulmonary Rehabilitation	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Additional Services					
Durable Medical Equipment	70% cost sharing after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Prosthetics and Appliances	70% cost sharing after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Chemotherapy	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Home Health Care	\$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered	
Prescription Drug Coverage					
Prescription Plan	\$10/\$35/\$70	Not Covered	\$10 after ded /\$35 after ded /\$70 after ded	Not Covered	
Maintenance Medications	\$10/\$35/\$70	Not Covered	\$10 after ded /\$35 after ded /\$70 after ded	Not Covered	
Vision Services					
Medical Exam	Covered for children only: \$30 after deductible is met	Not Covered	Covered for children only: 50% cost sharing after deductible is met	Not Covered	
Standard Plastic Lenses	Covered for children only: 70% cost sharing after deductible is met	Not Covered	Covered for children only: 50% cost sharing after deductible is met	Not Covered	
Frames	Covered for children only: 70% cost sharing after deductible is met	Not Covered	Covered for children only: 50% cost sharing after deductible is met	Not Covered	
Conventional Contact Lenses	Covered for children only: 70% cost sharing after deductible is met	Not Covered	Covered for children only: 50% cost sharing after deductible is met	Not Covered	
Dental Services					
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		
	All indicated benefits assume the member has appropriate authorization to receive services.		All indicated benefits assume the member has appropriate authorization to receive services.		
	Certain benefits stated in this benefit summary are pending NYS approval.		Certain benefits stated in this benefit summary are pending NYS approval.		

Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - STANDARD PLANS		
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001		
Plans:	EssentialCare Catastrophic	
Benefit Summary	In-Network	Out-of-Network
Deductible	\$6,600	Not Applicable
Coinsurance	100%	Not Applicable
Out of Pocket Maximum	\$6,600	Not Applicable
Preventive Services		
Allergy Testing		
Bone Density Testing		
Cervical Cytology		
Colonoscopy Screening		
Gynecological Screening		
Immunizations		
Mammography	\$0	Not Covered
Prenatal Maternity Care		
Prostate Cancer Screening		
Routine Exams		
Women's Preventive Health Services		
Other Services Noted in Section 2713 of ACA		
Physician and Other Services		
Office Visit	No Charge after deductible	Not Covered
Outpatient Surgical Procedures (in physician's office)	No Charge after deductible	Not Covered
Emergency & Urgent Care Services		
Emergency Room	No Charge after deductible	Not Covered
Ambulance	No Charge after deductible	Not Covered
Urgent Care Center	No Charge after deductible	Not Covered
Hospital Services		
Inpatient Hospital	No Charge after deductible	Not Covered
Outpatient Surgical Procedures (Facility)	No Charge after deductible	Not Covered
Skilled Nursing Facility	No Charge after deductible	Not Covered
Diagnostic Testing Services		
Laboratory Testing	No Charge after deductible	Not Covered
EKG	No Charge after deductible	Not Covered
Routine Radiology	No Charge after deductible	Not Covered
Advanced Radiology	No Charge after deductible	Not Covered
Maternity Services		
Inpatient Maternity	No Charge after deductible	Not Covered
Mental Health & Substance Abuse Services		
Inpatient Mental Health	No Charge after deductible	Not Covered
Outpatient Mental Health	No Charge after deductible	Not Covered
Inpatient Substance Abuse - Rehab	No Charge after deductible	Not Covered
Inpatient Substance Abuse - Detox	No Charge after deductible	Not Covered
Outpatient Substance Abuse	No Charge after deductible	Not Covered
Diabetic Supplies and Services		
Insulin and Other Oral Agents	No Charge after deductible	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	No Charge after deductible	Not Covered
Rehabilitation Services		
Chiropractic Services	No Charge after deductible	Not Covered
Physical - Occupational - Speech Therapies	No Charge after deductible	Not Covered
Cardiac Rehabilitation	No Charge after deductible	Not Covered
Pulmonary Rehabilitation	No Charge after deductible	Not Covered
Additional Services		
Durable Medical Equipment	No Charge after deductible	Not Covered
Prosthetics and Appliances	No Charge after deductible	Not Covered
Chemotherapy	No Charge after deductible	Not Covered
Home Health Care	No Charge after deductible	Not Covered
Prescription Drug Coverage		
Prescription Plan	No Charge after deductible	Not Covered
Maintenance Medications	No Charge after deductible	Not Covered
Vision Services		
Medical Exam	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Frames	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Dental Services		
Preventive and Routine	Not Covered	Not Covered
<p>This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.</p> <p>All indicated benefits assume the member has appropriate authorization to receive services.</p> <p>Certain benefits stated in this benefit summary are pending NYS approval.</p>		

		Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - STANDARD PLANS			
		Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001			
Plans:	Essential Care Silver CSR 200-250% FPL Essential Care Silver CSR 200-250% FPL Child Only Essential Care Silver CSR 200-250% FPL Age 29 Option	Essential Care Silver CSR 150-200% FPL Essential Care Silver CSR 150-200% FPL Child Only Essential Care Silver CSR 150-200% FPL Age 29 Option			
Benefit Summary	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible	\$1,200	Not Applicable	\$250	Not Applicable	
Coinsurance	100%	Not Applicable	100%	Not Applicable	
Out of Pocket Maximum	\$5,200	Not Applicable	\$2,000	Not Applicable	
Preventive Services					
Allergy Testing					
Bone Density Testing					
Cervical Cytology					
Colonoscopy Screening					
Gynecological Screening					
Immunizations					
Mammography	\$0	Not Covered	\$0	Not Covered	
Prenatal Maternity Care					
Prostate Cancer Screening					
Routine Exams					
Women's Preventive Health Services					
Other Services Noted in Section 2713 of ACA					
Physician and Other Services					
Office Visit	\$30 after deductible is met	Not Covered	\$15 after deductible is met	Not Covered	
Outpatient Surgical Procedures (in physician's office)	\$100 after deductible is met	Not Covered	\$75 after deductible is met	Not Covered	
Emergency & Urgent Care Services					
Emergency Room	\$150 after deductible is met	\$150 after deductible is met	\$75 after deductible is met	\$75 after deductible is met	
Ambulance	\$150 after deductible is met	\$150 after deductible is met	\$75 after deductible is met	\$75 after deductible is met	
Urgent Care Center	\$70 after deductible is met	Not Covered	\$50 after deductible is met	Not Covered	
Hospital Services					
Inpatient Hospital	\$1,500 after deductible is met	Not Covered	\$250 after deductible is met	Not Covered	
Outpatient Surgical Procedures (Facility)	\$100 after deductible is met	Not Covered	\$75 after deductible is met	Not Covered	
Skilled Nursing Facility	\$1,500 after deductible is met	Not Covered	\$250 after deductible is met	Not Covered	
Diagnostic Testing Services					
Laboratory Testing	\$50 after deductible is met	Not Covered	\$35 after deductible is met	Not Covered	
EKG	\$50 after deductible is met	Not Covered	\$35 after deductible is met	Not Covered	
Routine Radiology	\$50 after deductible is met	Not Covered	\$35 after deductible is met	Not Covered	
Advanced Radiology	\$50 after deductible is met	Not Covered	\$35 after deductible is met	Not Covered	
Maternity Services					
Inpatient Maternity	\$1,500 after deductible is met	Not Covered	\$250 after deductible is met	Not Covered	
Mental Health & Substance Abuse Services					
Inpatient Mental Health	\$1,500 after deductible is met	Not Covered	\$250 after deductible is met	Not Covered	
Outpatient Mental Health	\$30 after deductible is met	Not Covered	\$15 after deductible is met	Not Covered	
Inpatient Substance Abuse - Rehab	\$1,500 after deductible is met	Not Covered	\$250 after deductible is met	Not Covered	
Inpatient Substance Abuse - Detox	\$1,500 after deductible is met	Not Covered	\$250 after deductible is met	Not Covered	
Outpatient Substance Abuse	\$30 after deductible is met	Not Covered	\$15 after deductible is met	Not Covered	
Diabetic Supplies and Services					
Insulin and Other Oral Agents	\$30 after deductible is met	Not Covered	\$15 after deductible is met	Not Covered	
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$30 after deductible is met	Not Covered	\$15 after deductible is met	Not Covered	
Rehabilitation Services					
Chiropractic Services	\$50 after deductible is met	Not Covered	\$35 after deductible is met	Not Covered	
Physical - Occupational - Speech Therapies	\$30 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered	
Cardiac Rehabilitation	\$30 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered	
Pulmonary Rehabilitation	\$30 after deductible is met	Not Covered	\$25 after deductible is met	Not Covered	
Additional Services					
Durable Medical Equipment	75% cost sharing after deductible is met	Not Covered	90% cost sharing after deductible is met	Not Covered	
Prosthetics and Appliances	75% cost sharing after deductible is met	Not Covered	90% cost sharing after deductible is met	Not Covered	
Chemotherapy	\$30 after deductible is met	Not Covered	\$15 after deductible is met	Not Covered	
Home Health Care	\$30 after deductible is met	Not Covered	\$15 after deductible is met	Not Covered	
Prescription Drug Coverage					
Prescription Plan	\$10/\$35/\$70	Not Covered	\$9/\$20/\$40	Not Covered	
Maintenance Medications	\$10/\$35/\$70	Not Covered	\$9/\$20/\$40	Not Covered	
Vision Services					
Medical Exam	Covered for children only: \$30 after deductible is met	Not Covered	Covered for children only: \$15 after deductible is met	Not Covered	
Standard Plastic Lenses	Covered for children only: 75% cost sharing after deductible is met	Not Covered	Covered for children only: 90% cost sharing after deductible is met	Not Covered	
Frames	Covered for children only: 75% cost sharing after deductible is met	Not Covered	Covered for children only: 90% cost sharing after deductible is met	Not Covered	
Conventional Contact Lenses	Covered for children only: 75% cost sharing after deductible is met	Not Covered	Covered for children only: 90% cost sharing after deductible is met	Not Covered	
Dental Services					
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.				
	All indicated benefits assume the member has appropriate authorization to receive services.				
	Certain benefits stated in this benefit summary are pending NYS approval.				
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	All indicated benefits assume the member has appropriate authorization to receive services.				
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Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - STANDARD PLANS				
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001				
Plans:	Essential Care Silver CSR 100-150% FPL Essential Care Silver CSR 100-150% FPL Child Only Essential Care Silver CSR 100-150% FPL Age 29 Option		Essential Care American Indian/Alaska Native = or < 300% FPL Essential Care American Indian/Alaska Native = or < 300% FPL Child Only Essential Care American Indian/Alaska Native = or < 300% FPL Age 29 Option	
Benefit Summary	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0	Not Applicable	\$0	Not Applicable
Coinsurance	100%	Not Applicable	100%	Not Applicable
Out of Pocket Maximum	\$1,000	Not Applicable	\$0	Not Applicable
Preventive Services				
Allergy Testing	\$0	Not Covered	\$0	Not Covered
Bone Density Testing				
Cervical Cytology				
Colonoscopy Screening				
Gynecological Screening				
Immunizations				
Mammography				
Prenatal Maternity Care				
Prostate Cancer Screening				
Routine Exams				
Women's Preventive Health Services				
Other Services Noted in Section 2713 of ACA				
Physician and Other Services				
Office Visit	\$10 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Outpatient Surgical Procedures (in physician's office)	\$25 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Emergency & Urgent Care Services				
Emergency Room	\$50 after deductible is met	\$50 after deductible is met	No Charge after deductible	100% cost sharing after deductible is met
Ambulance	\$50 after deductible is met	\$50 after deductible is met	No Charge after deductible	100% cost sharing after deductible is met
Urgent Care Center	\$30 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Hospital Services				
Inpatient Hospital	\$100 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Outpatient Surgical Procedures (Facility)	\$25 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Skilled Nursing Facility	\$100 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Diagnostic Testing Services				
Laboratory Testing	\$20 after deductible is met	Not Covered	No Charge after deductible	Not Covered
EKG	\$20 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Routine Radiology	\$20 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Advanced Radiology	\$20 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Maternity Services				
Inpatient Maternity	\$100 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Mental Health & Substance Abuse Services				
Inpatient Mental Health	\$100 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Outpatient Mental Health	\$10 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Inpatient Substance Abuse - Rehab	\$100 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Inpatient Substance Abuse - Detox	\$100 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Outpatient Substance Abuse	\$10 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Diabetic Supplies and Services				
Insulin and Other Oral Agents	\$10 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$10 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Rehabilitation Services				
Chiropractic Services	\$20 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Physical - Occupational - Speech Therapies	\$15 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Cardiac Rehabilitation	\$15 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Pulmonary Rehabilitation	\$15 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Additional Services				
Durable Medical Equipment	95% cost sharing after deductible is met	Not Covered	No Charge after deductible	Not Covered
Prosthetics and Appliances	95% cost sharing after deductible is met	Not Covered	No Charge after deductible	Not Covered
Chemotherapy	\$10 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Home Health Care	\$10 after deductible is met	Not Covered	No Charge after deductible	Not Covered
Prescription Drug Coverage				
Prescription Plan	\$6/\$15/\$30	Not Covered	No Charge after deductible	Not Covered
Maintenance Medications	\$6/\$15/\$30	Not Covered	No Charge after deductible	Not Covered
Vision Services				
Medical Exam	Covered for children only: \$10 after deductible is met	Not Covered	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only: 95% cost sharing after deductible is met	Not Covered	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Frames	Covered for children only: 95% cost sharing after deductible is met	Not Covered	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only: 95% cost sharing after deductible is met	Not Covered	Covered for children only: 100% cost sharing after deductible is met	Not Covered
Dental Services				
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered
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	All indicated benefits assume the member has appropriate authorization to receive services.		All indicated benefits assume the member has appropriate authorization to receive services.	
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Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001						
Plans:	Primary Select Platinum Primary Select Platinum Age 29 Option		Primary Select Gold Primary Select Gold Age 29 Option		Primary Select Silver Primary Select Silver Age 29 Option	
Benefit Summary	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0	Not Applicable	\$250	Not Applicable	\$2,000	Not Applicable
Coinsurance	80%	Not Applicable	80%	Not Applicable	80%	Not Applicable
Out of Pocket Maximum	\$1,400	Not Applicable	\$3,500	Not Applicable	\$6,350	Not Applicable
Preventive Services						
Allergy Testing						
Bone Density Testing						
Cervical Cytology						
Colonoscopy Screening						
Gynecological Screening						
Immunizations						
Mammography	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Prenatal Maternity Care						
Prostate Cancer Screening						
Routine Exams						
Women's Preventive Health Services						
Other Services Noted in Section 2713 of ACA						
Physician and Other Services						
Office Visit	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Outpatient Surgical Procedures (in physician's office)	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Emergency & Urgent Care Services						
Emergency Room	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible
Ambulance	\$100 Copay after Deductible	\$100 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible
Urgent Care Center	\$100 Copay after Deductible	Not Covered	\$100 Copay after Deductible	Not Covered	\$100 Copay after Deductible	Not Covered
Hospital Services						
Inpatient Hospital	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Outpatient Surgical Procedures (Facility)	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Skilled Nursing Facility	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Diagnostic Testing Services						
Laboratory Testing	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
EKG	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Routine Radiology	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Advanced Radiology	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Maternity Services						
Inpatient Maternity	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Mental Health & Substance Abuse Services						
Inpatient Mental Health	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Outpatient Mental Health	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Inpatient Substance Abuse - Rehab	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Inpatient Substance Abuse - Detox	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Outpatient Substance Abuse	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Diabetic Supplies and Services						
Insulin and Other Oral Agents	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Rehabilitation Services						
Chiropractic Services	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Physical - Occupational - Speech Therapies	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Cardiac Rehabilitation	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Pulmonary Rehabilitation	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Additional Services						
Durable Medical Equipment	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Prosthetics and Appliances	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Chemotherapy	\$15 Copay after Deductible	Not Covered	\$25 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Home Health Care	\$15 Copay after Deductible	Not Covered	\$25 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Prescription Drug Coverage						
Prescription Plan	\$0/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered
Maintenance Medications	\$0/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered
Vision Services						
Medical Exam	Covered for children only; \$15 after deductible is met	Not Covered	Covered for children only; \$25 after deductible is met	Not Covered	Covered for children only; \$30 after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Frames	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Dental Services						
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
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Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS						
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26XW, Rider Numbers: FHSC-WMBT001						
Plans:	Primary Select PCMH Primary Select PCMH Aqe 29 Option			Primary Select PCMH CSR 200-250% FPL Primary Select PCMH CSR 200-250% FPL Aqe 29 Option		
Benefit Summary	In-Network (Preferred)	In-Network (Participating)	Out-of-Network	In-Network (Preferred)	In-Network (Participating)	Out-of-Network
Deductible	\$2,000	\$2,000	Not Applicable	\$2,000	\$2,000	Not Applicable
Coinsurance	80%	80%	Not Applicable	80%	80%	Not Applicable
Out of Pocket Maximum	\$6,350	\$6,350	Not Applicable	\$4,500	\$4,500	Not Applicable
Preventive Services						
Allergy Testing						
Bone Density Testing						
Cervical Cytology						
Colonoscopy Screening						
Gynecological Screening						
Immunizations						
Mammography	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Prenatal Maternity Care						
Prostate Cancer Screening						
Routine Exams						
Women's Preventive Health Services						
Other Services Noted in Section 2713 of ACA						
Physician and Other Services						
Office Visit	\$0 Copayment with Selected Doctor	\$30 Copay after Deductible any other PCP	Not Covered	\$0 Copayment with Selected Doctor	\$30 Copay after Deductible any other PCP	Not Covered
Outpatient Surgical Procedures (in physician's office)	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Emergency & Urgent Care Services						
Emergency Room	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible
Ambulance	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible
Urgent Care Center	\$100 Copay after Deductible	\$100 Copay after Deductible	Not Covered	\$100 Copay after Deductible	\$100 Copay after Deductible	Not Covered
Hospital Services						
Inpatient Hospital	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Outpatient Surgical Procedures (Facility)	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Skilled Nursing Facility	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Diagnostic Testing Services						
Laboratory Testing	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
EKG	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Routine Radiology	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Advanced Radiology	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Maternity Services						
Inpatient Maternity	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Mental Health & Substance Abuse Services						
Inpatient Mental Health	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Outpatient Mental Health	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered
Inpatient Substance Abuse - Rehab	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Inpatient Substance Abuse - Detox	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Outpatient Substance Abuse	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered
Diabetic Supplies and Services						
Insulin and Other Oral Agents	\$0 Copay	\$0 Copay	Not Covered	\$0 Copay	\$0 Copay	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 Copay	\$0 Copay	Not Covered	\$0 Copay	\$0 Copay	Not Covered
Rehabilitation Services						
Chiropractic Services	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Physical - Occupational - Speech Therapies	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Cardiac Rehabilitation	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Pulmonary Rehabilitation	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Additional Services						
Durable Medical Equipment	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Prosthetics and Appliances	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Chemotherapy	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Home Health Care	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Prescription Drug Coverage						
Prescription Plan	\$10/\$35 after Deductible /\$70 after Deductible	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered
Maintenance Medications	\$10/\$35 after Deductible /\$70 after Deductible	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered
Vision Services						
Medical Exam	Covered for children only: \$30 after deductible is met	Covered for children only: \$30 after deductible is met	Not Covered	Covered for children only: \$30 after deductible is met	Covered for children only: \$30 after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only: 80% cost sharing after deductible is met	Covered for children only: 80% cost sharing after deductible is met	Not Covered	Covered for children only: 80% cost sharing after deductible is met	Covered for children only: 80% cost sharing after deductible is met	Not Covered
Frames	Covered for children only: 80% cost sharing after deductible is met	Covered for children only: 80% cost sharing after deductible is met	Not Covered	Covered for children only: 80% cost sharing after deductible is met	Covered for children only: 80% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only: 80% cost sharing after deductible is met	Covered for children only: 80% cost sharing after deductible is met	Not Covered	Covered for children only: 80% cost sharing after deductible is met	Covered for children only: 80% cost sharing after deductible is met	Not Covered
Dental Services						
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.			This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.		

Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS						
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26XW, Rider Numbers: FHSC-WMBT001						
Plans:	Primary Select PCMH CSR 150-200% FPL Primary Select PCMH CSR 150-200% FPL Age 29 Option			Primary Select PCMH CSR 100-150% FPL Primary Select PCMH CSR 100-150% FPL Age 29 Option		
	In-Network (Preferred)	In-Network (Participating)	Out-of-Network	In-Network (Preferred)	In-Network (Participating)	Out-of-Network
Benefit Summary						
Deductible	\$0	\$0	Not Applicable	\$0	\$0	Not Applicable
Coinsurance	80%	80%	Not Applicable	80%	80%	Not Applicable
Out of Pocket Maximum	\$1,750	\$1,750	Not Applicable	\$500	\$500	Not Applicable
Preventive Services						
Allergy Testing						
Bone Density Testing						
Cervical Cytology						
Colonoscopy Screening						
Gynecological Screening						
Immunizations						
Mammography	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Prenatal Maternity Care						
Prostate Cancer Screening						
Routine Exams						
Women's Preventive Health Services						
Other Services Noted in Section 2713 of ACA						
Physician and Other Services						
Office Visit	\$0 Copayment with Selected Doctor	\$15 Copay after Deductible any other PCP	Not Covered	\$0 Copayment with Selected Doctor	\$10 Copay after Deductible any other PCP	Not Covered
Outpatient Surgical Procedures (in physician's office)	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Emergency & Urgent Care Services						
Emergency Room	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible
Ambulance	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$50 Copay after Deductible	\$50 Copay after Deductible	\$50 Copay after Deductible
Urgent Care Center	\$100 Copay after Deductible	\$100 Copay after Deductible	Not Covered	\$100 Copay after Deductible	\$100 Copay after Deductible	Not Covered
Hospital Services						
Inpatient Hospital	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Outpatient Surgical Procedures (Facility)	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Skilled Nursing Facility	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Diagnostic Testing Services						
Laboratory Testing	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
EKG	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Routine Radiology	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Advanced Radiology	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Maternity Services						
Inpatient Maternity	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Mental Health & Substance Abuse Services						
Inpatient Mental Health	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Outpatient Mental Health	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered
Inpatient Substance Abuse - Rehab	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Inpatient Substance Abuse - Detox	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Outpatient Substance Abuse	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered
Diabetic Supplies and Services						
Insulin and Other Oral Agents	\$0 Copay	\$0 Copay	Not Covered	\$0 Copay	\$0 Copay	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 Copay	\$0 Copay	Not Covered	\$0 Copay	\$0 Copay	Not Covered
Rehabilitation Services						
Chiropractic Services	\$75 Copay	\$75 Copay	Not Covered	\$75 Copay	\$75 Copay	Not Covered
Physical - Occupational - Speech Therapies	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Cardiac Rehabilitation	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Pulmonary Rehabilitation	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered
Additional Services						
Durable Medical Equipment	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Prosthetics and Appliances	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	80 % Cost Sharing after Deductible	Not Covered
Chemotherapy	\$25 Copay after Deductible	\$25 Copay after Deductible	Not Covered	\$10 Copay after Deductible	\$10 Copay after Deductible	Not Covered
Home Health Care	\$25 Copay after Deductible	\$25 Copay after Deductible	Not Covered	\$10 Copay after Deductible	\$10 Copay after Deductible	Not Covered
Prescription Drug Coverage						
Prescription Plan	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	Not Covered	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	Not Covered
Maintenance Medications	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	Not Covered	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	\$10 /\$35 after Deductible /\$70 after Deductible /\$70 after Deductible	Not Covered
Vision Services						
Medical Exam	Covered for children only; \$25 after deductible is met	Covered for children only; \$25 after deductible is met	Not Covered	Covered for children only; \$10 after deductible is met	Covered for children only; \$10 after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only; 80% cost sharing after deductible is met	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Frames	Covered for children only; 80% cost sharing after deductible is met	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only; 80% cost sharing after deductible is met	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Dental Services						
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
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Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS						
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26DXW, Rider Numbers: FHSC-WMBT001						
Plans:	Primary Select Silver CSR 200-250% FPL Primary Select Silver CSR 200-250% FPL Age 29 Option	Primary Select Silver CSR 150-200% FPL Primary Select Silver CSR 150-200% FPL Age 29 Option	Primary Select Silver CSR 100-150% FPL Primary Select Silver CSR 100-150% FPL Age 29 Option			
Benefit Summary	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,000	Not Applicable	\$0	Not Applicable	\$0	Not Applicable
Coinsurance	80%	Not Applicable	80%	Not Applicable	80%	Not Applicable
Out of Pocket Maximum	\$4,750	Not Applicable	\$1,750	Not Applicable	\$500	Not Applicable
Preventive Services						
Allergy Testing						
Bone Density Testing						
Cervical Cytology						
Colonoscopy Screening						
Gynecological Screening						
Immunizations						
Mammography	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Prenatal Maternity Care						
Prostate Cancer Screening						
Routine Exams						
Women's Preventive Health Services						
Other Services Noted in Section 2713 of ACA						
Physician and Other Services						
Office Visit	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Outpatient Surgical Procedures (in physician's office)	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Emergency & Urgent Care Services						
Emergency Room	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible
Ambulance	\$150 Copay after Deductible	\$150 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$50 Copay after Deductible	\$50 Copay after Deductible
Urgent Care Center	\$100 Copay after Deductible	Not Covered	\$100 Copay after Deductible	Not Covered	\$100 Copay after Deductible	Not Covered
Hospital Services						
Inpatient Hospital	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Outpatient Surgical Procedures (Facility)	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Skilled Nursing Facility	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Diagnostic Testing Services						
Laboratory Testing	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
EKG	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Routine Radiology	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Advanced Radiology	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Maternity Services						
Inpatient Maternity	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Mental Health & Substance Abuse Services						
Inpatient Mental Health	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Outpatient Mental Health	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Inpatient Substance Abuse - Rehab	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Inpatient Substance Abuse - Detox	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Outpatient Substance Abuse	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Diabetic Supplies and Services						
Insulin and Other Oral Agents	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Rehabilitation Services						
Chiropractic Services	\$75 Copay	Not Covered	\$75 Copay	Not Covered	\$75 Copay	Not Covered
Physical - Occupational - Speech Therapies	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Cardiac Rehabilitation	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Pulmonary Rehabilitation	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered	\$30 Copay after Deductible	Not Covered
Additional Services						
Durable Medical Equipment	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Prosthetics and Appliances	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered	80 % Cost Sharing after Deductible	Not Covered
Chemotherapy	\$30 Copay after Deductible	Not Covered	\$25 Copay after Deductible	Not Covered	\$10 Copay after Deductible	Not Covered
Home Health Care	\$30 Copay after Deductible	Not Covered	\$25 Copay after Deductible	Not Covered	\$10 Copay after Deductible	Not Covered
Prescription Drug Coverage						
Prescription Plan	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered
Maintenance Medications	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered
Vision Services						
Medical Exam	Covered for children only; \$30 after deductible is met	Not Covered	Covered for children only; \$25 after deductible is met	Not Covered	Covered for children only; \$10 after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Frames	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered	Covered for children only; 80% cost sharing after deductible is met	Not Covered
Dental Services						
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
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		Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001					
Plans:	Active Living Advanced (Gold)		Active Living Plus (Silver)		Active Living Basic (Bronze)		
	Active Living Advanced (Gold) Age 29 Option		Active Living Plus (Silver) Age 29 Option		Active Living Basic (Bronze) Age 29 Option		
Benefit Summary	Active Living Advanced (Gold) Child Only		Active Living Plus (Silver) Child Only		Active Living Basic (Bronze) Child Only		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible	\$2,500	Not Applicable	\$4,000	Not Applicable	\$6,000	Not Applicable	
Coinsurance	100%	Not Applicable	100%	Not Applicable	100%	Not Applicable	
Out of Pocket Maximum	\$2,500	Not Applicable	\$4,000	Not Applicable	\$6,000	Not Applicable	
Preventive Services							
Allergy Testing							
Bone Density Testing							
Cervical Cytology							
Colonoscopy Screening							
Gynecological Screening							
Immunizations							
Mammography	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	
Prenatal Maternity Care							
Prostate Cancer Screening							
Routine Exams							
Women's Preventive Health Services							
Other Services Noted in Section 2713 of ACA							
Physician and Other Services							
Office Visit	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Surgical Procedures (in physician's office)	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Emergency & Urgent Care Services							
Emergency Room	\$250	\$250	\$250	\$250	No Charge after deductible	No Charge after deductible	
Ambulance	\$250	\$250	\$250	\$250	No Charge after deductible	No Charge after deductible	
Urgent Care Center	\$50	Not Covered	\$75	Not Covered	\$75	Not Covered	
Hospital Services							
Inpatient Hospital	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Surgical Procedures (Facility)	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Skilled Nursing Facility	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Diagnostic Testing Services							
Laboratory Testing	\$20	Not Covered	\$20	Not Covered	No Charge after deductible	Not Covered	
EKG	\$20	Not Covered	\$20	Not Covered	No Charge after deductible	Not Covered	
Routine Radiology	\$20	Not Covered	\$20	Not Covered	No Charge after deductible	Not Covered	
Advanced Radiology	\$20	Not Covered	\$20	Not Covered	No Charge after deductible	Not Covered	
Maternity Services							
Inpatient Maternity	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Mental Health & Substance Abuse Services							
Inpatient Mental Health	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Mental Health	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Inpatient Substance Abuse - Rehab	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Inpatient Substance Abuse - Detox	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Substance Abuse	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Diabetic Supplies and Services							
Insulin and Other Oral Agents	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Rehabilitation Services							
Chiropractic Services	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Physical - Occupational - Speech Therapies	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Cardiac Rehabilitation	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Pulmonary Rehabilitation	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Additional Services							
Durable Medical Equipment	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Prosthetics and Appliances	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Chemotherapy	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Home Health Care	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Prescription Drug Coverage							
Prescription Plan	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$30/\$0 after Deductible/\$0 after Deductible	Not Covered	
Maintenance Medications	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$30/\$0 after Deductible/\$0 after Deductible	Not Covered	
Vision Services							
Medical Exam	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Standard Plastic Lenses	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Frames	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Conventional Contact Lenses	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Dental Services							
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		
	All indicated benefits assume the member has appropriate authorization to receive services.		All indicated benefits assume the member has appropriate authorization to receive services.		All indicated benefits assume the member has appropriate authorization to receive services.		
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		Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001					
Plans:	Active Living Plus (Silver) CSR 200-250% FPL Active Living Plus (Silver) CSR 200-250% FPL Age 29 Option Active Living Plus (Silver) CSR 200-250% FPL Child Only	Active Living Plus (Silver) CSR 150-200% FPL Active Living Plus (Silver) CSR 150-200% FPL Age 29 Option Active Living Plus (Silver) CSR 150-200% FPL Child Only	Active Living Plus (Silver) CSR 100-150% FPL Active Living Plus (Silver) CSR 100-150% FPL Age 29 Option Active Living Plus (Silver) CSR 100-150% FPL Child Only	Active Living Plus (Silver) CSR 200-250% FPL Active Living Plus (Silver) CSR 200-250% FPL Age 29 Option Active Living Plus (Silver) CSR 200-250% FPL Child Only	Active Living Plus (Silver) CSR 150-200% FPL Active Living Plus (Silver) CSR 150-200% FPL Age 29 Option Active Living Plus (Silver) CSR 150-200% FPL Child Only	Active Living Plus (Silver) CSR 100-150% FPL Active Living Plus (Silver) CSR 100-150% FPL Age 29 Option Active Living Plus (Silver) CSR 100-150% FPL Child Only	
Benefit Summary	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible	\$3,500	Not Applicable	\$1,150	Not Applicable	\$500	Not Applicable	
Coinsurance	100%	Not Applicable	100%	Not Applicable	100%	Not Applicable	
Out of Pocket Maximum	\$3,500	Not Applicable	\$1,150	Not Applicable	\$500	Not Applicable	
Preventive Services							
Allergy Testing							
Bone Density Testing							
Cervical Cytology							
Colonoscopy Screening							
Gynecological Screening							
Immunizations							
Mammography	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	
Prenatal Maternity Care							
Prostate Cancer Screening							
Routine Exams							
Women's Preventive Health Services							
Other Services Noted in Section 2713 of ACA							
Physician and Other Services							
Office Visit	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Surgical Procedures (in physician's office)	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Emergency & Urgent Care Services							
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250	
Ambulance	\$250	\$250	\$250	\$250	\$250	\$250	
Urgent Care Center	\$75	Not Covered	\$75	Not Covered	\$75	Not Covered	
Hospital Services							
Inpatient Hospital	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Surgical Procedures (Facility)	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Skilled Nursing Facility	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Diagnostic Testing Services							
Laboratory Testing	\$20	Not Covered	\$20	Not Covered	\$20	Not Covered	
EKG	\$20	Not Covered	\$20	Not Covered	\$20	Not Covered	
Routine Radiology	\$20	Not Covered	\$20	Not Covered	\$20	Not Covered	
Advanced Radiology	\$20	Not Covered	\$20	Not Covered	\$20	Not Covered	
Maternity Services							
Inpatient Maternity	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Mental Health & Substance Abuse Services							
Inpatient Mental Health	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Mental Health	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Inpatient Substance Abuse - Rehab	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Inpatient Substance Abuse - Detox	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Outpatient Substance Abuse	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Diabetic Supplies and Services							
Insulin and Other Oral Agents	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Rehabilitation Services							
Chiropractic Services	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Physical - Occupational - Speech Therapies	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Cardiac Rehabilitation	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Pulmonary Rehabilitation	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Additional Services							
Durable Medical Equipment	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Prosthetics and Appliances	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Chemotherapy	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Home Health Care	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	No Charge after deductible	Not Covered	
Prescription Drug Coverage							
Prescription Plan	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	
Maintenance Medications	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	\$20/\$0 after Deductible/\$0 after Deductible	Not Covered	
Vision Services							
Medical Exam	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Standard Plastic Lenses	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Frames	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Conventional Contact Lenses	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	Covered for children only; No charge after deductible is met	Not Covered	
Dental Services							
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage.	
All indicated benefits assume the member has appropriate authorization to receive services.		All indicated benefits assume the member has appropriate authorization to receive services.		All indicated benefits assume the member has appropriate authorization to receive services.		All indicated benefits assume the member has appropriate authorization to receive services.	
Certain benefits stated in this benefit summary are pending NYS approval.		Certain benefits stated in this benefit summary are pending NYS approval.		Certain benefits stated in this benefit summary are pending NYS approval.		Certain benefits stated in this benefit summary are pending NYS approval.	

**Health Republic Insurance of New York
2015 Individual Rate Filing - On Exchange
Rating Region Composition**

Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001

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

Health Republic Insurance of New York
2015 Individual Rate Filing - On Exchange
Commission Schedule

Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW,
Rider Numbers: FHSC-WMBT001

Individual Schedule:

1% of Premium

Health Republic Insurance of New York 2015 Individual Rate Filing - On Exchange Expected Loss Ratio	
Form Numbers: FHSC-CAT001, FHSC-IND26NDX, FHSC-CHILD001, FHSC-IND26ND, FHSC-IND26BND, FHSC-IND26NDXW, Rider Numbers: FHSC-WMBT001	
Federal ACA Loss Ratio *	<u>88.9%</u>
ACA MLR = (Incurred Claims + Quality Initiatives - Gross Reinsurance Recoveries) / (Earned Premium - Taxes and Fees)	
New York State Loss Ratio	<u>87.2%</u>
NY MLR = (Incurred Claims + Covered Lives Assessment (GME) - Gross Federal Reinsurance Recoveries) / Earned Premium	

SERFF Tracking #:

PERR-129586116

State Tracking #:

2014060256

Company Tracking #:

HRINY-IH-ONXC-NY-1401R

State:

New York

Filing Company:

Freelancers Health Service Corporation DBA Health Republic
Insurance of New York

TOI/Sub-TOI:

H161 Individual Health - Major Medical/H161.005C Individual - Other

Product Name:

Individual On Exchange

Project Name/Number:

HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Supporting Document Schedules

Satisfied - Item:	Rate Filing Instructions for On and Off Exchange Plans
Comments:	Acknowledged
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	Please see Part III Act Memorandum below.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	HRINY 2015 Part III Act Memo and Attachments IM 6-10-14 On.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	Please see 'Actuarial Memorandum and Certifications" tab.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 11-General Information
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 11.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 11.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.xlsx Narrative Summary of Requested Rate Changes -- Individual.pdf

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Individual On Exchange

Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 14A.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 14A.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 15A.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 15A.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 16.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 16.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Individual On Exchange

Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 17.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 17.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 18.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 18.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 19.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 19.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 20.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 20.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21A-Hospital Inpatient-Unit Costs
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 21A.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 21A.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21B-Hospital Outpatient-Unit Costs
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 21B.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 21B.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

PERR-129586116

State Tracking #:

2014060256

Company Tracking #:

HRINY-IH-ONXC-NY-1401R

State:

New York

Filing Company:

Freelancers Health Service Corporation DBA Health Republic
Insurance of New York

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

Individual On Exchange

Project Name/Number:

HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 22.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 22.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 23.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 23.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	Individ Downstate Final.pdf Individ Upstate Final.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Final Notice of Proposed Rate Adjustment
Bypass Reason:	The Company has not prepared the final notices yet.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Redacted Documents for Web Posting
Bypass Reason:	N/A
Attachment(s):	
Item Status:	

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Individual On Exchange

Project Name/Number: HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

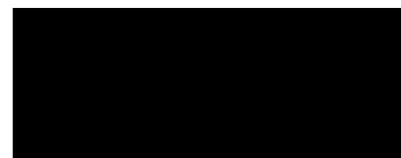
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	HRINY URRT IM 6-10-14 On.pdf HRINY URRT IM 6-10-14 On.xlsm
Item Status:	
Status Date:	
Satisfied - Item:	Letter of Authorization
Comments:	
Attachment(s):	HRINY LOA.pdf
Item Status:	
Status Date:	



Part III Actuarial Memorandum

**Health Republic Insurance of New York
Individual Rate Filing
Effective January 1, 2015**

Prepared for:
Health Republic Insurance of New York



milliman.com

TABLE OF CONTENTS

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

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Section 5	Projection Factors
Section 6	Credibility Man Rate Dev
Section 7	Credibility of Experience
Section 8	Paid to Allowed Ratio
Section 9	Risk Adj and Reinsurance
Section 10	NBE, Profit, & Risk
Section 11	Projected Loss Ratio
Section 12	Single Risk Pool
Section 13	Index Rate
Section 14	Market Adj Index Rates
Section 15	Plan Adj Index Rates
Section 16	Calibration
Section 17	Cons Adj Prem Rate Dev
Section 18	AV Metal Values
Section 19	AV Pricing Values
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SECTION 1. GENERAL INFORMATION

Document Overview

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

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I Unified Rate Review Template, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

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

The results are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

DFS regulation for the 2015 plan year requires that separate rate filings be submitted for on exchange and off exchange product offerings. Separate rate filings include separate actuarial memorandums and attachments, Federal URRTs, Federal Rate Table Templates, Rate Manuals, and New York Filing Exhibits. In order to comply with the HHS requirement of a single risk pool, HRINY will be submitting the same Federal URRT and associated exhibits in both Individual product submissions. The Rate Manual will be unique to each submission to better accommodate DFS guidance.

Company Identifying Information

Company Legal Name: Health Republic Insurance of New York
State: The State of New York has regulatory authority over these policies.
HIOS Issuer ID: 71644NY
Market: Individual
Effective Date: January 1, 2015

Company Contact Information

[Redacted]

Consultant Contact Information

[Redacted]

Description of Benefits

HRINY offers several different benefit plans that provide comprehensive medical and prescription drug benefits in the New York health insurance marketplace. There are twelve unique benefits designs (one catastrophic, two bronze, four silver, three gold and two platinum plans). These plans are offered in all eight rating areas. All plans cover only Essential Health Benefits (EHBs) and no additional benefits.

SECTION 2. PROPOSED RATE INCREASE(S)

This submission is for individual market HMO and EPO medical products. This is a requested rate change filing for HRINY's existing plans (and also includes the addition of three new plans) available for sale January 1, 2015. We are requesting an overall average rate increase of 15.2%, varying by product as shown in Exhibit 14A.

- Area factors, plan factors, and the index rate are the only rating factors changing for the existing plans.
- There are minimal cost sharing changes to plans that were offered in 2014. Please see Attachment B or the Rate Manual for specific benefits.
- Rate increases vary by plan due to the change in our estimate of the Actuarial Value (AV) of each plan and the impact of plan design behavior change for each plan.

Reason for Rate Increase

Premium rates were developed based on manual rates for HRINY's Individual medical business, in conjunction with internal research proprietary to Milliman and other industry studies and surveys. The drivers of the rate increase include, but are not limited to:

- Anticipated changes to demographics based on state average ACA marketplace enrollment published to date
- Anticipated changes to medical inflation and increased utilization
- Changes in taxes, fees, and administrative expenses
- Changes to benefit and payment parameters of the federal transitional reinsurance program
- Changes to provider network contracting

The premium rate development is discussed in more detail later in this memorandum.

SECTION 3. EXPERIENCE PREMIUM AND CLAIMS

Not applicable as HRINY is a newly licensed health insurer and has no inforce business and no historical experience. Premium rates presented are 100% manually rated.

SECTION 4. BENEFIT CATEGORIES

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

Inpatient Hospital

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

Outpatient Hospital

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

Professional

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

Other Medical

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

Capitation

Includes all services provided under one or more capitated arrangements.

Prescription Drug

Includes drugs dispensed by a pharmacy.

SECTION 5. PROJECTION FACTORS

Not applicable. HRINY did not have historical experience during the base period.

SECTION 6. CREDIBILITY MANUAL RATE DEVELOPMENT

Source and Appropriateness of Experience Data Used in Manual Rate Development

The basis of the manual rates is an average statewide claim cost PMPM, developed utilizing market research, and the benefit relativities of the Milliman *Health Cost Guidelines*. We estimated the statewide claim costs using information from 2013 market research on premium rates and 2012 annual statement information. We used this information to calibrate the experience data. The result was estimated 2013 statewide claim costs and premium rates per member per month.

The HCGs have been developed as a result of Milliman's continuing research into commercial health care costs. First developed in 1954, the HCGs are continually monitored against other data sources and have been updated and expanded annually since that time.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverages.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing these guidelines, including published and unpublished data. The detailed claims and enrollment data underlying the guidelines represent over 54 million commercially insured lives.

In most instances, cost assumptions are based upon our evaluation of several data sources and, hence, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

Adjustments Made to the Data

This section includes a description of each factor used to adjust the manual rates and supporting information related to the development of those factors. We adjusted Milliman's HCG estimates (to more accurately reflect projected 2015 HRINY experience) for:

Changes in the Morbidity of the Population Insured

We started with the expected morbidity of the small group population in New York and adjusted it to an individual market morbidity. We assume the individual market morbidity will be 40% higher than the small group market, primarily due to older demographics in a community rated environment and slightly worse health status since individual markets typically have higher health risk than group markets based on our research.

Changes in Benefits

The underlying utilization and charge levels assumed in the Milliman *HCG's* baseline data are typical of a comprehensive major medical plan with a \$500 deductible, 80% coinsurance, and a \$2,000 out of pocket maximum. We adjusted the *HCG's* to reflect:

- Utilization and cost changes the total insured population would exhibit due to benefit plan cost sharing levels (i.e., actuarial value/cost sharing, irrespective of health status), and
- Federal and State mandated benefits (e.g., EHBs not reflected in the HCGs).

These adjustments were based on Milliman research on the historical impact of different contractual limitations and cost sharing on experience.

In developing the index rate and the plan factors, we included an actuarial adjustment to account for the expected utilization differences created by the cost sharing differences among the plans. For example, if a plan had higher cost sharing than another plan, we would assume it would have lower utilization created by the higher cost sharing features associated with the plan.

SECTION 6. CREDIBILITY MANUAL RATE DEVELOPMENT

Changes in Demographics

We are projecting a change in demographics in the insured population from the pre-reform insured population to the 2015 covered population. We projected HRINY's demographics to be on a basis consistent with HRINY's actual 2014 individual market enrolled demographics, which are similar to the overall New York state average demographics on the exchange.

Other Adjustments

Other adjustments to the manual rate include the following:

- Changes in provider reimbursement arrangements
- Anticipated impact of benefit changes
- Anticipated impact of Quality Improvement Initiatives as outlined in Attachment C

Trend (Cost/Utilization)

Manual rates were trended forward to a January 1, 2015 effective date using 5% annual trend. This trend was estimated based on Milliman research, general industry knowledge, and our judgment of recent trends.

SECTION 7. CREDIBILITY OF EXPERIENCE

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

SECTION 8. PAID TO ALLOWED RATIO

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

Table 8.1 Health Republic Insurance of New York Paid to Allowed Average Factor Support Exhibit		
	Worksheet 1, Section III	Worksheet 2 Section IV
Allowed Per Member Per Month	\$439.05	\$438.55
Paid Per Member Per Month	\$363.09	\$363.19
Average Paid to Allowed Ratio	82.7%	82.8%

The average factor Worksheet 1 shown above was developed based on the projection of the average mix of plans sold. The Worksheet 2 factor shown above was measured using the projected allowed PMPMs and incurred claims PMPM by plan from Worksheet 2.

SECTION 9. RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustments PMPM

We are projecting morbidity to be equal to the state average. As such, no risk adjustment receipt or payable is projected in the URRT. The estimates of relative risk and risk transfer payments are highly dependent on the population that enrolls with HRINY but also with other carriers in the state.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only)

We assumed that individual membership both on and off the exchange will be assessed \$3.67 PMPM in reinsurance contributions.

Reinsurance recoveries were estimated at the plan level. The Milliman *Health Cost Guidelines*, combined with the projected allowed charges by plan, were used to estimate a claims probability distribution for each plan. The out-of-pocket maximum was added to the attachment point to estimate the carrier's paid claims obligation in excess of \$70,000, consistent with the methodology discussed in the 2015 Benefit and Payment Parameters. Similarly, the out-of-pocket maximum was added to the reinsurance cap to estimate the carrier's paid claims obligations in excess of \$250,000. A coinsurance rate of 50% was applied to the difference to estimate the expected annual reinsurance recovery. This amount was divided by 12 to obtain an expected monthly reinsurance recovery of \$23.38 PMPM.

SECTION 10. NON-BENEFIT EXPENSES AND PROFIT & RISK

The following is a summary of the non-benefit expense components included in rate development.

Administrative Expenses:	\$42.55 PMPM
Profit and Risk Load:	\$0.00 PMPM
Taxes and Fees:	\$21.52 PMPM
Total Non-Benefit Expenses:	\$64.07 PMPM

Administrative Expense Load: General Administrative Expenses, Commissions, Commercial Reinsurance, and Quality Improvement as listed above are derived from HRINY's expense estimates. They do not vary by plan.

Profit and Risk Margin: A 0% target contribution to surplus is applied and does not vary by plan.

Taxes and Fees: The following table summarizes taxes and fees included in rate development.

Table 10.1 Health Republic Insurance of New York Summary of Taxes and Fees	
Description	Amount
GME Assessment and 332 Assessment	4.8% of Premium
Comparative Effectiveness Research	\$0.18 PMPM
Health Insurer Provider Fee	0.44% of Premium
Risk Adjustment Administrative Fee	\$0.08 PMPM

SECTION 11. PROJECTED LOSS RATIO

The projected loss ratio is 88.9%. This loss ratio is calculated consistently with the MLR methodology according to the National Association of Insurance Commissioners as prescribed by 211 CMR 147.00. The following table demonstrates Health Republic Insurance of New York's premium development and MLR calculation using rounded values.

Table 11.1	
Health Republic Insurance of New York	
Projected Federal Medical Loss Ratio Exhibit	
	2015 Expected
Member Months	1,244,791
Claims	\$363.09
Quality Improvement / Health IT	\$0.00
Prior Rebate	\$0.00
Change in Reserve	\$0.00
Transitional Recoveries (Received)	-\$23.38
Risk Adjustment Paid (Received)	\$0.00
Risk Corridors Paid (Received)	\$0.00
MLR Numerator	\$339.72
Premium	\$407.53
Taxes/Fees	\$25.27
Income Tax	\$0.00
MLR Denominator	\$382.26
Loss Ratio	88.9%

An additional NY-specific projected loss ratio demonstration is included in Table 11.2.

Table 11.2	
Health Republic Insurance of New York	
Projected State Medical Loss Ratio Exhibit	
	2015 Expected
Member Months	1,244,791
Claims	\$363.09
Transitional Recoveries (Received)	-\$23.38
New York Assessments (GME)	\$15.49
MLR Numerator	\$355.20
Premium	\$407.53
MLR Denominator	\$407.53
Loss Ratio	87.2%

SECTION 12. SINGLE RISK POOL

HRINY rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination, in the State of New York individual health insurance market.

SECTION 13. INDEX RATE

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

The projected Index Rate is equal to the projected total allowed claims PMPM since there are no benefits offered beyond the EHB benefits. The projected index rate is shown on the first line of Worksheet 1, Section III of the URRT. It is equal to the credibility manual rate since HRINY has no prior experience.

Table 13.1 Health Republic Insurance of New York 2015 Index Rate	
Index Rate	\$439.05

SECTION 14. MARKET ADJUSTED INDEX RATES

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

Table 14.1 Health Republic Insurance of New York Market Adjusted Index Rate Development	
Index Rate	\$439.05
Net Risk Adjustment	1.0002
Net Transitional Reinsurance	0.9539
Impact of Market Reforms	0.9541
Market Adjusted Index Rate	\$418.88

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

Each of the above modifiers were developed as follows:

- Net Risk Adjustment
The impact of Net Risk Adjustment was taken by determining expected net risk adjustment transfer payments net of risk adjustment user fees as a percentage of composite premium.
- Net Transitional Reinsurance
The impact of Net Transitional Reinsurance was determined by taking expected reinsurance contributions less expected transitional reinsurance recoveries as a percentage of composite premium.

SECTION 15. PLAN ADJUSTED INDEX RATES

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

- Actuarial value and cost sharing adjustment
 - The Actuarial Value and cost-sharing factors are developed in an internal Milliman cost relativity model, which is based on Milliman's commercial *Health Cost*
 - This model estimates actuarial equivalent relative values of different benefit plans using estimated medical costs calibrated to HRINY (including service area, provider reimbursement, degree of health care management, etc.).
- Provider network, delivery system and utilization management adjustment
 - Expected differences in claims costs due to differences in provider networks and/or utilization management was determined by product.
- Adjustment for benefits in addition to the EHBs
 - HRINY is not offering any additional benefits beyond EHBs and therefore, no adjustment is necessary.
- Impact of tobacco surcharge adjustment
 - HRINY does not charge for tobacco and therefore, no adjustment is necessary.
- Adjustment for distribution and administrative costs
 - As provided earlier in Exhibit 10, costs for general administrative expenses, commissions, and profit are applied as a percent of premium equally to all plans. Commercial reinsurance premiums and recoveries are applied as a PMPM equally to all plans. Taxes and fees as shown in Table 10.1 are applied equally to all plans.
- Impact of specific eligibility categories for the catastrophic plan
 - Impact of the specific eligibility criteria for catastrophic plans was determined by modeling changes to the base rate using the expected population demographics and corresponding impacts on allowed charges, required premium, and risk adjustment.

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

Plan	HIOS ID	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	Plan Adjusted Index Rate
EssentialCare Bronze	71644NY0010001	\$418.88	0.590	1.041	1.000	1.000	1.176	1.000	\$302.96
EssentialCare Silver	71644NY0010002	\$418.88	0.722	1.041	1.000	1.000	1.176	1.000	\$370.35
EssentialCare Gold	71644NY0010003	\$418.88	0.843	1.041	1.000	1.000	1.176	1.000	\$432.74
EssentialCare Platinum	71644NY0010004	\$418.88	0.991	1.041	1.000	1.000	1.176	1.000	\$508.82
EssentialCare Catastrophic	71644NY0010005	\$418.88	0.526	1.041	1.000	1.000	1.176	0.590	\$159.15
EssentialCare Bronze Child Only	71644NY0020001	\$418.88	0.590	1.041	1.000	1.000	1.176	1.000	\$302.96
EssentialCare Silver Child Only	71644NY0020002	\$418.88	0.722	1.041	1.000	1.000	1.176	1.000	\$370.35
EssentialCare Gold Child Only	71644NY0020003	\$418.88	0.843	1.041	1.000	1.000	1.176	1.000	\$432.74
EssentialCare Platinum Child Only	71644NY0020004	\$418.88	0.991	1.041	1.000	1.000	1.176	1.000	\$508.82
Primary Select Silver	71644NY0030002	\$418.88	0.786	0.955	1.000	1.000	1.176	1.000	\$370.09
Primary Select Gold	71644NY0030003	\$418.88	0.919	0.955	1.000	1.000	1.176	1.000	\$432.40
Primary Select Platinum	71644NY0030004	\$418.88	1.037	0.955	1.000	1.000	1.176	1.000	\$487.80
Primary Select PCMH	71644NY0040002	\$418.88	0.780	0.909	1.000	1.000	1.176	1.000	\$349.19
EssentialCare Bronze Age 29 Option	71644NY0090001	\$418.88	0.590	1.041	1.000	1.000	1.176	1.000	\$302.96
EssentialCare Silver Age 29 Option	71644NY0090002	\$418.88	0.722	1.041	1.000	1.000	1.176	1.000	\$370.35
EssentialCare Gold Age 29 Option	71644NY0090003	\$418.88	0.843	1.041	1.000	1.000	1.176	1.000	\$432.74
EssentialCare Platinum Age 29 Option	71644NY0090004	\$418.88	0.991	1.041	1.000	1.000	1.176	1.000	\$508.82
Primary Select Silver Age 29 Option	71644NY0130002	\$418.88	0.786	0.955	1.000	1.000	1.176	1.000	\$370.09
Primary Select Gold Age 29 Option	71644NY0130003	\$418.88	0.919	0.955	1.000	1.000	1.176	1.000	\$432.40
Primary Select Platinum Age 29 Option	71644NY0130004	\$418.88	1.037	0.955	1.000	1.000	1.176	1.000	\$487.80
Primary Select PCMH Age 29 Option	71644NY0150002	\$418.88	0.780	0.909	1.000	1.000	1.176	1.000	\$349.19
Active Living Basic (Bronze)	71644NY0670001	\$418.88	0.550	0.995	1.000	1.000	1.176	1.000	\$269.82
Active Living Basic (Bronze) Child Only	71644NY0680001	\$418.88	0.550	0.995	1.000	1.000	1.176	1.000	\$269.82
Active Living Basic (Bronze) Age 29 Option	71644NY0690001	\$418.88	0.550	0.995	1.000	1.000	1.176	1.000	\$269.82
Active Living Plus (Silver)	71644NY0700001	\$418.88	0.626	0.995	1.000	1.000	1.176	1.000	\$307.05
Active Living Plus (Silver) Child Only	71644NY0710001	\$418.88	0.626	0.995	1.000	1.000	1.176	1.000	\$307.05
Active Living Plus (Silver) Age 29 Option	71644NY0720001	\$418.88	0.626	0.995	1.000	1.000	1.176	1.000	\$307.05
Active Living Advanced (Gold)	71644NY0730001	\$418.88	0.730	0.995	1.000	1.000	1.176	1.000	\$358.24
Active Living Advanced (Gold) Child Only	71644NY0740001	\$418.88	0.730	0.995	1.000	1.000	1.176	1.000	\$358.24
Active Living Advanced (Gold) Age 29 Option	71644NY0750001	\$418.88	0.730	0.995	1.000	1.000	1.176	1.000	\$358.24

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

SECTION 16. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Table 15.1 to calibrate rates for the expected age and geographic distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

Age Curve / Conversion Factor Calibration

New York requires rates not vary by age (i.e., composite rating) and are community rated. We converted the average PMPM rate by plan to composite rates using the following formula:

$$\text{Plan-Specific PMPM Index Rate} \times \text{Conversion Factor} = \text{Single Rate}$$

$$\text{Conversion Factor} = \text{Weighted average members per contract for risk pool} / \text{Weighted average rate relativity for all rating tiers in risk pool}$$

HRINY's rates reflect the New York allowed rating tiers of employee only, employee and spouse, employee and child(ren), and family (i.e., employee, spouse, and child(ren)) and their state-mandated relative rate by tier.

Geographic Factor Calibration

In order to determine the calibration factor for geography, the projected distribution of members by area was determined. The weighted average of the area factors was then determined using this distribution. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted index rates need to be divided by the geography calibration factor.

Additional information regarding the area rating factors can be found on Section 17.

The following table demonstrates the calibration performed for each plan.

Table 16.1 Health Republic Insurance of New York Plan Adjusted Index Rate Calibration					
Plan	HIOS ID	Plan Adjusted Index Rate	Age / Conversion Factor Calibration Factor	Geography Calibration Factor	Calibrated Plan Adjusted Index Rate
EssentialCare Bronze	71644NY0010001	\$302.96	1.087	1.000	\$329.36
EssentialCare Silver	71644NY0010002	\$370.35	1.087	1.000	\$402.63
EssentialCare Gold	71644NY0010003	\$432.74	1.087	1.000	\$470.45
EssentialCare Platinum	71644NY0010004	\$508.82	1.087	1.000	\$553.16
EssentialCare Catastrophic	71644NY0010005	\$159.15	1.087	1.000	\$173.02
EssentialCare Bronze Child Only	71644NY0020001	\$302.96	1.087	1.000	\$329.36
EssentialCare Silver Child Only	71644NY0020002	\$370.35	1.087	1.000	\$402.63
EssentialCare Gold Child Only	71644NY0020003	\$432.74	1.087	1.000	\$470.45
EssentialCare Platinum Child Only	71644NY0020004	\$508.82	1.087	1.000	\$553.16
Primary Select Silver	71644NY0030002	\$370.09	1.087	1.000	\$402.34
Primary Select Gold	71644NY0030003	\$432.40	1.087	1.000	\$470.08
Primary Select Platinum	71644NY0030004	\$487.80	1.087	1.000	\$530.30
Primary Select PCMH	71644NY0040002	\$349.19	1.087	1.000	\$379.62
EssentialCare Bronze Age 29 Option	71644NY0090001	\$302.96	1.087	1.000	\$329.36
EssentialCare Silver Age 29 Option	71644NY0090002	\$370.35	1.087	1.000	\$402.63
EssentialCare Gold Age 29 Option	71644NY0090003	\$432.74	1.087	1.000	\$470.45
EssentialCare Platinum Age 29 Option	71644NY0090004	\$508.82	1.087	1.000	\$553.16
Primary Select Silver Age 29 Option	71644NY0130002	\$370.09	1.087	1.000	\$402.34
Primary Select Gold Age 29 Option	71644NY0130003	\$432.40	1.087	1.000	\$470.08
Primary Select Platinum Age 29 Option	71644NY0130004	\$487.80	1.087	1.000	\$530.30
Primary Select PCMH Age 29 Option	71644NY0150002	\$349.19	1.087	1.000	\$379.62
Active Living Basic (Bronze)	71644NY0670001	\$269.82	1.087	1.000	\$293.33
Active Living Basic (Bronze) Child Only	71644NY0680001	\$269.82	1.087	1.000	\$293.33
Active Living Basic (Bronze) Age 29 Option	71644NY0690001	\$269.82	1.087	1.000	\$293.33
Active Living Plus (Silver)	71644NY0700001	\$307.05	1.087	1.000	\$333.81
Active Living Plus (Silver) Child Only	71644NY0710001	\$307.05	1.087	1.000	\$333.81
Active Living Plus (Silver) Age 29 Option	71644NY0720001	\$307.05	1.087	1.000	\$333.81
Active Living Advanced (Gold)	71644NY0730001	\$358.24	1.087	1.000	\$389.45
Active Living Advanced (Gold) Child Only	71644NY0740001	\$358.24	1.087	1.000	\$389.45
Active Living Advanced (Gold) Age 29 Option	71644NY0750001	\$358.24	1.087	1.000	\$389.45

SECTION 17. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

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

HRINY's 2015 family tier rating factors as prescribed by DFS are shown below.

Table 17.1 Health Republic Insurance of New York 2015 Family Tier Factors	
Family Tier	Rate Factor
Individual	1.000
Couple	2.000
Primary Subscriber and One Dependent	1.700
Primary Subscriber and Two Dependents	1.700
Primary Subscriber and Three or More Dependents	1.700
Couple and One Dependent	2.850
Couple and Two Dependents	2.850
Couple and Three or More Dependents	2.850
Child Only	0.412

HRINY's 2015 geographic rating factors are based on HRINY's provider reimbursement contracts, the Milliman Health Cost Guidelines and guidance from HRINY senior leadership regarding competitive positioning. The geographic area factors do not reflect differences in age, sex, occupation, or health status.

Table 17.2 Health Republic Insurance of New York 2015 Geographic Area Factors	
Area	Rate Factor
Rating Area 1	0.84080
Rating Area 2	0.74830
Rating Area 3	0.94450
Rating Area 4	1.08650
Rating Area 5	0.77370
Rating Area 6	0.72320
Rating Area 7	0.79500
Rating Area 8	1.08650

Below is an example to illustrate to calculate the premium for a single adult with two children in Rating Area 1 with a January 1, 2015 effective date for EssentialCare Platinum.

Table 17.3 Health Republic Insurance of New York Sample Consumer Adjusted Premium Rate Development	
EssentialCare Platinum Calibrated Plan Adjusted Index Rate	\$553.16
x single adult with two children rate	1.70000
x Rating Area 1 Factor	0.84080
Consumer Adjusted Premium Rate	\$790.66

SECTION 18. AV METAL VALUES

The AV metal values included in Worksheet 2 are entirely based on the AV Calculator. Table 18.1 below summarizes these values for each product.

Table 18.1 Health Republic Insurance of New York Actuarial Values			
Plan	HIOS ID	Value	Actuarial Value Source
EssentialCare Bronze	71644NY0010001	0.620	Federal AV Calculator
EssentialCare Silver	71644NY0010002	0.707	Federal AV Calculator
EssentialCare Gold	71644NY0010003	0.791	Federal AV Calculator
EssentialCare Platinum	71644NY0010004	0.881	Federal AV Calculator
EssentialCare Catastrophic	71644NY0010005	0.597	Federal AV Calculator
EssentialCare Bronze Child Only	71644NY0020001	0.620	Federal AV Calculator
EssentialCare Silver Child Only	71644NY0020002	0.707	Federal AV Calculator
EssentialCare Gold Child Only	71644NY0020003	0.791	Federal AV Calculator
EssentialCare Platinum Child Only	71644NY0020004	0.881	Federal AV Calculator
Primary Select Silver	71644NY0030002	0.703	Federal AV Calculator
Primary Select Gold	71644NY0030003	0.807	Federal AV Calculator
Primary Select Platinum	71644NY0030004	0.882	Federal AV Calculator
Primary Select PCMH	71644NY0040002	0.697	Federal AV Calculator
EssentialCare Bronze Age 29 Option	71644NY0090001	0.620	Federal AV Calculator
EssentialCare Silver Age 29 Option	71644NY0090002	0.707	Federal AV Calculator
EssentialCare Gold Age 29 Option	71644NY0090003	0.791	Federal AV Calculator
EssentialCare Platinum Age 29 Option	71644NY0090004	0.881	Federal AV Calculator
Primary Select Silver Age 29 Option	71644NY0130002	0.703	Federal AV Calculator
Primary Select Gold Age 29 Option	71644NY0130003	0.807	Federal AV Calculator
Primary Select Platinum Age 29 Option	71644NY0130004	0.882	Federal AV Calculator
Primary Select PCMH Age 29 Option	71644NY0150002	0.697	Federal AV Calculator
Active Living Basic (Bronze)	71644NY0670001	0.614	Federal AV Calculator
Active Living Basic (Bronze) Child Only	71644NY0680001	0.614	Federal AV Calculator
Active Living Basic (Bronze) Age 29 Option	71644NY0690001	0.614	Federal AV Calculator
Active Living Plus (Silver)	71644NY0700001	0.704	Federal AV Calculator
Active Living Plus (Silver) Child Only	71644NY0710001	0.704	Federal AV Calculator
Active Living Plus (Silver) Age 29 Option	71644NY0720001	0.704	Federal AV Calculator
Active Living Advanced (Gold)	71644NY0730001	0.783	Federal AV Calculator
Active Living Advanced (Gold) Child Only	71644NY0740001	0.783	Federal AV Calculator
Active Living Advanced (Gold) Age 29 Option	71644NY0750001	0.783	Federal AV Calculator

SECTION 19. AV PRICING VALUES

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

Table 19.1 Health Republic Insurance of New York Actuarial Value Pricing Values						
Plan	HIOS ID	AV & Cost Sharing	Provider Network Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	AV Pricing Value
EssentialCare Bronze	71644NY0010001	0.590	1.041	1.176	1.000	0.723
EssentialCare Silver	71644NY0010002	0.722	1.041	1.176	1.000	0.884
EssentialCare Gold	71644NY0010003	0.843	1.041	1.176	1.000	1.033
EssentialCare Platinum	71644NY0010004	0.991	1.041	1.176	1.000	1.215
EssentialCare Catastrophic	71644NY0010005	0.526	1.041	1.176	0.590	0.380
EssentialCare Bronze Child Only	71644NY0020001	0.590	1.041	1.176	1.000	0.723
EssentialCare Silver Child Only	71644NY0020002	0.722	1.041	1.176	1.000	0.884
EssentialCare Gold Child Only	71644NY0020003	0.843	1.041	1.176	1.000	1.033
EssentialCare Platinum Child Only	71644NY0020004	0.991	1.041	1.176	1.000	1.215
Primary Select Silver	71644NY0030002	0.786	0.955	1.176	1.000	0.884
Primary Select Gold	71644NY0030003	0.919	0.955	1.176	1.000	1.032
Primary Select Platinum	71644NY0030004	1.037	0.955	1.176	1.000	1.165
Primary Select PCMH	71644NY0040002	0.780	0.909	1.176	1.000	0.834
EssentialCare Bronze Age 29 Option	71644NY0090001	0.590	1.041	1.176	1.000	0.723
EssentialCare Silver Age 29 Option	71644NY0090002	0.722	1.041	1.176	1.000	0.884
EssentialCare Gold Age 29 Option	71644NY0090003	0.843	1.041	1.176	1.000	1.033
EssentialCare Platinum Age 29 Option	71644NY0090004	0.991	1.041	1.176	1.000	1.215
Primary Select Silver Age 29 Option	71644NY0130002	0.786	0.955	1.176	1.000	0.884
Primary Select Gold Age 29 Option	71644NY0130003	0.919	0.955	1.176	1.000	1.032
Primary Select Platinum Age 29 Option	71644NY0130004	1.037	0.955	1.176	1.000	1.165
Primary Select PCMH Age 29 Option	71644NY0150002	0.780	0.909	1.176	1.000	0.834
Active Living Basic (Bronze)	71644NY0670001	0.550	0.995	1.176	1.000	0.644
Active Living Basic (Bronze) Child Only	71644NY0680001	0.550	0.995	1.176	1.000	0.644
Active Living Basic (Bronze) Age 29 Option	71644NY0690001	0.550	0.995	1.176	1.000	0.644
Active Living Plus (Silver)	71644NY0700001	0.626	0.995	1.176	1.000	0.733
Active Living Plus (Silver) Child Only	71644NY0710001	0.626	0.995	1.176	1.000	0.733
Active Living Plus (Silver) Age 29 Option	71644NY0720001	0.626	0.995	1.176	1.000	0.733
Active Living Advanced (Gold)	71644NY0730001	0.730	0.995	1.176	1.000	0.855
Active Living Advanced (Gold) Child Only	71644NY0740001	0.730	0.995	1.176	1.000	0.855
Active Living Advanced (Gold) Age 29 Option	71644NY0750001	0.730	0.995	1.176	1.000	0.855

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

The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the contractual adjustments from Milliman's 2014 *Health Cost Guidelines*. These adjustment factors only contain expected differences in utilization due to differences in cost sharing and not due to health status.

SECTION 20. MEMBERSHIP PROJECTIONS

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

- Current size of the New York individual market in the plan's service area
- Actual membership to date in 2014 and the expected rate position relative to the rest of the market

There are some differences between the distribution of projected member months relative to the current membership distribution. HRINY is introducing a few new plans in the market for 2015 and is expected to see new enrollment be spread proportionally among all plans in a given metal tier.

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

Plan Name	73%	87%	94%	Total
All Silvers	28.4%	40.7%	10.4%	79.6%

SECTION 21. TERMINATED PRODUCTS

No products will be terminated prior to the effective date.

SECTION 22. PLAN TYPE

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

SECTION 23. WARNING ALERTS

The are no Warning Alerts on Worksheet 2.

SECTION 24. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

SECTION 25. RELIANCE

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

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

A data reliance letter is attached to this rate submission.

SECTION 26. ACTUARIAL CERTIFICATION

I am a Principal & Consulting Actuary with the firm of Milliman, Inc. Health Republic Insurance of New York engaged me to provide the opinion herein.

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

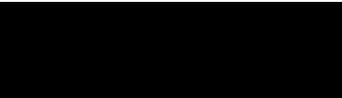
I certify to the best of my knowledge and judgment:

1. The projected index rate is
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with the applicable Actuarial Standards of Practice
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient based on my best estimates of the 2015 Individual market.
2. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
5. The filing is in compliance with all applicable laws and regulations of the State of New York.
6. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans".
7. The expected loss ration meets the minimum requirements of the State of New York.
8. The benefits are reasonable in relation to the premiums charged.
9. The rates are not unfairly discriminatory.

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

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

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

Signed: 

Name: 

Title: Principal & Consulting Actuary

Date: June 10, 2014



Data Reliance Letter

**Health Republic Insurance of New York
Individual Rate Filing
Effective January 1, 2015**

Prepared for:
Health Republic Insurance of New York



HEALTH REPUBLIC
INSURANCE



RE: Health Republic Insurance of New York 2015 Individual and Small Group Pricing

Dear [REDACTED]

I, [REDACTED] Chief Financial Officer for Health Republic Insurance of New York (HRINY), hereby affirm the data sources, assumptions, and information identified below and provided to Milliman, Inc. were prepared under my direction, and these items relied upon are to the best of my knowledge accurate and complete. Finally, I affirm all information that affects the actuarial items examined has been given to you, and I have disclosed all items of which I am aware that would have a material impact on the rate projections.

The information provided includes:

1. Benefit plans HRINY intends to offer in 2015,
2. Year-to-date enrollment detail,
3. Information regarding the NY Exchange, including enrollment demographics,
4. Product name, product ID, and plan name as entered in HIOS for each benefit plan,
5. Projected 2015 administrative expenses and profit,
6. The rating regions (as defined by New York) and counties that HRINY intends to offer individual and small group products in 2015,
7. Guidance on appropriate medical and prescription drug trend factors for HRINY,
8. Guidance on appropriate medical management assumptions for HRINY's plans and provider networks,



HEALTH REPUBLIC
INSURANCE

9. Guidance on expected enrollment for individual and small group products in 2015,
10. Description of contractual provider reimbursement arrangements along with provider reimbursement rates based on historical data supporting the pricing assumptions in this regard,
11. Guidance on choice of area factors that will support HRINY's business plan and strategy,
12. Guidance on reasonable levels of morbidity to assume in NY's 2015 individual and small group markets,
13. Guidance on the parameters to assume when estimating federal transitional reinsurance, and
14. Other information provided by HRINY in various meetings, phone calls, emails, and other correspondence.

6/5/14

Date



Name

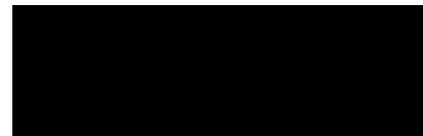


Part II Rate Justification

**Health Republic Insurance of New York
Individual Rate Filing
Effective January 1, 2015**

Prepared for:
Health Republic Insurance of New York

Prepared by:
**Scott A. Wertz, FSA, MAAA
Principal & Consulting Actuary
Milliman, Inc.**





[REDACTED]

June 10, 2014

**HIOS Part II Preliminary Justification – Written Explanation of Rate Increase
Health Republic Insurance of New York
Individual HMO Product in New York
January through December 2015**

1. SCOPE AND RANGE OF RATE INCREASE

The purpose of this memorandum is to request a rate increase for the Health Republic Insurance of New York (HRINY) individual HMO product for New York with effective dates of January 1, 2015 through December 31, 2015.

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act. This justification may not be appropriate for purposes or scopes beyond those described above and, therefore, should not be used for other purposes.

This letter specifically addresses the rate increase requested for HRINY’s HMO product, which impacts 68,446 members. The rate increase being requested for HRINY’s HMO product is a composite 15.2% across all members, varying by rating area.

2. FINANCIAL EXPERIENCE

HRINY is a federally funded healthcare Consumer Operated and Oriented Plan (CO-OP) and has no experience prior to 2014.

3. DEMOGRAPHICS

The plan’s actual 2014 enrollment demographics (age) have come in higher than expected during the 2014 filing process. Changes of this nature to enrollment have a large impact on costs in a community rated state such as New York.

4. CHANGES IN MEDICAL SERVICE COSTS AND TREND ASSUMPTIONS

This claim assumption is based on analysis of the health plan’s expected experience on their HMO business and the Milliman *Health Cost Guidelines (HCGs)*, as well as current provider network reimbursement assumptions.

5. PROVIDER REMIMBURSEMENT AND MEDICAL MANAGEMENT ASSUMPTIONS

Some of the provider reimbursement and medical management initiatives supporting the 2014 pricing assumptions were not put into operation in 2014. Based on HRINY’s actual provider contracts and utilization management initiatives, these assumptions have been refined for the 2015 filing.

6. CHANGES IN BENEFITS

No material benefit changes are being made.



7. ADMINISTRATIVE COSTS AND ANTICIPATED PROFITS

HRINY is targeting a loss ratio of 88.9% for its individual block of business in 2015 (using federally prescribed loss ratio calculations). The targeted administrative expenses are lower than in 2014, and profit is break-even. Therefore, the change in expenses lessens the impact of the required rate increase.

8. ADDITIONAL CAVEATS

I, Scott A. Weltz, am associated with the firm of Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards to render the actuarial opinion contained herein.

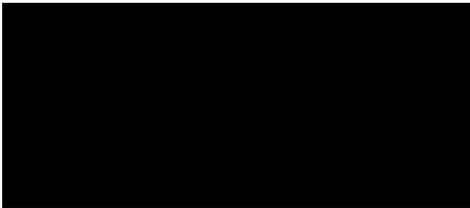
This narrative and the attached filing are intended to support HRINY's 2015 Individual Rate Filing for its Individual HMO product in the state of New York. It should not be distributed, in whole or in part, to any external party, other than the State of New York or the Centers for Medicare and Medicaid Services (CMS), without prior written permission. In any event, this information is not intended to benefit any third party. This information may not be appropriate, and should not be used, for other purposes.

Differences between projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent actual experience deviates from expected experience. HRINY should monitor its emerging results and take corrective action when necessary.

In preparing this information, we relied on information provided by HRINY. We accepted this information without audit, but reviewed the information for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.



Sincerely,



SAW/



Attachment A

Health Republic Insurance of New York Individual Rate Filing Effective January 1, 2015

Prepared for:
Health Republic Insurance of New York

Prepared by:



Attachment A

Health Republic Insurance of New York

Actuarial Value Calculator Outputs

Standard Platinum - 71644NY0010004

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

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.12%
 Metal Tier: Platinum

Standard Gold - 71644NY0010003

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? |

Apply Inpatient Copay per Day? |

Apply Skilled Nursing Facility Copay per Day? |

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard? |

Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.12%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.22%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.05%

Metal Tier: Gold

Standard Silver - 71644NY0010002

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

Standard Silver CSR 200 – 250% FPL Plan - 71644NY0010002-04

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$0.00
Coinsurance (% of Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$5,200.00	
OOP Maximum if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.99%
 Metal Tier: Silver

Standard Silver CSR 150 – 200% FPL Plan - 71644NY0010002-05

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

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.83%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94.60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 86.66%
 Metal Tier: Gold

Standard Silver CSR 100 – 150% FPL Plan - 71644NY0010002-06

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	98.48%		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	97.76%		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$6.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 93.43%
 Metal Tier: Platinum

Standard Bronze - 71644NY0010001

User Inputs for Plan Parameters

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

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

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	✓ All	✓ All			✓ All	✓ All		
Emergency Room Services	✓	✓			✓	✓		
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			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	✓			\$70.00	✓			
Specialty Drugs (i.e. high-cost)	✓			\$70.00	✓			

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.99%
 Metal Tier: Bronze

Standard Catastrophic - 71644NY0010005

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount: \$0.00	1st Tier Utilization: 100%
	2nd Tier Utilization: 0%

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design			
Medical	Drug	Combined	
		\$6,600.00	
		100.00%	
		\$6,600.00	

Tier 2 Plan Benefit Design			
Medical	Drug	Combined	

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 59.73%
 Metal Tier: Bronze

Primary Select Platinum - 71644NY003004

User Inputs for Plan Parameters

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="text" value=""/>	Blended Network/POS Plan? <input type="text" value=""/>
Annual Contribution Amount: <input type="text" value=""/>	1st Tier Utilization: 40%
	2nd Tier Utilization: 60%

	Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design	
	Medical	Drug	Medical	Drug
Deductible (\$)				
Coinsurance (% Insurer's Cost Share)		80.00%		80.00%
OOP Maximum (\$)		\$1,400.00		\$500.00
OOP Maximum if Separate (\$)				

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 88.2%

Metal Tier: Platinum

Primary Select Gold - 71644NY0030003

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/PDS Plan? <input type="checkbox"/>
Annual Contribution Amount: <input type="text"/>	1st Tier Utilization: 40%
	2nd Tier Utilization: 60%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$250.00			\$0.00
Coinsurance (%; Insurer's Cost Share)			80.00%			80.00%
OOP Maximum (\$)			\$3,500.00			\$500.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. M-HSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 80.7%

Metal Tier: Gold

Primary Select Silver - 71644NY0030002

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: S

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 40%
	2nd Tier Utilization: 60%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,000.00			\$2,000.00
		80.00%			80.00%
		\$6,350.00			\$6,350.00

Deductible (\$) _____
 Coinsurance (% Incurer's Cost Share) _____
 OOP Maximum (\$) _____
 OOP Maximum if Separate (\$) _____

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.3%

Metal Tier: Silver

Primary Select Silver CSR 200 – 250% FPL Plan - 71644NY0030002-04

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:

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	40%
		2nd Tier Utilization:	60%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,000.00			\$2,000.00
Coinsurance (% Insurer's Cost Share)			80.00%			80.00%
OOP Maximum (\$)			\$4,750.00			\$4,750.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value: 72.2%

Metal Tier: Silver

Primary Select Silver CSR 150 – 200% FPL Plan - 71644NY0030002-05

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: G

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	40%
		2nd Tier Utilization:	60%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		80.00%
		\$1,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		80.00%
		\$1,750.00

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. M-HSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 86.4%
 Metal Tier: Gold

Primary Select Silver CSR 100 – 150% FPL Plan - 71644NY0030002-06

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:

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	40%
		2nd Tier Utilization:	60%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			\$0.00
		80.00%			80.00%
		\$500.00			\$500.00

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs								
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value: 93.2%

Metal Tier: Platinum

Primary Select PCMH - 71644NY0040002

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: 3

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 40%
	2nd Tier Utilization: 60%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,000.00			\$2,000.00
		80.00%			80.00%
		\$6,350.00			\$6,350.00

Deductible (\$) _____
 Coinsurance (%; Insurer's Cost Share) _____
 OOP Maximum (\$) _____
 OOP Maximum if Separate (\$) _____

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 69.7%

Metal Tier: Silver

Primary Select PCMH CSR 200 – 250% FPL Plan - 71644NY0040002-04

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:

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	40%
		2nd Tier Utilization:	60%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,000.00			\$2,000.00
Coinsurance (%; Insurer's Cost Share)			80.00%			80.00%
OOP Maximum (\$)			\$4,500.00			\$4,500.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

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

Days (1-10):

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

Visits (1-10):

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

Copays (1-10):

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value: 72.2%

Metal Tier: Silver

Primary Select PCMH CSR 150 – 200% FPL Plan - 71644NY0040002-05

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:

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="text" value="\$0.00"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount: <input type="text" value="\$0.00"/>	1st Tier Utilization: 40%
	2nd Tier Utilization: 60%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			\$0.00
		80.00%			80.00%
		\$1,750.00			\$1,750.00

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$15.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:

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

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

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

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 86.2%
 Metal Tier: Gold

Primary Select PCMH CSR 100 – 150% FPL Plan - 71644NY0040002-06

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:

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/PDS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount: <input type="text" value=""/>	1st Tier Utilization: 40%
	2nd Tier Utilization: 60%

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. M/HSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful. 93.1%

Actuarial Value: 93.1%

Metal Tier: Platinum

Active Living Basic Bronze- 71644NY067001

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.38%
 Metal Tier: Bronze

Active Living Plus Silver- 71644NY070001

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$4,000.00
OOP Maximum if Separate (\$)		

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinurance	Coinurance, if	Copay, if separate	Subject to	Subject to	Coinurance, if	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinurance Payments?	<input type="checkbox"/>
Specialty Rx Coinurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.42%
 Metal Tier: Silver

Active Living Plus Silver CSR 200 – 250% FPL Plan – 71644NY070001-04

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?	<input type="checkbox"/>	Blended Network/PDS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% Inurer's Cost Share)			80.00%			
OOP Maximum (\$)			\$3,500.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if separate
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 72.70%
 Metal Tier: Silver

Active Living Plus Silver CSR 150 – 200% FPL Plan – 71644NY070001-05

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		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,150.00
Coinurance (%; Insurer's Cost Share)		80.00%
OOP Maximum (\$)		\$1,150.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinurance	Coinurance, if	Copay, if separate	Subject to	Subject to	Coinurance, if	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHA)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinurance Payments?	<input type="checkbox"/>
Specialty Rx Coinurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.76%

Gold

Active Living Plus Silver CSR 100 – 150% FPL Plan – 71644NY070001-06

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?

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$500.00
		80.00%
		\$500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Deductible (\$) _____
 Coinsurance (%, Insurer's Cost Share) _____
 OOP Maximum (\$) _____
 OOP Maximum if Separate (\$) _____

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHA)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.04%
 Metal Tier: Platinum

Active Living Advanced Gold- 71644NY073001

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.35%
 Metal Tier: Gold

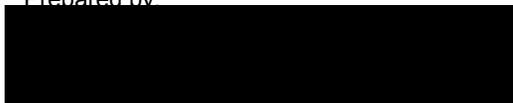


Attachment B

Health Republic Insurance of New York Individual Rate Filing Effective January 1, 2015

Prepared for:
Health Republic Insurance of New York

Prepared by:



**Attachment B
Health Republic Insurance of New York
Benefit Designs**

State Standard Plans

Product Name	Standard Platinum	Standard Gold	Standard Silver	Standard Bronze	Catastrophic
Exchange Status	On and Off	On and Off	On and Off	On and Off	On and Off
Plan ID	71644NY0010004	71644NY0010003	71644NY0010002	71644NY0010001	71644NY0010005
Metal Tier	Platinum	Gold	Silver	Bronze	Catastrophic
Deductible	\$0	\$600	\$2,000	\$3,000	\$6,600
Co-Insurance	100%	100%	100%	50%	100%
Out-of-Pocket Max	\$2,000	\$4,000	\$5,500	\$6,350	\$6,600
ER Services	\$100	\$150 after deductible is met	\$150 after deductible is met	Deductible & Coinsurance	Deductible & Coinsurance
IP Hospital/Skilled Nursing Facility	\$500	\$1,000 after deductible is met	\$1,500 after deductible is met	Deductible & Coinsurance	Deductible & Coinsurance
Office Visits – Primary and MHSA	\$15	\$25 after deductible is met	\$30 after deductible is met	Deductible & Coinsurance	Deductible & Coinsurance
Office Visits – Specialist, Imaging, Lab, X-Rays	\$35	\$40 after deductible is met	\$50 after deductible is met	Deductible & Coinsurance	Deductible & Coinsurance
PT/ST/OT	\$25	\$30 after deductible is met	\$30 after deductible is met	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Facility Fee	\$100	\$100 after deductible is met	\$100 after deductible is met	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery Charge	\$100	\$100 after deductible is met	\$100 after deductible is met	Deductible & Coinsurance	Deductible & Coinsurance
Rx Cost Share	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10 after Ded/\$35 after Ded/\$70 after Ded	Deductible & Coinsurance
Actuarial Value	88.1%	79.1%	70.7%	62.0%	59.7%
AV Requirement	88-92%	78-82%	68-72%	58-62%	< 58%

HRINY Select Plans

Product Name	Primary Select Platinum	Primary Select Gold	Primary Select Silver
Exchange Status	On and Off	On and Off	On and Off
Plan ID	71644NY0030004	71644NY0030003	71644NY0030002
Metal Tier	Platinum	Gold	Silver
Deductible	\$0	\$250	\$2,000
Co-Insurance	80%	80%	80%
Out-of-Pocket Max	\$1,400	\$3,500	\$6,350
ER Services	\$250 after deductible is met	\$250 after deductible is met	\$250 after deductible is met
IP Hospital/Skilled Nursing Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office Visits – Primary and MHSA	\$0	\$0	\$0
Office Visits – Specialist, Imaging, Lab, X-Rays	\$75	\$75	\$75
PT/ST/OT	\$30	\$30	\$30
Outpatient Facility Fee	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery Charge	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rx Cost Share	\$0/ \$35 after Ded/\$70 after Ded	\$10/ \$35 after Ded/\$70 after Ded	\$10/ \$35 after Ded/\$70 after Ded
Actuarial Value	88.2%	80.7%	70.3%
AV Requirement	88-92%	78-82%	68-72%

HRINY Select EPO Plans

Product Name	Primary Select PCMH
Exchange Status	On and Off
Plan ID	71644NY0040002
Metal Tier	Silver
Deductible	\$2,000
Co-Insurance	80%
Out-of-Pocket Max	\$6,350
ER Services	\$250 after deductible is met
IP Hospital/Skilled Nursing Facility	Deductible & Coinsurance
Office Visits – Primary and MHSA	Tier 1: \$0 Tier 2: \$30
Office Visits – Specialist, Imaging, Lab, X-Rays	\$75
PT/ST/OT	\$30
Outpatient Facility Fee	Deductible & Coinsurance
Outpatient Surgery Charge	Deductible & Coinsurance
Rx Cost Share	\$10/ \$35 after Ded/\$70 after Ded
Actuarial Value	69.7%
AV Requirement	68-72%

HRINY Active Living Plans

Product Name	Active Living Advanced	Active Living Plus	Active Living Basic
Exchange Status	On and Off	On and Off	On and Off
Plan ID	71644NY0730001	71644NY0700001	71644NY0670001
Metal Tier	Gold	Silver	Bronze
Deductible	\$2,500	\$4,000	\$6,000
Co-Insurance	100%	100%	100%
Out-of-Pocket Max	\$2,500	\$4,000	\$6,000
ER Services	\$250	\$250	\$0 after deductible is met
IP Hospital/Skilled Nursing Facility	\$0 after deductible is met	\$0 after deductible is met	\$0 after deductible is met
Office Visits – Primary and MHSA	\$0 after deductible is met	\$0 after deductible is met	\$0 after deductible is met
Office Visits – Specialist, Imaging, Lab, X-Rays	\$0 after deductible is met	\$0 after deductible is met	\$0 after deductible is met
PT/ST/OT	\$0 after deductible is met	\$0 after deductible is met	\$0 after deductible is met
Outpatient Facility Fee	\$0 after deductible is met	\$0 after deductible is met	\$0 after deductible is met
Outpatient Surgery Charge	\$0 after deductible is met	\$0 after deductible is met	\$0 after deductible is met
Rx Cost Share	\$20/ \$0 after Ded/\$0 after Ded	\$20/ \$0 after Ded/\$0 after Ded	\$30/ \$0 after Ded/\$0 after Ded
Actuarial Value	78.3%	70.4%	61.4%
AV Requirement	78-82%	68-72%	58-62%

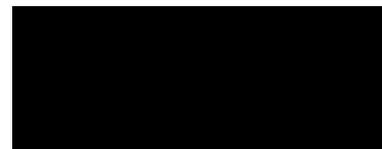
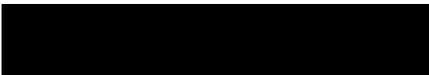


Attachment C

Health Republic Insurance of New York Individual Rate Filing Effective January 1, 2015

Prepared for:
Health Republic Insurance of New York

Prepared by:



**HEALTH REPUBLIC INSURANCE OF NEW YORK (HRINY)
QUALITY IMPROVEMENT INITIATIVES STRATEGY
2014**

In accordance with the Affordable Care Act (ACA), Health Republic Insurance of New York (HRINY) will follow a comprehensive strategy to ensure the health and safety of its members, including all required aspects set forth in 1311(g) of the ACA. Details on the annual quality strategy, delineated by requirement, are described below.

A) The implementation of quality improvement activities that shall include quality reporting, effective case management, care coordination, chronic disease management, medication and care compliance initiatives, including through the use of the medical home model, for treatment or services under the plan or coverage;

HRINY, in collaboration with its vendors (POMCO for medical management, MagnaCare for its provider network, U.S. Script for pharmacy benefit, a Risk Adjustment & Quality Performance vendor (in process of final selection)), continues to actively seek to maximize health outcomes and assure quality care for all members through its member-centric designed programs and services. Strategies employed to achieve these goals include: Case Management for specified conditions, limited Disease Management, Utilization Management, member-based quality initiatives, and risk-based Medical Home contracting.

The detailed Quality Improvement Plan (QIP) and Quality Work Plan (QWP) implemented under the direction of the SVP of Medical Integration and Member Engagement and the Director of Quality is monitored by the Board on a quarterly basis. The goals of the QIP and QWP are to meet or exceed the standards developed under the Patient Protection and Affordable Care Act (PPACA) and the New York Health Benefit Exchange (NYHBE). In addition, the two documents map the steps toward preparation for future accreditation by the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Committee (URAC). Data for Quality Management (QM) will be assembled using the NCQA, Healthcare Effectiveness Data and Information Set (HEDIS), and the Quality Assurance Reporting Requirements (QARR) reporting standards used by the New York State Department of Health (NYSDOH).

Through vendor oversight and ongoing due diligence for selected activities, quality indicators and outcomes are continuously reviewed. The SVP of Medical Integration and Member Engagement and the Director of Quality will devise specific targeted initiatives to improve members' health outcomes and achieve optimal wellness. The Quality Strategy also leverages national and state-specific initiatives on patient safety and care coordination along with full participation in public health interventions for the benefit of our members.

Case Management (CM)

HRINY contracts with POMCO, a Third Party Administrator (TPA) that utilizes a URAC-accredited Utilization Management (UM) vendor, American Health Holdings (AHH), which provides contracted services. POMCO directly provides Case Management (CM) services. Delegated activities and responsibilities of the entity are frequently monitored and reported to numerous committees.

HRINY uses evidence-based clinical guidelines and algorithms to triage, assess and manage members who may benefit from CM. Utilizing a robust data driven criteria, members who are eligible for CM are identified [e.g., claims/encounter, hospital discharge, pharmacy, as well as applicable data collected

through the UM process, supplied by members, caregivers and practitioners]. Clinical performance data allows the CM team to integrate the services administered by multiple providers and monitor progress in the members care.

The CM staff assesses the characteristics, cultural barriers and linguistic needs of members to design the patient care plan, gain a better understanding of their health status, condition(s), medication(s) and clinical history to specialize care and facilitate appropriate and timely referrals and promote treatment adherence. The CM staff also provide education on community resources, available benefits, alternatives to costly inpatient and outpatient care and help make clinical decisions when necessary.

Targeted members who may be outreached and benefit from CM, preventive care and other population health initiatives include:

- *Maternity/Neonates:* Maternity Case Managers provide education and support to expectant mothers in order to reduce instances of complications. They provide a continuum of care during pregnancy and after pregnancy and offer additional education, management and home visits when necessary for complicated high-risk pregnancies and premature babies.
- *Psychiatric/Substance Abuse:* LMSW social workers and psychiatric nurses work with members to facilitate access to treatment, and adherence to the treatment plan. In addition they identify community resources and help coordinate care with other providers.
- *Transplant:* Case Managers work with Transplant Centers of Excellence, financial coordinators, reinsurance carriers and claims offices to coordinate services for members throughout the entire continuum of transplant care.

The goals of the CM program include improving participant activation and effecting improvements in the health status of participants by using Nurse Coaches and/or selected vendors (such as *Better Living Now* for our diabetic members) to provide education, tools, and support that promote good self-care practices and adherence to evidence-based care guidelines. Examples of the potential disease management approaches include:

- *Asthma:* Increase member awareness about disease symptoms, treatment, and importance of medication adherence.
- *Diabetes:* Provide member education on self-monitoring, routine general health checks, medication and adherence to care plan to improve clinical outcomes.
- *Congestive Heart Failure (CHF):* Provide members with education on CHF, medication and adherence to care plan to improve clinical outcomes.
- *Chronic Obstructive Pulmonary Disease (COPD):* Provide education on signs and symptoms of COPD, along with lifestyle strategies to improve health and adherence to care plan for improved clinical outcomes.

- *Hypertension*: Provide education on “Know Your Numbers,” “Dietary Approaches to Stop Hypertension (DASH),” medication adherence, treatment and lifestyle modifications.

Utilization Management (UM)

HRINY’s UM begins with pre-certification. The member (or his/her physician or hospital) is required to notify our UM department, prior to a scheduled or elective surgery or hospital admission. The goal of pre-certification is to ensure that approved services, whether inpatient or outpatient, meet evidence-based clinical criteria for medical necessity for either an admission or procedure. The pre-certification process can also help identify members who may benefit from referral for future CM services following elective procedures or inpatient admissions.

The UM department, in conjunction with the SVP of Medical Integration and Member Engagement, develops the required pre-certification list, and reviews the list for potential modifications, at least annually.

Upon notification of a pending or ongoing hospital admission, or an outpatient procedure, a UM nurse (registered nurse) contacts the attending physician or the hospital UM department to request appropriate clinical information necessary to perform the initial medical necessity review.

A review is performed via telephone with the attending physician and /or the hospital UM nurse or by review of electronically-provided clinical notes. HRINY, through AHH, utilizes the MCG evidence-based criteria (formerly known as the Milliman *Care Guidelines*) and other nationally recognized criteria, including Aetna medical policy.

Concurrent review is UM that is performed during a hospital stay or other course of treatment. It includes the review of requests for extended stays or additional services and requests for urgent care services. HRINY, through AHH, uses the evidence-based MCG criteria to evaluate inpatient admissions of an emergent or urgent care nature, and to make determinations regarding the medical necessity for continued hospital inpatient stay.

If the clinical information for the case meets medical necessity criteria, the UM nurse authorizes the admission and assigns an initial length of stay or authorizes the procedure.

All cases that do not meet the evidence-based criteria, or cases that meet a discharge screen if it is a concurrent review, are referred by the nurse to the AHH Medical Director for medical necessity additional review and determination.

Written notifications are provided to the member/patient, attending physician and medical treatment facility regarding whether the case is approved or non-approved for services. For approvals, the notification includes the number of initial days authorized and instructions as to how an extension may be requested if needed. For non-approvals, the written notice outlines the basis for the denial and the option for the appeals process.

B) The implementation of activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;

An important priority for HRINY is to minimize the rate of patients who are readmitted within 30 days of leaving the hospital (180 days for psychiatric admissions). The measurement standard is HEDIS®-based.

The discharge planning process starts with concurrent review of every hospitalized patient, when the first clinical review is received by the UM nurse. The case is triggered to Case Management for follow-through with identifying discharge needs and assisting in arranging necessary services so that discharge is not unnecessarily delayed.

The Case Manager works with the hospital discharge planners to ensure that home care, medications, and other needed services are in place for discharge, and then follows up with those providers to ensure that they have been initiated. If social issues may present a risk for readmission, the POMCO Case Manager makes a referral to an appropriate social service agency as well.

C) The implementation of activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage;

The HRINY SVP of Medical Integration and Member Engagement collaborate with HRINY's Provider Relations, MagnaCare providers, and with the primary care providers with whom we contract directly. Drawing on the monthly reports provided by POMCO, the SVP of Medical Integration and Member Engagement uses those data to identify opportunities to improve adherence to best clinical practices and evidence-based protocols. He or she will then reach out to our network providers – in some cases, collaborating with the MagnaCare Medical Director – to educate and incentivize the providers to modify their treatment plans.

In some cases, the data may indicate a particular provider with quality concerns. In those cases, the HRINY SVP of Medical Integration and Member Engagement works with MagnaCare to either: provide feedback and education to a particular provider; eliminate a provider of concern from the HRINY network; or combine those activities to ensure patient safety and quality of care.

HRINY also pays particular attention to patient safety and medical errors. Working with both POMCO and MagnaCare, the HRINY SVP of Medical Integration and Member Engagement and the Director of Quality will develop processes for sentinel event/adverse outcome reporting and monitoring; they will also monitor quality of care complaints directly from the members. Providers with events and complaints exceeding established thresholds will be contacted and education and/or elimination will follow. Serious Reportable Adverse Events (Never Events) result in action on a case-by-case basis.

D) The implementation of wellness and health promotion activities;

A key feature of HRINY is its emphasis on proactive health and wellness. Under the Population Health Program (PHP) members are engaged via the role of the Wellness Navigators who offer personalized health coaching to improve health behaviors, utilize primary care, access smoking cessation, wellness

and disease management programs, complementary and alternative medicine discounts, access to health tips and tools among other resources relevant to members' needs.

Members who meet eligibility for the Case Management program are referred for services by the Wellness Navigator.

Additionally, the PHP engages members through:

- An online Member Account to easily access services, member information and resources.
- An online General Health Assessment, which provides the member with summary feedback, including areas for improvement.
- Targeted “push notifications” reminding members of specific health services, or providing advice on managing their health through targeted member outreach;
- Online access to health and wellness tools, including a discounted provider network for complementary and alternative medicine.
- Targeted member outreach to high risk members, members in need of preventive services, members who may be experiencing certain gaps in care or those who have other health needs.
- Stat Doctors, an innovative online and phone service that provides immediate access to board certified emergency room physicians.

E) The implementation of activities to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings;

HRINY, the only New York member led CO-OP, offers a full range of essential health benefits to members across all races and ethnicities. New York, our target market area, is disproportionately represented by foreign-born individuals and immigrants, therefore understanding and addressing health disparities is a major focus for HRINY.

HRINY aims to reduce health care disparities through member and provider data collection and analysis. Though data alone does not reduce disparities, gathering and tracking information such as race, ethnicity, sex, primary language, health literacy and disability status of our members is an important foundation in our efforts to characterize disparities and design effective interventions.

To address some of these issues, HRINY implemented Telelanguage, an over-the-phone interpreter service, to minimize any language barriers when communicating with members. HRINY's website offers members an extensive health library in both English and Spanish. Also, our Wellness Navigators work closely with members and link them to community resources when appropriate. The navigators explain health benefits, basic health terms and educate members on the importance of selecting a provider, scheduling preventive screening visits, medication adherence and how to make appropriate and cost effective health decisions to prevent hospitalizations, unnecessary procedures and how to best manage health care cost.

HRINY also works closely with our provider network to ensure that they are culturally trained, and adequately prepared to represent a diverse population with various medical, physical, psychological,

economic and social needs. Providers are also engaged to confirm office location, and to determine whether their facilities and equipment meet the needs of members (e.g., individuals with special needs).

F) A description of any current or proposed innovative programs to expand access to mental health services including but not limited to telepsychiatry or consultative services for co-management of common behavioral health conditions in children and adults.

As part of the standard and supplemental health risk appraisals offered to every member, HRINY includes a series of validated behavioral risk inventories. Data and information from various sources including the health risk appraisal will be used to engage members in early referral to mental health services when needed.

Within Case Management, Psychiatric/Substance Abuse Specialists seek to assist with transitions from inpatient care to step-down settings and provide medical necessity determinations regarding the appropriateness of outpatient day treatment programs and assess levels of psychosocial support of the patient. The Case Manager may assist with identifying community resources, such as Meals on Wheels, or may link the patient with community support groups. In the upcoming year, HRINY is looking to further implement specialized care coordination programs for members with co-existing medical and behavioral health conditions.

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: Health Republic Insurance of New York
NAIC Code: 15273
SERFF Tracking #: _____
Market Segment: Individuals On Exchange

A. Insurer Information: Health Republic Insurance of New York Not-For-Profit - 43 Not-for-Profit 15273
Company submitting the rate filing request Company Type Org. Type Company NAIC Code
30 Broad Street, 34th Floor, New York, New York 10004
Company mailing address

B. Contact Person: ██████████ Chief Financial Officer ██████████ ██████████
Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (if different from above): ██████████ Principal & Consulting Actuary 2 ██████████ ██████████
Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: 1/1/2015-12/31/2015 1/1/2015 _____
New rate applicability period New rate effective date SERFF Tracking Number

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

F. Provide responses for the following questions: **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. _____
No

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). _____
All cohorts will receive. Sending on June 18, 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 the pre-filing. _____
No

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

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Health Republic Insurance of New York
NAIC Code: 15273
SERFF Tracking #: _____
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	\$409.00	\$355.05	\$307.63	\$248.66	\$172.24
2015 Premium Rates	\$475.91	\$384.90	\$330.08	\$272.37	\$151.35

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	15.2%

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	5.00%	5.00%
Expense Ratios	N/A	22.92%	14.62%
Pre Tax Profit Ratios	N/A	1.82%	0.00%

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

NARRATIVE SUMMARY

Company Name:	FREELANCERS HEALTH SERVICES COPORATION d/b/a HEALTH REPUBLIC INSURANCE OF NEW YORK
NAIC Code:	15273
SERFF Tracking #:	

FREELANCERS HEALTH SERVICES COPORATION d/b/a HEALTH REPUBLIC INSURANCE OF NEW YORK

New York Individual Plans

Narrative Summary of Requested Rate Changes – Effective January 1, 2015

Freelancers Health Services Corporation d/b/a Health Republic Insurance of New York (Health Republic) is submitting a request for a rate increase for its individual plans in New York State. The Narrative Summary provides further explanation of the letter that you received from Health Republic regarding the proposed premiums for 2015 that we filed with the New York State Department of Financial Services (DFS). We are posting this Narrative Summary on [our website](#); as described in the letter, please review this information and contact us or DFS with questions within the 30-day comment period.

How We Arrive at Our Premiums

Health Republic is committed to providing low-cost, high-quality health coverage and is proud to be among the most affordable options for individual New Yorkers and small businesses across the state. Medical costs and administrative expenses are the main components from which we derive our annual premium. Our premiums must also be adequate to ensure our organization achieves long-term sustainability as New York's only not-for-profit CO-OP. Any positive margin that Health Republic achieves is reinvested in the health plan to maintain affordability, improve benefits, and ensure quality for years to come.

Medical costs make up the largest share of the premium and are accounted for in the medical loss ratio (MLR) – the percentage of the premiums paid toward medical costs. By law, in New York State, at least 82% of the annual premium charged for the health plan must be paid toward medical costs. Medical costs include:

- Physician office visits;
- Inpatient and outpatient care;
- Prescription drugs; and
- Mandated benefits.

There are certain other fees and assessments that are counted as medical costs, and include:

- HCRA surcharge, which is the Health Care Reform Act surcharge on hospital-related services; and
- Wellness programs, aimed at improving health, are also classified as medical costs.

There are a number of administrative costs that are included in the premium, such as:

- Processing and paying claims, as well as medical reviews;
- Maintaining our provider network (physicians, hospitals, etc.);
- Medical management programs, including managing chronic and complex medical conditions;
- Customer service;
- Systems to remain compliant with legal requirements;
- Federal fees associated with the Patient Protection and Affordable Care Act (PPACA) including the Insurer's Fee and Reinsurance Assessment;
- State fees including GME – Graduate Medical Education – or covered lives assessment, which is an annual surcharge on every person who has insurance coverage in the state, as well as Section 206 Assessments, which are used to defray the operating expenses of DFS.

Reasons for Rate Adjustment

Health Republic launched in 2014 as New York's only not-for-profit Consumer Operated and Oriented Plan, or CO-OP, in the midst of a transformative year in healthcare, with improved access to coverage for people across the state.

In 2014, premiums for other health plans in New York had significantly higher premium rates than Health Republic. As a member-run, not-for-profit plan, we want coverage for our members to be as affordable as possible and we must be sustainable. Health Republic is requesting the following rate adjustments for its individual plans:

Requested 2015 Health Republic Individual Product Premium Rate Adjustments								
Rating Area	Albany	Buffalo	Mid-Hudson	New York City	Rochester	Syracuse	Utica/Watertown	Long Island
Platinum	18.80%	12.90%	18.80%	16.50%	18.80%	5.10%	18.80%	16.50%
Gold	18.80%	12.90%	18.80%	16.50%	18.80%	5.10%	18.80%	16.50%
Silver	15.10%	9.40%	15.10%	12.90%	15.10%	1.90%	15.10%	12.90%
Bronze	18.80%	12.90%	18.80%	16.50%	18.80%	5.10%	18.80%	16.50%
Catastrophic	-9.90%	-14.40%	-9.90%	-11.60%	-9.90%	-20.30%	-9.90%	-11.60%

Total policyholders affected: 54,900

Due to a change in rating methodology required by regulation, the rate increases for the Silver Metal Tier plans vary from the other Metal Tiers plans in 2015.

Due to changes in provider contracting assumptions from 2014 to 2015, rate increases vary by region in 2015.

It is necessary for us to seek a rate adjustment in 2015 for the following reasons:

- Increasing medical costs and utilization: the cost of medical care, including reimbursements to doctors, hospitals, and pharmaceutical companies are rising.
- Declining federal support: certain federal programs that were established, including reinsurance, to help cover the risk of insuring new individuals under the Affordable Care Act, will be decreasing in 2015 and the years following.
- Changes to the population served based on state average Affordable Care Act marketplace enrollment.
- Changes in taxes, fees, and administrative expenses.

Even with the proposed increase, Health Republic is confident that it will be among the most affordable options for individual New Yorkers and small businesses in 2015 and for many years to come.

The proposed rate changes are currently being reviewed by DFS and new rates will be released later this summer. The rates will be effective on January 1, 2015 and all policyholders will receive the rate adjustment at that time.

After DFS has reviewed and finalized the rate changes, we will be contacting all members with updated rate information.

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

-- for Individual Medical Plans

Company Name: Health Republic Insurance of New York
NAIC Code: 15273
SERFF Tracking #: _____
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	Bronze	1 - Albany Area	EssentialCare	EssentialCare Bronze	18.76%	18.76%	18.76%
Individual	01/01/15	Silver	1 - Albany Area	EssentialCare	EssentialCare Silver	15.09%	15.09%	15.09%
Individual	01/01/15	Gold	1 - Albany Area	EssentialCare	EssentialCare Gold	18.76%	18.76%	18.76%
Individual	01/01/15	Platinum	1 - Albany Area	EssentialCare	EssentialCare Platinum	18.76%	18.76%	18.76%
Individual	01/01/15	Catastrophic	1 - Albany Area	EssentialCare	EssentialCare Catastrophic	-9.93%	-9.93%	-9.93%
Individual	01/01/15	Silver	1 - Albany Area	Primary Select	Primary Select Silver	15.09%	15.09%	15.09%
Individual	01/01/15	Gold	1 - Albany Area	Primary Select	Primary Select Gold	18.76%	18.76%	18.76%
Individual	01/01/15	Platinum	1 - Albany Area	Primary Select	Primary Select Platinum	18.76%	18.76%	18.76%
Individual	01/01/15	Silver	1 - Albany Area	Primary Select	Primary Select PCMH	15.09%	15.09%	15.09%
Individual	01/01/15	Bronze	2 - Buffalo Area	EssentialCare	EssentialCare Bronze	12.91%	12.91%	12.91%
Individual	01/01/15	Silver	2 - Buffalo Area	EssentialCare	EssentialCare Silver	9.42%	9.42%	9.42%
Individual	01/01/15	Gold	2 - Buffalo Area	EssentialCare	EssentialCare Gold	12.91%	12.91%	12.91%
Individual	01/01/15	Platinum	2 - Buffalo Area	EssentialCare	EssentialCare Platinum	12.91%	12.91%	12.91%
Individual	01/01/15	Catastrophic	2 - Buffalo Area	EssentialCare	EssentialCare Catastrophic	-14.37%	-14.37%	-14.37%
Individual	01/01/15	Silver	2 - Buffalo Area	Primary Select	Primary Select Silver	9.42%	9.42%	9.42%
Individual	01/01/15	Gold	2 - Buffalo Area	Primary Select	Primary Select Gold	12.91%	12.91%	12.91%
Individual	01/01/15	Platinum	2 - Buffalo Area	Primary Select	Primary Select Platinum	12.91%	12.91%	12.91%
Individual	01/01/15	Silver	2 - Buffalo Area	Primary Select	Primary Select PCMH	9.42%	9.42%	9.42%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	EssentialCare	EssentialCare Bronze	18.77%	18.77%	18.77%
Individual	01/01/15	Silver	3 - Mid Hudson Area	EssentialCare	EssentialCare Silver	15.09%	15.09%	15.09%
Individual	01/01/15	Gold	3 - Mid Hudson Area	EssentialCare	EssentialCare Gold	18.77%	18.77%	18.77%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	EssentialCare	EssentialCare Platinum	18.77%	18.77%	18.77%
Individual	01/01/15	Catastrophic	3 - Mid Hudson Area	EssentialCare	EssentialCare Catastrophic	-9.93%	-9.93%	-9.93%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Primary Select	Primary Select Silver	15.09%	15.09%	15.09%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Primary Select	Primary Select Gold	18.77%	18.77%	18.77%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Primary Select	Primary Select Platinum	18.77%	18.77%	18.77%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Primary Select	Primary Select PCMH	15.09%	15.09%	15.09%

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	Bronze	4 - New York City Area	EssentialCare	EssentialCare Bronze	16.52%	16.52%	16.52%
Individual	01/01/15	Silver	4 - New York City Area	EssentialCare	EssentialCare Silver	12.91%	12.91%	12.91%
Individual	01/01/15	Gold	4 - New York City Area	EssentialCare	EssentialCare Gold	16.52%	16.52%	16.52%
Individual	01/01/15	Platinum	4 - New York City Area	EssentialCare	EssentialCare Platinum	16.52%	16.52%	16.52%
Individual	01/01/15	Catastrophic	4 - New York City Area	EssentialCare	EssentialCare Catastrophic	-11.64%	-11.64%	-11.64%
Individual	01/01/15	Silver	4 - New York City Area	Primary Select	Primary Select Silver	12.91%	12.91%	12.91%
Individual	01/01/15	Gold	4 - New York City Area	Primary Select	Primary Select Gold	16.52%	16.52%	16.52%
Individual	01/01/15	Platinum	4 - New York City Area	Primary Select	Primary Select Platinum	16.52%	16.52%	16.52%
Individual	01/01/15	Silver	4 - New York City Area	Primary Select	Primary Select PCMH	12.91%	12.91%	12.91%
Individual	01/01/15	Bronze	5 - Rochester Area	EssentialCare	EssentialCare Bronze	18.76%	18.76%	18.76%
Individual	01/01/15	Silver	5 - Rochester Area	EssentialCare	EssentialCare Silver	15.08%	15.08%	15.08%
Individual	01/01/15	Gold	5 - Rochester Area	EssentialCare	EssentialCare Gold	18.76%	18.76%	18.76%
Individual	01/01/15	Platinum	5 - Rochester Area	EssentialCare	EssentialCare Platinum	18.76%	18.76%	18.76%
Individual	01/01/15	Catastrophic	5 - Rochester Area	EssentialCare	EssentialCare Catastrophic	-9.94%	-9.94%	-9.94%
Individual	01/01/15	Silver	5 - Rochester Area	Primary Select	Primary Select Silver	15.08%	15.08%	15.08%
Individual	01/01/15	Gold	5 - Rochester Area	Primary Select	Primary Select Gold	18.76%	18.76%	18.76%
Individual	01/01/15	Platinum	5 - Rochester Area	Primary Select	Primary Select Platinum	18.76%	18.76%	18.76%
Individual	01/01/15	Silver	5 - Rochester Area	Primary Select	Primary Select PCMH	15.08%	15.08%	15.08%
Individual	01/01/15	Bronze	6 - Syracuse Area	EssentialCare	EssentialCare Bronze	5.11%	5.11%	5.11%
Individual	01/01/15	Silver	6 - Syracuse Area	EssentialCare	EssentialCare Silver	1.86%	1.86%	1.86%
Individual	01/01/15	Gold	6 - Syracuse Area	EssentialCare	EssentialCare Gold	5.11%	5.11%	5.11%
Individual	01/01/15	Platinum	6 - Syracuse Area	EssentialCare	EssentialCare Platinum	5.11%	5.11%	5.11%
Individual	01/01/15	Catastrophic	6 - Syracuse Area	EssentialCare	EssentialCare Catastrophic	-20.29%	-20.29%	-20.29%
Individual	01/01/15	Silver	6 - Syracuse Area	Primary Select	Primary Select Silver	1.86%	1.86%	1.86%
Individual	01/01/15	Gold	6 - Syracuse Area	Primary Select	Primary Select Gold	5.11%	5.11%	5.11%
Individual	01/01/15	Platinum	6 - Syracuse Area	Primary Select	Primary Select Platinum	5.11%	5.11%	5.11%
Individual	01/01/15	Silver	6 - Syracuse Area	Primary Select	Primary Select PCMH	1.86%	1.86%	1.86%
Individual	01/01/15	Bronze	6 - Syracuse Area	EssentialCare	EssentialCare Bronze Age 29 Option	5.11%	5.11%	5.11%
Individual	01/01/15	Bronze	7 - Utica/Watertown Area	EssentialCare	EssentialCare Bronze	18.75%	18.75%	18.75%
Individual	01/01/15	Silver	7 - Utica/Watertown Area	EssentialCare	EssentialCare Silver	15.07%	15.07%	15.07%
Individual	01/01/15	Gold	7 - Utica/Watertown Area	EssentialCare	EssentialCare Gold	18.75%	18.75%	18.75%
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	EssentialCare	EssentialCare Platinum	18.75%	18.75%	18.75%
Individual	01/01/15	Catastrophic	7 - Utica/Watertown Area	EssentialCare	EssentialCare Catastrophic	-9.94%	-9.94%	-9.94%
Individual	01/01/15	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select Silver	15.07%	15.07%	15.07%
Individual	01/01/15	Gold	7 - Utica/Watertown Area	Primary Select	Primary Select Gold	18.75%	18.75%	18.75%
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	Primary Select	Primary Select Platinum	18.75%	18.75%	18.75%
Individual	01/01/15	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select PCMH	15.07%	15.07%	15.07%
Individual	01/01/15	Bronze	8 - Long Island Area	EssentialCare	EssentialCare Bronze	16.52%	16.52%	16.52%
Individual	01/01/15	Silver	8 - Long Island Area	EssentialCare	EssentialCare Silver	12.91%	12.91%	12.91%
Individual	01/01/15	Gold	8 - Long Island Area	EssentialCare	EssentialCare Gold	16.52%	16.52%	16.52%
Individual	01/01/15	Platinum	8 - Long Island Area	EssentialCare	EssentialCare Platinum	16.52%	16.52%	16.52%
Individual	01/01/15	Catastrophic	8 - Long Island Area	EssentialCare	EssentialCare Catastrophic	-11.64%	-11.64%	-11.64%
Individual	01/01/15	Silver	8 - Long Island Area	Primary Select	Primary Select Silver	12.91%	12.91%	12.91%
Individual	01/01/15	Gold	8 - Long Island Area	Primary Select	Primary Select Gold	16.52%	16.52%	16.52%
Individual	01/01/15	Platinum	8 - Long Island Area	Primary Select	Primary Select Platinum	16.52%	16.52%	16.52%
Individual	01/01/15	Silver	8 - Long Island Area	Primary Select	Primary Select PCMH	12.91%	12.91%	12.91%

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

Company Name: Health Republic Insurance of New York
 NAIC Code: 15273
 SERFF Tracking #: _____
 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													
								4/1/2014	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	Platinum	1 - Albany Area	18.8%	\$1,926,268	443	314														
Individual	1/1/2015	Gold	1 - Albany Area	18.8%	\$1,750,630	450	333														
Individual	1/1/2015	Silver	1 - Albany Area	15.1%	\$7,478,822	2,155	1,719														
Individual	1/1/2015	Bronze	1 - Albany Area	18.8%	\$1,911,316	718	566														
Individual	1/1/2015	Catastrophic	1 - Albany Area	-9.9%	\$3,876	2	2	2													
Individual	1/1/2015	Platinum	2 - Buffalo Area	12.9%	\$4,479,812	1,123	742						1,123								
Individual	1/1/2015	Gold	2 - Buffalo Area	12.9%	\$3,103,525	882	600						882								
Individual	1/1/2015	Silver	2 - Buffalo Area	9.4%	\$12,222,555	3,769	3,031						3,769								
Individual	1/1/2015	Bronze	2 - Buffalo Area	12.9%	\$3,403,977	1,379	1,053							1,379							
Individual	1/1/2015	Catastrophic	2 - Buffalo Area	-14.4%	\$110,401	62	59	62													
Individual	1/1/2015	Platinum	3 - Mid Hudson Area	18.8%	\$8,913,733	1,913	1,132														
Individual	1/1/2015	Gold	3 - Mid Hudson Area	18.8%	\$5,214,113	1,245	824														
Individual	1/1/2015	Silver	3 - Mid Hudson Area	15.1%	\$12,829,472	3,322	2,485														
Individual	1/1/2015	Bronze	3 - Mid Hudson Area	18.8%	\$3,371,514	1,121	863														
Individual	1/1/2015	Catastrophic	3 - Mid Hudson Area	-9.9%	\$47,897	22	20	22													
Individual	1/1/2015	Platinum	4 - New York City Area	16.5%	\$46,237,251	8,773	5,182														
Individual	1/1/2015	Gold	4 - New York City Area	16.5%	\$24,881,091	5,326	3,286														
Individual	1/1/2015	Silver	4 - New York City Area	12.9%	\$32,145,123	7,343	5,580							7,343							
Individual	1/1/2015	Bronze	4 - New York City Area	16.5%	\$17,994,780	5,040	4,158														
Individual	1/1/2015	Catastrophic	4 - New York City Area	-11.6%	\$183,801	72	69	72													
Individual	1/1/2015	Platinum	5 - Rochester Area	18.8%	\$806,733	196	146														
Individual	1/1/2015	Gold	5 - Rochester Area	18.8%	\$614,429	173	126														
Individual	1/1/2015	Silver	5 - Rochester Area	15.1%	\$4,503,993	1,414	1,166														
Individual	1/1/2015	Bronze	5 - Rochester Area	18.8%	\$1,393,340	568	468														
Individual	1/1/2015	Catastrophic	5 - Rochester Area	-9.9%	\$7,134	4	4	4													
Individual	1/1/2015	Platinum	6 - Syracuse Area	5.1%	\$643,749	151	118						151								
Individual	1/1/2015	Gold	6 - Syracuse Area	5.1%	\$647,358	170	127						170								
Individual	1/1/2015	Silver	6 - Syracuse Area	1.9%	\$3,820,951	1,133	926						1,133								
Individual	1/1/2015	Bronze	6 - Syracuse Area	5.1%	\$828,460	318	254						318								
Individual	1/1/2015	Catastrophic	6 - Syracuse Area	-20.3%	\$33,904	18	18	18													
Individual	1/1/2015	Platinum	Area	18.8%	\$69,082	16	13														
Individual	1/1/2015	Gold	Area	18.8%	\$116,522	31	24														
Individual	1/1/2015	Silver	Area	15.1%	\$567,516	176	141														
Individual	1/1/2015	Bronze	Area	18.8%	\$165,140	64	52														
Individual	1/1/2015	Catastrophic	Area	-9.9%	\$7,331	4	4	4													
Individual	1/1/2015	Platinum	8 - Long Island Area	16.5%	\$45,640,772	8,935	4,586														
Individual	1/1/2015	Gold	8 - Long Island Area	16.5%	\$22,862,451	5,001	2,725														
Individual	1/1/2015	Silver	8 - Long Island Area	12.9%	\$16,628,413	3,860	2,652							3,860							
Individual	1/1/2015	Bronze	8 - Long Island Area	16.5%	\$3,269,586	1,035	604														
Individual	1/1/2015	Catastrophic	8 - Long Island Area	-11.6%	\$48,503	19	18	19													
Market Segment Total:				15.2%	\$290,685,325	68446	46190	203	0	1133	4408	14587	48115	0	0	0	0	0	0	0	0

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Health Republic Insurance of New York
NAIC Code: 15273
SERFF Number: _____
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 18 - Index Rate/Plan-Design Level Adjustment Worksheet

Company Name: Health Republic Insurance of New York
 NAIC Code: 15273
 SERFF Number: _____
 Market Segment: Individuals On Exchange

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

Line #	General	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare
1	Product ¹																	
2	Product ID ²	71644NY001	71644NY001	71644NY001	71644NY001	71644NY001	71644NY002	71644NY002	71644NY002	71644NY002	71644NY003	71644NY003	71644NY003	71644NY004	71644NY009	71644NY009	71644NY009	71644NY009
3	Metal Level (for catastrophic) ³	Bronze	Silver	Gold	Platinum	Catastrophic	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Bronze	Silver	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator) ⁴	62.0%	70.7%	79.1%	88.1%	99.7%	62.0%	70.7%	79.1%	88.1%	70.2%	80.7%	88.2%	89.7%	62.0%	70.7%	79.1%	88.1%
5	AV Pricing Value Initial, risk pool experience based ⁵	0.633	0.751	0.837	0.924	0.991	0.633	0.751	0.837	0.924	0.819	0.912	0.966	0.811	0.633	0.751	0.837	0.924
6	Plan Type ⁶	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name ⁷	EssentialCare Bronze	EssentialCare Silver	EssentialCare Gold	EssentialCare Platinum	EssentialCare Catastrophic	EssentialCare Child Only	EssentialCare Silver Child Only	EssentialCare Gold Child Only	EssentialCare Platinum Child Only	Primary Select Silver	Primary Select Gold	Primary Select Platinum	Primary Select PGM1	EssentialCare Bronze Age 29 Option	EssentialCare Silver Age 29 Option	EssentialCare Gold Age 29 Option	EssentialCare Platinum Age 29 Option
8	HHS Plan ID ⁸	71644NY010001	71644NY010002	71644NY010003	71644NY010004	71644NY010005	71644NY020001	71644NY020002	71644NY020003	71644NY020004	71644NY030002	71644NY030003	71644NY030004	71644NY030005	71644NY090001	71644NY090002	71644NY090003	71644NY090004
9	Exchange Plan? ⁹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	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 (inc. Reg. 146 & Stop Loss pools & Federal risk sharing and reinsurance pools) for Latest Experience Period	\$109,219,329																
10B	Member-Months for Latest Experience Period	337,218																
10C	Average PMPM Incurred Claims (L10A/L10B) Initial Index Rate Factor	323.88																
11	Average Pricing Actuarial Value reflected in experience period	81.8%																
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate																		
13	Impact of adjusting experience period data to EHB benefit level	1.009																
14	Market wide adjustment for changes in provider network **	1.000																
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 improvement and cost containment initiatives **	1.000																
18	Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **	1.000																
19	Post ACA: Ratio Individual risk pool to Small Group risk pool (Indiv. Only)	1.000																
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000																
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	1.000																
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.954																
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000																
24	Claim trend projection factor (midpoint of experience period to mid-point of rate applicability period)	1.103																
25	Manual Adjustment 1	0.997																
26	Manual Adjustment 2	1.000																
27	Exchange Fee Adjustment	1.000																
28	Impact of Market Wide Adjustments (product L13 through L27)	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058

** Not included in Claim Trend Adjustment

Plan Level Adjustments																		
29	Pricing actuarial value (without induced demand factor) #	0.633	0.751	0.837	0.924	0.991	0.633	0.751	0.837	0.924	0.819	0.912	0.966	0.811	0.633	0.751	0.837	0.924
30	Pricing actuarial value (with induced demand factor) #	0.933	0.961	1.007	1.073	0.989	0.933	0.961	1.007	1.073	0.961	1.007	1.073	0.961	0.933	0.961	1.007	1.073
31	Impact of provider network characteristics #	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
32	Impact of delivery system characteristics #	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices #	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	0.952	0.952	0.952	0.952	1.039	1.039	1.039	1.039
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	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in addition to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176
37	Profit/Contribution to surplus margins	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	1.000	1.000	1.000	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 HN	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
42	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
43	Impact of Plan Level Adjustments (product L29 through L42)	0.723	0.884	1.033	1.215	0.380	0.723	0.884	1.033	1.215	0.884	1.033	1.165	0.834	0.723	0.884	1.033	1.215

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 L29 x L43)	302.96	370.35	432.74	608.82	199.16	302.96	370.35	432.74	608.82	370.09	432.40	487.79	349.19	302.96	370.35	432.74	608.82
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Select	Select	Select	Select	Active	Active	Active	Active	Active	Active	Active	Active	Active
71644NY013	71644NY013	71644NY013	71644NY015	71644NY067	71644NY068	71644NY069	71644NY070	71644NY071	71644NY072	71644NY073	71644NY074	71644NY075
Silver	Gold	Platinum	Silver	Bronze	Silver	Bronze	Silver	Bronze	Silver	Bronze	Gold	Gold
70.3%	80.7%	88.2%	69.7%	61.4%	61.4%	61.4%	70.4%	70.4%	70.4%	78.3%	78.3%	78.3%
0.819	0.812	0.956	0.811	0.590	0.590	0.590	0.658	0.658	0.658	0.739	0.739	0.739
HMO	HMO	HMO	EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Primary Select Silver Age 29 Option	Primary Select Gold Age 29 Option	Primary Select Platinum Age 29 Option	Primary Select P/CAR Age 29 Option	Active Living Basic (Bronze)	Active Living Basic (Bronze) Child Only	Active Living Basic (Bronze) Age 29 Option	Active Living Plus (Silver)	Active Living Plus (Silver) Child Only	Active Living Plus (Silver) Age 29 Option	Active Living Advanced (Gold)	Active Living Advanced (Gold) Child Only	Active Living Advanced (Gold) Age 29 Option
71644NY13002	71644NY13003	71644NY13004	71644NY15002	71644NY0670001	71644NY0680001	71644NY0690001	71644NY070001	71644NY0710001	71644NY0720001	71644NY0730001	71644NY0740001	71644NY0750001
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89	395.89
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1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058	1.058
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0.819	0.812	0.956	0.811	0.590	0.590	0.590	0.658	0.658	0.658	0.739	0.739	0.739
0.961	1.007	1.073	0.961	0.933	0.933	0.933	0.961	0.961	0.961	0.969	0.969	0.969
1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.952	0.952	0.952	0.952	0.953	0.953	0.953	0.953	0.953	0.953	0.953	0.953	0.953
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176	1.176
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.884	1.032	1.165	0.834	0.644	0.644	0.644	0.733	0.733	0.733	0.855	0.855	0.855

378.09	432.40	497.79	349.19	269.82	269.82	269.82	307.05	307.05	307.05	358.23	358.23	358.23
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EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Health Republic Insurance of New York
 NAIC Code: 15273
 SERFF Number: _____
 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/yyyy; enter the date in column heading.
 - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- 2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- 3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
- 4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
- 5) **ACA Fees** are to be entered in columns 6.5 and 16.5.
- 6) This exhibit must be submitted as an Excel file and as a PDF file.

		For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing							
1. Metal Level (drop down menu)	2. On/Off Exchange Designation and Standard/Non Std (drop down menu)	3. Estimated Memberships as of 04/01/2014	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	6.2 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	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/contribu tion 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	
Platinum	On Std	199,487	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.71%	11.91%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Std	74,894	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.83%	11.79%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Std	126,231	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.97%	11.65%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Bronze	On Std	138,142	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.19%	11.43%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Catastrophic	On Std	3,709	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	2.27%	10.37%	14.64%	0.00%	0.00%	0.00%	0.00%	0.00%	14.64%	XX
Platinum	On Non Std	116,192	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.74%	11.88%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Non Std	111,350	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.83%	11.79%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Non Std	149,379	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.98%	11.65%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Non Std	7,980	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.01%	11.61%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Non Std	10,445	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.18%	11.45%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Bronze	On Non Std	9,234	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.34%	11.28%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Non Std	59,506	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.03%	11.59%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Platinum	On Std	20,744	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.71%	11.91%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Std	8,606	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.83%	11.79%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Std	11,889	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.97%	11.65%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Bronze	On Std	10,793	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.19%	11.43%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Platinum	On Std	24,551	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.71%	11.91%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Std	9,360	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.83%	11.79%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Std	11,007	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.97%	11.65%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Bronze	On Std	9,643	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.19%	11.43%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Platinum	On Non Std	30,943	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.74%	11.88%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Non Std	13,325	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.83%	11.79%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Non Std	16,204	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	0.98%	11.65%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Non Std	15,859	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.03%	11.59%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Non Std	7,980	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.01%	11.61%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Non Std	10,445	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.18%	11.45%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Bronze	On Non Std	9,234	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.34%	11.28%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Gold	On Non Std	7,980	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.01%	11.61%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Silver	On Non Std	10,445	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.18%	11.45%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX
Bronze	On Non Std	9,234	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	1.00%	0.00%	1.34%	11.28%	14.62%	0.00%	0.00%	0.00%	0.00%	0.00%	14.62%	XX

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 04/01/2014	For the rate period included in the prior rate and form filing										For the rate period included in the prior rate and form filing							
			14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 + 20	
Platinum	On Std	199,487	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Gold	On Std	74,894	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Silver	On Std	126,231	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Bronze	On Std	138,142	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Catastrophic	On Std	3,709	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Platinum	On Non Std	116,192	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Gold	On Non Std	111,350	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Silver	On Non Std	149,379	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Gold	On Non Std	7,980	XX																	
Silver	On Non Std	10,445	XX																	
Bronze	On Non Std	9,234	XX																	
Silver	On Non Std	59,506	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Platinum	On Std	20,744	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Gold	On Std	8,606	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Silver	On Std	11,889	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Bronze	On Std	10,793	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Platinum	On Std	24,551	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Gold	On Std	9,360	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Silver	On Std	11,007	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Bronze	On Std	9,643	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Platinum	On Non Std	30,943	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Gold	On Non Std	13,325	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Silver	On Non Std	16,204	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Silver	On Non Std	15,859	XX	01/01/14	01/01/14	8.09%	3.49%	0.52%	0.00%	1.75%	1.53%	13.25%	20.53%	1.82%	0.00%	0.00%	0.98%	35.00%	-0.40%	22.92%
Gold	On Non Std	7,980	XX																	
Silver	On Non Std	10,445	XX																	
Bronze	On Non Std	9,234	XX																	
Gold	On Non Std	7,980	XX																	
Silver	On Non Std	10,445	XX																	
Bronze	On Non Std	9,234	XX																	

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Health Republic Insurance of New York
 NAIC Code: 15273
 SERFF Number: _____
 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)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
71644NY0010001	EssentialCare Bronze	Bronze	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0010002	EssentialCare Silver	Silver	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0010003	EssentialCare Gold	Gold	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0010004	EssentialCare Platinum	Platinum	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0010005	EssentialCare Catastrophic	Catastrophic	On	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0020001	EssentialCare Bronze Child Only	Bronze	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0020002	EssentialCare Silver Child Only	Silver	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0020003	EssentialCare Gold Child Only	Gold	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0020004	EssentialCare Platinum Child Only	Platinum	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0030002	Primary Select Silver	Silver	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0030003	Primary Select Gold	Gold	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0030004	Primary Select Platinum	Platinum	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0040002	Primary Select PCMH	Silver	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0090001	EssentialCare Bronze Age 29 Option	Bronze	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0090002	EssentialCare Silver Age 29 Option	Silver	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0090003	EssentialCare Gold Age 29 Option	Gold	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0090004	EssentialCare Platinum Age 29 Option	Platinum	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0130002	Primary Select Silver Age 29 Option	Silver	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0130003	Primary Select Gold Age 29 Option	Gold	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0130004	Primary Select Platinum Age 29 Option	Platinum	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0150002	Primary Select PCMH Age 29 Option	Silver	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0670001	Active Living Basic (Bronze)	Bronze	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0680001	Active Living Basic (Bronze) Child Only	Bronze	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0690001	Active Living Basic (Bronze) Age 29 Option	Bronze	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0700001	Active Living Plus (Silver)	Silver	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0710001	Active Living Plus (Silver) Child Only	Silver	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0720001	Active Living Plus (Silver) Age 29 Option	Silver	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0730001	Active Living Advanced (Gold)	Gold	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0740001	Active Living Advanced (Gold) Child Only	Gold	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0750001	Active Living Advanced (Gold) Age 29 Option	Gold	Both	NO	29	NO	EXCLUDED	NO	NO	NO

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Health Republic Insurance of New York
 NAIC Code: 15273
 SERFF Number: _____
 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					
	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]
1. Medical and Hospital																		
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 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Health Republic Insurance of New York
 NAIC Code: 15273
 SERFF Number: _____
 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	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island	
71644NY0010004	Platinum	IND	Both	Standard	No	\$465.10	\$413.93	\$522.46	\$601.01	\$427.98	\$400.05	\$439.76	\$601.01	
71644NY0010003	Gold	IND	Both	Standard	No	\$395.56	\$352.04	\$444.35	\$511.15	\$363.99	\$340.24	\$374.01	\$511.15	
71644NY0010002	Silver	IND	Both	Standard	No	\$338.51	\$301.27	\$380.26	\$437.44	\$311.50	\$291.17	\$320.07	\$437.44	
71644NY0010001	Bronze	IND	Both	Standard	No	\$276.93	\$246.46	\$311.08	\$357.85	\$254.83	\$238.19	\$261.84	\$357.85	
71644NY0010005	Catastrophic	IND	On	Standard	No	\$145.47	\$129.47	\$163.41	\$187.98	\$133.86	\$125.12	\$137.55	\$187.98	
71644NY0030004	Platinum	IND	Both	Non-Standard	No	\$445.88	\$396.83	\$500.87	\$576.17	\$410.30	\$383.51	\$421.59	\$576.17	
71644NY0030003	Gold	IND	Both	Non-Standard	No	\$395.26	\$351.77	\$444.01	\$510.76	\$363.71	\$339.97	\$373.73	\$510.76	
71644NY0030002	Silver	IND	Both	Non-Standard	No	\$338.29	\$301.08	\$380.02	\$437.15	\$311.30	\$290.98	\$319.87	\$437.15	
71644NY0730001	Gold	IND	Both	Non-Standard	No	\$327.44	\$291.41	\$367.82	\$423.12	\$301.31	\$281.64	\$309.60	\$423.12	
71644NY0700001	Silver	IND	Both	Non-Standard	No	\$280.66	\$249.79	\$315.28	\$362.68	\$258.27	\$241.41	\$265.38	\$362.68	
71644NY0670001	Bronze	IND	Both	Non-Standard	No	\$246.63	\$219.50	\$277.05	\$318.70	\$226.95	\$212.13	\$233.20	\$318.70	
71644NY0040002	Silver	IND	Both	Non-Standard	No	\$319.18	\$284.07	\$358.55	\$412.46	\$293.71	\$274.54	\$301.80	\$412.46	
71644NY0020004	Platinum	IND	Both	Standard	No	\$191.62	\$170.54	\$215.25	\$247.62	\$176.33	\$164.82	\$181.18	\$247.62	
71644NY0020003	Gold	IND	Both	Standard	No	\$162.97	\$145.04	\$183.07	\$210.59	\$149.97	\$140.18	\$154.09	\$210.59	
71644NY0020002	Silver	IND	Both	Standard	No	\$139.47	\$124.12	\$156.67	\$180.22	\$128.34	\$119.96	\$131.87	\$180.22	
71644NY0020001	Bronze	IND	Both	Standard	No	\$114.09	\$101.54	\$128.17	\$147.43	\$104.99	\$98.14	\$107.88	\$147.43	
71644NY0090004	Platinum	IND	Both	Standard	No	\$465.10	\$413.93	\$522.46	\$601.01	\$427.98	\$400.05	\$439.76	\$601.01	
71644NY0090003	Gold	IND	Both	Standard	No	\$395.56	\$352.04	\$444.35	\$511.15	\$363.99	\$340.24	\$374.01	\$511.15	
71644NY0090002	Silver	IND	Both	Standard	No	\$338.51	\$301.27	\$380.26	\$437.44	\$311.50	\$291.17	\$320.07	\$437.44	
71644NY0090001	Bronze	IND	Both	Standard	No	\$276.93	\$246.46	\$311.08	\$357.85	\$254.83	\$238.19	\$261.84	\$357.85	
71644NY0130004	Platinum	IND	Both	Non-Standard	No	\$445.88	\$396.83	\$500.87	\$576.17	\$410.30	\$383.51	\$421.59	\$576.17	
71644NY0130003	Gold	IND	Both	Non-Standard	No	\$395.26	\$351.77	\$444.01	\$510.76	\$363.71	\$339.97	\$373.73	\$510.76	
71644NY0130002	Silver	IND	Both	Non-Standard	No	\$338.29	\$301.08	\$380.02	\$437.15	\$311.30	\$290.98	\$319.87	\$437.15	
71644NY0150002	Silver	IND	Both	Non-Standard	No	\$319.18	\$284.07	\$358.55	\$412.46	\$293.71	\$274.54	\$301.80	\$412.46	
71644NY0750001	Gold	IND	Both	Non-Standard	No	\$327.44	\$291.41	\$367.82	\$423.12	\$301.31	\$281.64	\$309.60	\$423.12	
71644NY0720001	Silver	IND	Both	Non-Standard	No	\$280.66	\$249.79	\$315.28	\$362.68	\$258.27	\$241.41	\$265.38	\$362.68	
71644NY0690001	Bronze	IND	Both	Non-Standard	No	\$246.63	\$219.50	\$277.05	\$318.70	\$226.95	\$212.13	\$233.20	\$318.70	
71644NY0740001	Gold	IND	Both	Non-Standard	No	\$134.90	\$120.06	\$151.54	\$174.33	\$124.14	\$116.04	\$127.56	\$174.33	
71644NY0710001	Silver	IND	Both	Non-Standard	No	\$115.63	\$102.91	\$129.90	\$149.42	\$106.41	\$99.46	\$109.33	\$149.42	
71644NY0680001	Bronze	IND	Both	Non-Standard	No	\$101.61	\$90.43	\$114.14	\$131.30	\$93.50	\$87.40	\$96.08	\$131.30	



HEALTH REPUBLIC
INSURANCE

June 18, 2014

«First_Name» «Last_Name»
«Address_Line_1»
«Address_Line_2»
«City» «State» «Zip»

Re: Notice of Proposed Premium Rate Change
«Plan», HIOS #«HIOS»

Dear «First_Name» «Last_Name»:

Freelancers Health Service Corporation (doing business as Health Republic Insurance of New York) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS. DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Change

Your current monthly premium is: «Current_Premium»

If approved, the proposed monthly premium is «Proposed_2015_Premium»

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

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

Why We are Requesting a Rate Change

Health Republic Insurance of New York is committed to providing low-cost, high-quality health coverage and is proud to be among the most affordable options for individual New Yorkers and small businesses across the state. Health Republic launched in 2014 as New York's only not-for-profit Consumer Operated and Oriented Plan, or CO-OP, in the midst of a transformative year in healthcare, with improved access to coverage for people across the state.

In 2014, other health plans in your area were on average 24% higher than Health Republic. As a member-run, not-for-profit plan, we want coverage for our members to be as affordable as possible, but we must be sustainable. It is necessary for us to seek a rate increase in 2015 due to increasing medical costs, declining federal support, and to ensure our organization achieves long-term sustainability as New York's only not-for-profit CO-OP. Even with the proposed increase, Health Republic is confident that it will be among the most affordable options for individual New Yorkers and small businesses in 2015 and for many years to come.

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 Health Republic Insurance of New York for additional information at:

Health Republic Insurance of New York
Attn: Comment Period
P.O. Box 1059
New York, NY 10272
888-990-5702 (At the main menu prompt, select 2 for the “Health Republic Member” option, then select 1)
Email: Comment@newyork.healthrepublic.us
Health Republic Website: <https://newyork.healthrepublic.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:

1. The name of your insurer, which is Freelancers Health Services Corporation d/b/a Health Republic Insurance of New York
2. The name of your plan which is «Plan»
3. Your type of policy, which is individual coverage
4. Your HIOS identification number, which is «HIOS»

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:

Health Republic Insurance of New York website: <https://newyork.healthrepublic.us/rate-summary>

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,

Health Republic Insurance of New York
Member Services
HRINY_RateNoticeIPD_6214



HEALTH REPUBLIC
INSURANCE

June 17, 2014

«First_Name» «Last_Name»

«Address_Line_1»

«Address_Line_2»

«City» «State» «Zip»

Re: Notice of Proposed Premium Rate Change

«Plan», HIOS #«HIOS»

Dear «First_Name» «Last_Name»:

Freelancers Health Service Corporation (doing business as Health Republic Insurance of New York) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS. DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Change

Your current monthly premium is: «Current_Premium»

If approved, the proposed monthly premium is «Proposed_2015_Premium»

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

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

Why We are Requesting a Rate Change

Health Republic Insurance of New York is committed to providing low-cost, high-quality health coverage and is proud to be among the most affordable options for individual New Yorkers and small businesses across the state. Health Republic launched in 2014 as New York's only not-for-profit Consumer Operated and Oriented Plan, or CO-OP, in the midst of a transformative year in healthcare, with improved access to coverage for people across the state.

In 2014, other health plans in your area were on average 57% higher than Health Republic. As a member-run, not-for-profit plan, we want coverage for our members to be as affordable as possible, but we must be sustainable. It is necessary for us to seek a rate increase in 2015 due to increasing medical costs, declining federal support, and to ensure our organization achieves long-term sustainability as New York's only not-for-profit CO-OP. Even with the proposed increase, Health Republic is confident that it will be among the most affordable options for individual New Yorkers and small businesses in 2015 and for many years to come.

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 Health Republic Insurance of New York for additional information at:

Health Republic Insurance of New York

Attn: Comment Period

P.O. Box 1059

New York, NY 10272

888-990-5702 (At the main menu prompt, select 2 for the “Health Republic Member” option, then select 1)

Email: Comment@newyork.healthrepublic.us

Health Republic website: <https://newyork.healthrepublic.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:

1. The name of your insurer, which is Freelancers Health Services Corporation d/b/a Health Republic Insurance of New York
2. The name of your plan which is «Plan»
3. Your type of policy, which is individual coverage
4. Your HIOS identification number, which is «HIOS»

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:

Health Republic Insurance of New York website: <https://newyork.healthrepublic.us/rate-summary>

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,

Health Republic Insurance of New York
Member Services

HRINY_RateNoticeIPU_621

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1	Unified Rate Review v2.0.2																							
2																								
3	Company Legal Name:	Health Republic Insurance of NState:																		NY				
4	HIOS Issuer ID:	71644																		Market:		Individual		
5	Effective Date of Rate Change(s):	1/1/2015																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2013		to	12/31/2013																			
13		<u>Experience Period</u>																						
14	Premiums (net of MLR Rebate) in Experience Period:	<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																				
15		\$1.00	\$1.00	100.00%																				
16	Incurred Claims in Experience Period	\$1.00	1.00	100.00%																				
17	Allowed Claims:	\$1.00	1.00	100.00%																				
18	Index Rate of Experience Period			\$0.00																				
19	Experience Period Member Months			1																				
20	Section II: Allowed Claims, PMPM basis																							
21		<u>Experience Period</u>																						
22					<u>Projection Period:</u>	1/1/2015		to	12/31/2015		<u>Mid-point to Mid-point, Experience to Projection:</u>				24				<u>months</u>					
23		<u>on Actual Experience Allowed</u>			<u>Adj't. from Experience to</u>	<u>Projection Period</u>		<u>Annualized Trend</u>	<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>											
24	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk Morbidity</u>	<u>Other</u>	<u>Cost</u>	<u>Util</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>									
25	Inpatient Hospital	Admits	12,000.00	\$1.00	\$1.00	1.000	1.000	1.000	1.000	12,000.00	\$1.00	\$1.00	313.53	3,122.74	\$81.59									
26	Outpatient Hospital	Visits	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	1,970.43	892.01	146.47									
27	Professional	Visits	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	15,078.53	98.55	123.83									
28	Other Medical	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	692.10	149.64	8.63									
29	Capitation	Benefit Period	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	0.00	0.00	0.00									
30	Prescription Drug	Prescriptions	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	10,640.02	88.57	78.53									
31	Total				\$1.00							\$1.00			\$439.05									
32	Section III: Projected Experience:		Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)											0.00%	100.00%	After Credibility	Projected Period Totals							
33			Paid to Allowed Average Factor in Projection Period													\$439.05	\$546,520,072							
34			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM													0.83								
35			Projected Risk Adjustments PMPM													\$363.09	\$451,972,099							
36			Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM													-0.08	(99,583)							
37			Projected ACA reinsurance recoveries, net of rein prem, PMPM													\$363.17	\$452,071,682							
38			Projected Incurred Claims													19.71	24,534,831							
39																\$343.46	\$427,536,852							
40			Administrative Expense Load												10.44%	42.55	52,970,479							
41			Profit & Risk Load												0.00%	0.00	0							
42			Taxes & Fees												5.28%	21.52	26,783,162							
43			Single Risk Pool Gross Premium Avg. Rate, PMPM													\$407.53	\$507,290,493							
44			Index Rate for Projection Period													\$439.05								
45			% increase over Experience Period													40653.07%								
46			% Increase, annualized:													1918.74%								
47			Projected Member Months														1,244,791							
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Product-Plan Data Collection

Company Legal Name:
 HIOS issuer ID:
 Effective Date of Rate Change(s):

Health Republic Insurance of New York
 71644
 1/1/2015

State: NY
 Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product ID:	EssentialCare 71644NY001						EssentialCare 71644NY002						Select 71644NY003			Select 71644NY004		EssentialCare 71644NY009						Select 71644NY013			Select 71644NY015				
Metal:	Bronze	Silver	Gold	Platinum	Catastrophic		Bronze	Silver	Gold	Platinum		Silver	Gold	Platinum		Silver	Bronze	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum		
AV Metal Value	0.820	0.707	0.791	0.881	0.397		0.820	0.707	0.791	0.881		0.708	0.807	0.882		0.697	0.620	0.729	0.834	1.033	1.215	1.215	0.703	0.807	0.882	0.882	0.882	0.882	0.882		
AV Price Value	0.723	0.884	1.033	1.215	0.380		0.723	0.884	1.033	1.215		0.884	1.032	1.165		0.834	0.729	0.834	1.033	1.215	1.215	0.884	1.033	1.165	1.165	0.814	0.814	0.814	0.814		
Plan Type:	HMO	HMO	HMO	HMO	HMO		HMO	HMO	HMO	HMO		HMO	HMO	HMO		EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO		
Plan Name	EssentialCare Bronze	EssentialCare Silver	EssentialCare Gold	EssentialCare Platinum	EssentialCare Catastrophic		EssentialCare Bronze Child Only	EssentialCare Silver Child Only	EssentialCare Gold Child Only	EssentialCare Platinum Child Only		Primary Select Gold	Primary Select Silver	Primary Select Platinum		Primary Select PCMH	EssentialCare Bronze Age 29 Option	EssentialCare Silver Age 29 Option	EssentialCare Gold Age 29 Option	EssentialCare Platinum Age 29 Option	EssentialCare Silver Age 29 Option	EssentialCare Gold Age 29 Option	EssentialCare Platinum Age 29 Option	Primary Select Silver Age 29 Option	Primary Select Gold Age 29 Option	Primary Select Platinum Age 29 Option	Primary Select PCMH Age 29 Option	Primary Select PCMH Age 29 Option			
Plan ID (Standard Component ID):	71644NY0010001	71644NY0010002	71644NY0010003	71644NY0010004	71644NY0010005		71644NY0020001	71644NY0020002	71644NY0020003	71644NY0020004		71644NY0030001	71644NY0030002	71644NY0030003	71644NY0030004		71644NY0090001	71644NY0090002	71644NY0090003	71644NY0090004	71644NY0090005	71644NY0090006	71644NY0090007	71644NY0090008	71644NY0090009	71644NY0130001	71644NY0130002	71644NY0130003	71644NY0130004	71644NY0150001	71644NY0150002
Exchange Plan?	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2			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%					
Historical Rate Increase - Calendar Year 0			0.00%						0.00%					0.00%					0.00%							0.00%					
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015		1/1/2015	1/1/2015	1/1/2015	1/1/2015		1/1/2015	1/1/2015	1/1/2015	1/1/2015		1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	16.38%	12.78%	16.39%	16.38%	-11.79%		16.38%	12.78%	16.39%	16.38%		12.79%	16.39%	16.39%	12.79%		16.38%	12.78%	16.39%	16.38%	12.78%	16.39%	16.38%	12.79%	16.39%	16.39%	16.39%	16.39%	16.39%	12.79%	
Current Rate Change % (over 12 mos prior)	16.38%	12.78%	16.39%	16.38%	-11.79%		16.38%	12.78%	16.39%	16.38%		12.79%	16.39%	16.39%	12.79%		16.38%	12.78%	16.39%	16.38%	12.78%	16.39%	16.38%	12.79%	16.39%	16.39%	16.39%	16.39%	16.39%	12.79%	
Proj'd Per Rate Change % (over Expts. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Product Threshold Rate Increase %	15.51%						15.64%					15.12%					15.74%								15.56%					12.79%	

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

Plan ID (Standard Component ID):	Total	71644NY0010001	71644NY0010002	71644NY0010003	71644NY0010004	71644NY0010005	71644NY0020001	71644NY0020002	71644NY0020003	71644NY0020004	71644NY0030001	71644NY0030002	71644NY0030003	71644NY0030004	71644NY0090001	71644NY0090002	71644NY0090003	71644NY0090004	71644NY0090005	71644NY0090006	71644NY0090007	71644NY0090008	71644NY0090009	71644NY0130001	71644NY0130002	71644NY0130003	71644NY0130004	71644NY0150001	71644NY0150002	
Equiptment	\$6.00	\$5.67	\$6.64	\$10.16	\$4.21	\$6.00	\$5.67	\$6.64	\$10.16	\$5.67	\$6.00	\$5.67	\$6.64	\$10.16	\$6.00	\$5.67	\$6.64	\$10.16	\$5.67	\$6.64	\$10.16	\$5.67	\$6.64	\$10.16	\$5.67	\$6.64	\$10.16	\$5.67	\$6.64	
Outpatient	\$10.86	\$10.18	\$15.52	\$18.23	\$7.53	\$10.86	\$10.18	\$15.52	\$18.23	\$10.18	\$15.52	\$17.48	\$9.61	\$10.86	\$10.18	\$15.52	\$18.23	\$10.18	\$15.52	\$18.23	\$10.18	\$15.52	\$18.23	\$10.18	\$15.52	\$18.23	\$10.18	\$15.52	\$18.23	
Professional	\$9.18	\$8.61	\$13.12	\$15.41	\$6.18	\$9.18	\$8.61	\$13.12	\$15.41	\$8.61	\$13.12	\$14.79	\$9.61	\$9.18	\$8.61	\$13.12	\$15.41	\$8.61	\$13.12	\$15.41	\$8.61	\$13.12	\$15.41	\$8.61	\$13.12	\$15.41	\$8.61	\$13.12	\$15.41	
Prescription Drug	\$5.82	\$5.46	\$8.32	\$9.78	\$4.05	\$5.82	\$5.46	\$8.32	\$9.78	\$5.46	\$8.31	\$9.38	\$5.15	\$5.82	\$5.46	\$8.32	\$9.78	\$5.46	\$8.32	\$9.78	\$5.46	\$8.32	\$9.78	\$5.46	\$8.32	\$9.78	\$5.46	\$8.32	\$9.78	
#DIV/0!	\$0.64	\$0.60	\$0.91	\$1.07	\$0.44	\$0.64	\$0.60	\$0.91	\$1.07	\$0.60	\$0.91	\$0.93	\$0.57	\$0.64	\$0.60	\$0.91	\$1.07	\$0.60	\$0.91	\$1.07	\$0.60	\$0.91	\$1.07	\$0.60	\$0.91	\$1.07	\$0.60	\$0.91	\$1.07	
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
#DIV/0!	-\$12.42	-\$16.91	-\$17.74	-\$20.86	-\$13.90	-\$12.42	-\$16.91	-\$17.74	-\$20.86	-\$16.89	-\$17.74	-\$20.00	-\$15.94	-\$12.42	-\$16.91	-\$17.74	-\$20.86	-\$16.89	-\$17.74	-\$20.86	-\$16.89	-\$17.74	-\$20.86	-\$16.89	-\$17.74	-\$20.86	-\$16.89	-\$17.74	-\$20.86	
Taxes & Fees	\$15.49	\$19.49	\$22.13	\$26.02	\$10.50	\$15.49	\$19.49	\$22.13	\$26.02	\$19.47	\$24.94	\$18.37	\$15.49	\$19.49	\$22.13	\$26.02	\$19.47	\$24.94	\$18.37	\$15.49	\$19.49	\$22.13	\$26.02	\$19.47	\$24.94	\$18.37	\$15.49	\$19.49	\$22.13	
Risk & Profit Charge	\$7.03	\$8.87	\$10.04	\$11.80	\$4.87	\$7.03	\$8.87	\$10.04	\$11.80	\$8.86	\$10.03	\$11.32	\$7.03	\$8.87	\$10.04	\$11.80	\$8.86	\$10.03	\$11.32	\$7.03	\$8.87	\$10.04	\$11.80	\$8.86	\$10.03	\$11.32	\$7.03	\$8.87	\$10.04	
Total Rate Increase	\$42.64	\$41.97	\$60.94	\$71.61	\$21.17	\$42.64	\$41.97	\$60.94	\$71.61	\$41.97	\$60.89	\$68.69	\$39.60	\$42.64	\$41.97	\$60.94	\$71.61	\$41.97	\$60.94	\$71.61	\$41.97	\$60.89	\$68.69	\$39.60	\$42.64	\$41.97	\$60.94	\$71.61	\$41.97	
#DIV/0!	\$7.45	\$5.40	\$3.97	\$1.77	\$4.67	\$7.45	\$5.40	\$3.97	\$1.77	\$3.48	\$1.77	\$0.79	\$3.48	\$1.77	\$0.79	\$3.48	\$1.77	\$0.79	\$3.48	\$1.77	\$0.79	\$3.48	\$1.77	\$0.79	\$3.48	\$1.77	\$0.79	\$3.48	\$1.77	
Average Current Rate PMPM	\$356.52	\$260.32	\$328.39	\$371.81	\$437.21	\$180.32	\$260.32	\$328.39	\$371.81	\$437.21	\$328.12	\$371.51	\$419.10	\$309.59	\$260.32	\$328.39	\$371.81	\$437.21	\$328.12	\$371.51	\$419.10	\$309.59	\$260.32	\$328.39	\$371.81	\$437.21	\$328.12	\$371.51	\$419.10	\$309.59
Projected Member Months	1,244,791	138,142	126,231	74,894	199,487	3,709	10,793	11,889	8,606	20,744	149,379	111,350	116,192	59,506	9,643	11,007	9,360	24,551	16,204	13,325	30,943	15,859								

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	71644NY0010001	71644NY0010002	71644NY0010003	71644NY0010004	71644NY0010005	71644NY0020001	71644NY0020002	71644NY0020003	71644NY0020004	71644NY0030001	71644NY0030002	71644NY0030003	71644NY0030004	71644NY0090001	71644NY0090002	71644NY0090003	71644NY0090004	71644NY0090005	71644NY0090006	71644NY0090007	71644NY0090008	71644NY0090009	71644NY0130001	71644NY0130002	71644NY0130003	71644NY0130004	71644NY0150001	71644NY0150002
Average Rate PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
state mandated benefits portion of TP that are other than EHB	#DIV/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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions																													



HEALTH REPUBLIC
INSURANCE

June 11th, 2014

Re: Health Republic Insurance of New York, NAIC Number: 453368051

To Whom It May Concern:

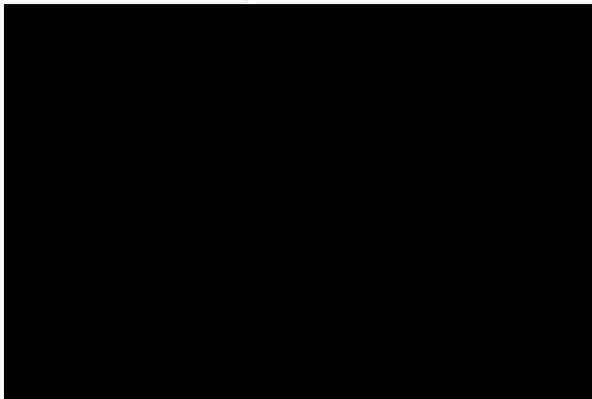
Perr&Knight is hereby authorized to submit rate, rule, and form filings on behalf of Health Republic Insurance of New York. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department
Perr&Knight
401 Wilshire Blvd, Suite 300
Santa Monica, CA 90401
Phone: (310) 230-9339
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,



SERFF Tracking #:

PERR-129586116

State Tracking #:

2014060256

Company Tracking #:

HRINY-IH-ONXC-NY-1401R

State:

New York

Filing Company:Freelancers Health Service Corporation DBA Health Republic
Insurance of New York**TOI/Sub-TOI:**

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

Individual On Exchange

Project Name/Number:

HRINY-IH-ONXC-NY-1401R/HRINY-IH-ONXC-NY-1401R

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/10/2014		Supporting Document	Actuarial Memorandum/Actuarial Certification	06/19/2014	
06/10/2014		Supporting Document	Exhibit 13-Narrative Summary and Numerical Summary	06/23/2014	HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.pdf HRINY NY State Exhibits IM 6-10-14 On-Exhibit 13.xlsx
06/10/2014		Supporting Document	Exhibit 14A-Indiv Requested Percentage Changes	06/19/2014	
06/10/2014		Supporting Document	Exhibit 15A-Indiv Distribution by Rate Adj Percentages	06/19/2014	
06/10/2014		Supporting Document	Exhibit 16-Summary of Policy Form & Product Changes	06/19/2014	
06/10/2014		Supporting Document	Initial Notice of Proposed Rate Adjustment	06/19/2014	
06/10/2014		Supporting Document	Final Notice of Proposed Rate Adjustment	06/19/2014	