

**State:** New York **Filing Company:** Freelancers Health Service Corporation DBA Health Republic Insurance of New York  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
**Product Name:** Small Group Off Exchange  
**Project Name/Number:** HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

### Filing at a Glance

Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York  
Product Name: Small Group Off Exchange  
State: New York  
TOI: H16G Group Health - Major Medical  
Sub-TOI: H16G.003G Small Group Only - Other  
Filing Type: Prior Approval Off Exchange Form & Rate Filing  
Date Submitted: 06/13/2014  
SERFF Tr Num: PERR-129587310  
SERFF Status: Assigned  
State Tr Num: 2014060249  
State Status:  
Co Tr Num: HRINY-SHOP-OFFXC-NY-1401R  
Implementation: 01/01/2014  
Date Requested:  
Author(s): [REDACTED]  
Reviewer(s): [REDACTED]  
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
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
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Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

General Information

Project Name: HRINY-SHOP-OFFXC-NY-1401R Status of Filing in Domicile: Pending
Project Number: HRINY-SHOP-OFFXC-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: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 06/16/2014 Deemer Date:
State Status Changed: Submitted By:
Created By:
Corresponding Filing Tracking Number: HRINY-SHOP-OFFXC-NY-1401F

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

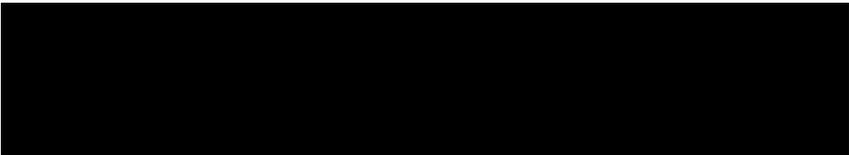
On behalf of Freelancers Health Service Corporation DBA Health Republic Insurance of New York (the "Company"), we are submitting rates for Small Group policies (off exchange).

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

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York  
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
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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 Off 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.): N/A

**SERFF Tracking #:**

PERR-129587310

**State Tracking #:**

2014060249

**Company Tracking #:**

HRINY-SHOP-OFFXC-NY-1401R

**State:**

New York

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

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

**Product Name:**

Small Group Off Exchange

**Project Name/Number:**

HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-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	Exhibit 14B-Sm Grp Requested Percentage Changes	Ines Piquet	06/19/2014	06/19/2014
Supporting Document	Exhibit 15B-Sm Grp 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	
<b>Satisfied - Item:</b>	Exhibit 13-Narrative Summary and Numerical Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 13.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 13.xlsx Narrative Summary of Requested Rate Changes -- Small Group.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Exhibit 13-Narrative Summary and Numerical Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 13.pdf                      HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 13.xlsx</i>

**SERFF Tracking #:**

PERR-129587310

**State Tracking #:**

2014060249

**Company Tracking #:**

HRINY-SHOP-OFFXC-NY-1401R

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**State:**

New York

**Filing Company:**

Freelancers Health Service Corporation DBA Health Republic  
Insurance of New York

**TOI/Sub-TOI:**

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

**Product Name:**

Small Group Off Exchange

**Project Name/Number:**

HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

## Amendment Letter

Submitted Date:

06/19/2014

Comments:

Per our phone conversation, we are amending the filings 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: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: Small Group Off Exchange  
 Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Exhibit 14B-Sm Grp Requested Percentage Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 14B.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 14B.xlsx
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	<i>Exhibit 14B-Sm Grp Requested Percentage Changes</i>
<b>Bypass Reason:</b>	<i>N/A</i>
<b>Attachment(s):</b>	

<b>Satisfied - Item:</b>	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 15B.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 15B.xlsx
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	<i>Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages</i>
<b>Bypass Reason:</b>	<i>N/A</i>
<b>Attachment(s):</b>	

<b>Satisfied - Item:</b>	Exhibit 16-Summary of Policy Form & Product Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 16.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 16.xlsx
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	<i>Exhibit 16-Summary of Policy Form &amp; Product Changes</i>
<b>Bypass Reason:</b>	<i>N/A</i>
<b>Attachment(s):</b>	

<b>Satisfied - Item:</b>	Initial Notice of Proposed Rate Adjustment
<b>Comments:</b>	
<b>Attachment(s):</b>	Letter 1 Group Subscriber REVISED.pdf Letter 2 Group Administrator.pdf
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	<i>Initial Notice of Proposed Rate Adjustment</i>
<b>Bypass Reason:</b>	<i>N/A</i>

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

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: Small Group Off Exchange

Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

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: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: Small Group Off Exchange  
 Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-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	6.000%	
Overall % Rate Impact	6.000%	0.000%
Written Premium Change for this Program	\$20747892	\$0
Number of Policy Holders Affected for this Program	56479	0
Written Premium for this Program	\$345798208	\$0
Maximum %Change (where required)	11.010%	
Minimum %Change (where required)	5.490%	

**REQUESTED RATE CHANGE INFORMATION:**

Benefit Change:	Increase	None
Min:	5.490	0.000
Max:	11.010	0
Weighted Avg.:	5.960	0

**PRIOR RATE:**

Total Earned Premium::	326,349,927.000	0.000
Total Incurred Claims:	271,670,615.000	0.000
Min:	233.440	0.000
Max:	555.980	0.000
Weighted Avg.:	481.540	0.000

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 Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

**Rate Information**

Rate data applies to filing.

Filing Method: Prior Approval  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: %  
 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	6.000%	6.000%	\$20,747,892	56,479	\$345,798,208	11.010%	5.490%

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York  
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**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
Small Group		0	1

Trend Factors:

**FORMS:**

New Policy Forms: HRINT\_ExProContractV1\_060614  
 Affected Forms:  
 Other Affected Forms:

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 677,748  
 Benefit Change: Increase  
 Percent Change Requested: Min: 5.49 Max: 11.01 Avg: 5.96

**PRIOR RATE:**

Total Earned Premium: 326,349,927.00  
 Total Incurred Claims: 271,670,615.00  
 Annual \$: Min: 233.44 Max: 555.98 Avg: 481.54

**REQUESTED RATE:**

Projected Earned Premium: 345,798,208.00  
 Projected Incurred Claims: 274,209,378.00  
 Annual \$: Min: 251.02 Max: 586.51 Avg: 510.23

**SERFF Tracking #:**

PERR-129587310

**State Tracking #:**

2014060249

**Company Tracking #:**

HRINY-SHOP-OFFXC-NY-1401R

**State:**

New York

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

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

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Small Group Off Exchange

**Project Name/Number:**

HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-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		Rate Manual	HRINT_ExProContractV1_060614	New		HRINY Rate Manual SG 6-5-14 Off.pdf, HRINY Rate Manual SG 6-5-14 Off.xlsx,

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**State:**

New York

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**Attachment HRINY Rate Manual SG 6-5-14 Off.xlsx is not a PDF document and cannot be reproduced here.**

<b>Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Table of Contents</b>	
<b>Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003</b>	
<b>Section</b>	<b>Page(s)</b>
Rate Parameters	2
Rates - Q1 2015	3a - 3f
Rates - Q2 2015	4a - 4f
Rates - Q3 2015	5a - 5f
Rates - Q4 2015	6a - 6f
Benefit Grid	
Standard Plans	7a - 7b
Non-Standard Plans	8a - 8b
Rating Regions	9
Commission Schedule	10
Expected Loss Ratios	11

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rate Setting Parameters

Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

HIOS ID	Product	Market	Metal	Rate Factor	Index Rate (Adult)	Age Band	Rate Factor	Tobacco Factor	Geographic Factors:	Rate Factor
					\$346.33	0-17	1.000	1.000		
71644NY0050004	EssentialCare Platinum	On and Off Exchange	Platinum	1.6795	18	1.000	1.000			
71644NY0050003	EssentialCare Gold	On and Off Exchange	Gold	1.4284	19	1.000	1.000			
71644NY0050002	EssentialCare Silver	On and Off Exchange	Silver	1.2224	20	1.000	1.000			
71644NY0050001	EssentialCare Bronze	On and Off Exchange	Bronze	1.0000	21	1.000	1.000			
71644NY0070004	Primary Select Platinum	On and Off Exchange	Platinum	1.6101	22	1.000	1.000			
71644NY0070003	Primary Select Gold	On and Off Exchange	Gold	1.4273	23	1.000	1.000			
71644NY0070002	Primary Select Silver	On and Off Exchange	Silver	1.2216	24	1.000	1.000			
71644NY0080002	Primary Select PCMH	On and Off Exchange	Silver	1.1526	25	1.000	1.000			
71644NY0760001	All Access Platinum PPO	On and Off Exchange	Platinum	2.1845	26	1.000	1.000			
71644NY0230004	EssentialCare Platinum Restricted-D	On and Off Exchange	Platinum	1.6795	27	1.000	1.000			
71644NY0230003	EssentialCare Gold Restricted-D	On and Off Exchange	Gold	1.4284	28	1.000	1.000			
71644NY0230002	EssentialCare Silver Restricted-D	On and Off Exchange	Silver	1.2224	29	1.000	1.000			
71644NY0230001	EssentialCare Bronze Restricted-D	On and Off Exchange	Bronze	1.0000	30	1.000	1.000			
71644NY0240004	EssentialCare Platinum Restricted-F	On and Off Exchange	Platinum	1.6795	31	1.000	1.000			
71644NY0240003	EssentialCare Gold Restricted-F	On and Off Exchange	Gold	1.4284	32	1.000	1.000			
71644NY0240002	EssentialCare Silver Restricted-F	On and Off Exchange	Silver	1.2224	33	1.000	1.000			
71644NY0240001	EssentialCare Bronze Restricted-F	On and Off Exchange	Bronze	1.0000	34	1.000	1.000			
71644NY0250004	EssentialCare Platinum Restricted-DF	On and Off Exchange	Platinum	1.6795	35	1.000	1.000			
71644NY0250003	EssentialCare Gold Restricted-DF	On and Off Exchange	Gold	1.4284	36	1.000	1.000			
71644NY0250002	EssentialCare Silver Restricted-DF	On and Off Exchange	Silver	1.2224	37	1.000	1.000			
71644NY0250001	EssentialCare Bronze Restricted-DF	On and Off Exchange	Bronze	1.0000	38	1.000	1.000			
71644NY0170004	EssentialCare Platinum 29	On and Off Exchange	Platinum	1.6795	39	1.000	1.000			
71644NY0170003	EssentialCare Gold 29	On and Off Exchange	Gold	1.4284	40	1.000	1.000			
71644NY0170002	EssentialCare Silver 29	On and Off Exchange	Silver	1.2224	41	1.000	1.000			
71644NY0170001	EssentialCare Bronze 29	On and Off Exchange	Bronze	1.0000	42	1.000	1.000			
71644NY0260004	EssentialCare Platinum 29 Restricted-D	On and Off Exchange	Platinum	1.6795	43	1.000	1.000			
71644NY0260003	EssentialCare Gold 29 Restricted-D	On and Off Exchange	Gold	1.4284	44	1.000	1.000			
71644NY0260002	EssentialCare Silver 29 Restricted-D	On and Off Exchange	Silver	1.2224	45	1.000	1.000			
71644NY0260001	EssentialCare Bronze 29 Restricted-D	On and Off Exchange	Bronze	1.0000	46	1.000	1.000			
71644NY0270004	EssentialCare Platinum 29 Restricted-F	On and Off Exchange	Platinum	1.6795	47	1.000	1.000			
71644NY0270003	EssentialCare Gold 29 Restricted-F	On and Off Exchange	Gold	1.4284	48	1.000	1.000			
71644NY0270002	EssentialCare Silver 29 Restricted-F	On and Off Exchange	Silver	1.2224	49	1.000	1.000			
71644NY0270001	EssentialCare Bronze 29 Restricted-F	On and Off Exchange	Bronze	1.0000	50	1.000	1.000			
71644NY0280004	EssentialCare Platinum 29 Restricted-DF	On and Off Exchange	Platinum	1.6795	51	1.000	1.000			
71644NY0280003	EssentialCare Gold 29 Restricted-DF	On and Off Exchange	Gold	1.4284	52	1.000	1.000			
71644NY0280002	EssentialCare Silver 29 Restricted-DF	On and Off Exchange	Silver	1.2224	53	1.000	1.000			
71644NY0280001	EssentialCare Bronze 29 Restricted-DF	On and Off Exchange	Bronze	1.0000	54	1.000	1.000			
71644NY0350004	Primary Select Platinum Restricted-D	On and Off Exchange	Platinum	1.6101	55	1.000	1.000			
71644NY0350003	Primary Select Gold Restricted-D	On and Off Exchange	Gold	1.4273	56	1.000	1.000			
71644NY0350002	Primary Select Silver Restricted-D	On and Off Exchange	Silver	1.2216	57	1.000	1.000			
71644NY0360004	Primary Select Platinum Restricted-F	On and Off Exchange	Platinum	1.6101	58	1.000	1.000			
71644NY0360003	Primary Select Gold Restricted-F	On and Off Exchange	Gold	1.4273	59	1.000	1.000			
71644NY0360002	Primary Select Silver Restricted-F	On and Off Exchange	Silver	1.2216	60	1.000	1.000			
71644NY0370004	Primary Select Platinum Restricted-DF	On and Off Exchange	Platinum	1.6101	61	1.000	1.000			
71644NY0370003	Primary Select Gold Restricted-DF	On and Off Exchange	Gold	1.4273	62	1.000	1.000			
71644NY0370002	Primary Select Silver Restricted-DF	On and Off Exchange	Silver	1.2216	63	1.000	1.000			
71644NY0190004	Primary Select Platinum 29	On and Off Exchange	Platinum	1.6101	64+	1.000	1.000			
71644NY0190003	Primary Select Gold 29	On and Off Exchange	Gold	1.4273						
71644NY0190002	Primary Select Silver 29	On and Off Exchange	Silver	1.2216						
71644NY0380004	Primary Select Platinum 29 Restricted-D	On and Off Exchange	Platinum	1.6101						
71644NY0380003	Primary Select Gold 29 Restricted-D	On and Off Exchange	Gold	1.4273						
71644NY0380002	Primary Select Silver 29 Restricted-D	On and Off Exchange	Silver	1.2216						
71644NY0390004	Primary Select Platinum 29 Restricted-F	On and Off Exchange	Platinum	1.6101						
71644NY0390003	Primary Select Gold 29 Restricted-F	On and Off Exchange	Gold	1.4273						
71644NY0390002	Primary Select Silver 29 Restricted-F	On and Off Exchange	Silver	1.2216						
71644NY0400004	Primary Select Platinum 29 Restricted-DF	On and Off Exchange	Platinum	1.6101						
71644NY0400003	Primary Select Gold 29 Restricted-DF	On and Off Exchange	Gold	1.4273						
71644NY0400002	Primary Select Silver 29 Restricted-DF	On and Off Exchange	Silver	1.2216						
71644NY0470002	Primary Select PCMH Restricted-D	On and Off Exchange	Silver	1.1526						
71644NY0480002	Primary Select PCMH Restricted-F	On and Off Exchange	Silver	1.1526						
71644NY0490002	Primary Select PCMH Restricted-DF	On and Off Exchange	Silver	1.1526						
71644NY0210002	Primary Select PCMH 29	On and Off Exchange	Silver	1.1526						
71644NY0530002	Primary Select PCMH 29 Restricted-D	On and Off Exchange	Silver	1.1526						
71644NY0540002	Primary Select PCMH 29 Restricted-F	On and Off Exchange	Silver	1.1526						
71644NY0550002	Primary Select PCMH 29 Restricted-DF	On and Off Exchange	Silver	1.1526						
71644NY0770001	All Access Platinum PPO Restricted-D	On and Off Exchange	Platinum	2.1845						
71644NY0800001	All Access Platinum PPO Restricted-F	On and Off Exchange	Platinum	2.1845						
71644NY0810001	All Access Platinum PPO Restricted-DF	On and Off Exchange	Platinum	2.1845						
71644NY0780001	All Access Platinum PPO 29	On and Off Exchange	Platinum	2.1845						
71644NY0790001	All Access Platinum PPO 29 Restricted-D	On and Off Exchange	Platinum	2.1845						
71644NY0820001	All Access Platinum PPO 29 Restricted-F	On and Off Exchange	Platinum	2.1845						
71644NY0830001	All Access Platinum PPO 29 Restricted-DF	On and Off Exchange	Platinum	2.1845						

Area	Rate Factor
Region 1	0.8130
Region 2	0.7611
Region 3	0.9133
Region 4	1.0177
Region 5	0.7248
Region 6	0.7901
Region 7	0.7687
Region 8	1.0177

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	

**Sample Rate Calculation:**  
Platinum Select in Region 2 for a Couple with Two Dependents =  
Base Rate x Platinum Select Factor x Region 2 Factor x Couple and Two Dependents Factor =  
\$346.33 x 1.6101 x 0.7611 x 2.8500 = **\$1,209.57**

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q1 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Platinum</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>Primary Select Platinum</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$1,011.28	\$2,022.56	\$1,695.78	\$1,695.78	\$1,695.78	\$2,851.45	\$2,851.45	\$2,851.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.68	\$639.68	\$639.68	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select PCMH</b>	Region 1	\$303.83	\$607.67	\$516.49	\$516.49	\$516.49	\$865.88	\$865.88	\$865.88
	Region 2	\$303.82	\$607.63	\$516.49	\$516.49	\$516.49	\$865.88	\$865.88	\$865.88
	Region 3	\$364.57	\$729.14	\$619.77	\$619.77	\$619.77	\$1,039.03	\$1,039.03	\$1,039.03
	Region 4	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
	Region 5	\$289.33	\$578.65	\$491.85	\$491.85	\$491.85	\$824.58	\$824.58	\$824.58
	Region 6	\$315.39	\$630.78	\$536.17	\$536.17	\$536.17	\$898.87	\$898.87	\$898.87
	Region 7	\$308.85	\$617.70	\$521.64	\$521.64	\$521.64	\$874.52	\$874.52	\$874.52
	Region 8	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
<b>All Access Platinum PPO</b>	Region 1	\$615.08	\$1,230.16	\$1,045.64	\$1,045.64	\$1,045.64	\$1,752.98	\$1,752.98	\$1,752.98
	Region 2	\$575.82	\$1,151.63	\$978.89	\$978.89	\$978.89	\$1,641.08	\$1,641.08	\$1,641.08
	Region 3	\$690.96	\$1,381.93	\$1,174.64	\$1,174.64	\$1,174.64	\$1,969.25	\$1,969.25	\$1,969.25
	Region 4	\$769.95	\$1,539.90	\$1,308.91	\$1,308.91	\$1,308.91	\$2,194.35	\$2,194.35	\$2,194.35
	Region 5	\$548.35	\$1,096.71	\$932.20	\$932.20	\$932.20	\$1,562.81	\$1,562.81	\$1,562.81
	Region 6	\$597.76	\$1,195.51	\$1,016.19	\$1,016.19	\$1,016.19	\$1,703.61	\$1,703.61	\$1,703.61
	Region 7	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 8	\$769.95	\$1,539.90	\$1,308.91	\$1,308.91	\$1,308.91	\$2,194.35	\$2,194.35	\$2,194.35
<b>EssentialCare Platinum Restricted-D</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold Restricted-D</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver Restricted-D</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q1 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze Restricted-D</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum Restricted-F</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold Restricted-F</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver Restricted-F</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze Restricted-F</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum Restricted-DF</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold Restricted-DF</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver Restricted-DF</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze Restricted-DF</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q1 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze 29</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29 Restricted-D</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29 Restricted-D</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29 Restricted-D</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze 29 Restricted-D</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29 Restricted-F</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29 Restricted-F</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29 Restricted-F</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze 29 Restricted-F</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29 Restricted-DF</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29 Restricted-DF</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29 Restricted-DF</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q1 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze 29 Restricted-DF</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.96	\$779.96	\$779.96
	Region 7	\$298.22	\$596.45	\$492.58	\$492.58	\$492.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>Primary Select Platinum Restricted-D</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold Restricted-D</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver Restricted-D</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum Restricted-F</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold Restricted-F</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver Restricted-F</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum Restricted-DF</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold Restricted-DF</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver Restricted-DF</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q1 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>Primary Select Silver 29</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29 Restricted-D</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29 Restricted-D</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver 29 Restricted-D</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29 Restricted-F</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29 Restricted-F</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver 29 Restricted-F</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29 Restricted-DF</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29 Restricted-DF</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver 29 Restricted-DF</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select PCMH Restricted-D</b>	Region 1	\$324.53	\$649.07	\$551.71	\$551.71	\$551.71	\$924.92	\$924.92	\$924.92
	Region 2	\$303.82	\$607.63	\$516.49	\$516.49	\$516.49	\$865.88	\$865.88	\$865.88
	Region 3	\$364.57	\$729.14	\$619.77	\$619.77	\$619.77	\$1,039.03	\$1,039.03	\$1,039.03
	Region 4	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
	Region 5	\$328.33	\$657.65	\$541.85	\$541.85	\$541.85	\$924.58	\$924.58	\$924.58
	Region 6	\$315.39	\$630.78	\$536.17	\$536.17	\$536.17	\$898.87	\$898.87	\$898.87
	Region 7	\$306.85	\$613.70	\$521.64	\$521.64	\$521.64	\$874.52	\$874.52	\$874.52
	Region 8	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
<b>Primary Select PCMH Restricted-F</b>	Region 1	\$324.53	\$649.07	\$551.71	\$551.71	\$551.71	\$924.92	\$924.92	\$924.92
	Region 2	\$303.82	\$607.63	\$516.49	\$516.49	\$516.49	\$865.88	\$865.88	\$865.88
	Region 3	\$364.57	\$729.14	\$619.77	\$619.77	\$619.77	\$1,039.03	\$1,039.03	\$1,039.03
	Region 4	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
	Region 5	\$289.33	\$578.65	\$491.85	\$491.85	\$491.85	\$824.58	\$824.58	\$824.58
	Region 6	\$315.39	\$630.78	\$536.17	\$536.17	\$536.17	\$898.87	\$898.87	\$898.87
	Region 7	\$306.85	\$613.70	\$521.64	\$521.64	\$521.64	\$874.52	\$874.52	\$874.52
	Region 8	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80



Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Rates - Q2 2015									
Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003									
		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
<b>EssentialCare Platinum</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>Primary Select Platinum</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$1,010.28	\$2,020.56	\$1,695.78	\$1,695.78	\$1,695.78	\$3,145.45	\$3,145.45	\$3,145.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.00	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select PCMH</b>	Region 1	\$323.53	\$647.07	\$551.71	\$551.71	\$551.71	\$924.92	\$924.92	\$924.92
	Region 2	\$303.82	\$607.63	\$516.49	\$516.49	\$516.49	\$865.88	\$865.88	\$865.88
	Region 3	\$364.57	\$729.14	\$619.77	\$619.77	\$619.77	\$1,039.03	\$1,039.03	\$1,039.03
	Region 4	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
	Region 5	\$289.33	\$578.65	\$491.85	\$491.85	\$491.85	\$824.58	\$824.58	\$824.58
	Region 6	\$315.39	\$630.78	\$536.17	\$536.17	\$536.17	\$898.87	\$898.87	\$898.87
	Region 7	\$308.85	\$617.70	\$521.64	\$521.64	\$521.64	\$874.52	\$874.52	\$874.52
	Region 8	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
<b>All Access Platinum PPO</b>	Region 1	\$615.08	\$1,230.16	\$1,045.64	\$1,045.64	\$1,045.64	\$1,752.98	\$1,752.98	\$1,752.98
	Region 2	\$575.82	\$1,151.63	\$978.89	\$978.89	\$978.89	\$1,641.08	\$1,641.08	\$1,641.08
	Region 3	\$690.96	\$1,381.93	\$1,174.64	\$1,174.64	\$1,174.64	\$1,969.25	\$1,969.25	\$1,969.25
	Region 4	\$769.95	\$1,539.90	\$1,308.91	\$1,308.91	\$1,308.91	\$2,194.35	\$2,194.35	\$2,194.35
	Region 5	\$548.35	\$1,096.71	\$932.20	\$932.20	\$932.20	\$1,562.81	\$1,562.81	\$1,562.81
	Region 6	\$597.76	\$1,195.51	\$1,016.19	\$1,016.19	\$1,016.19	\$1,703.61	\$1,703.61	\$1,703.61
	Region 7	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 8	\$769.95	\$1,539.90	\$1,308.91	\$1,308.91	\$1,308.91	\$2,194.35	\$2,194.35	\$2,194.35
<b>EssentialCare Platinum Restricted-D</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold Restricted-D</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver Restricted-D</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q2 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze Restricted-D</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum Restricted-F</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold Restricted-F</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver Restricted-F</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze Restricted-F</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum Restricted-DF</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold Restricted-DF</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver Restricted-DF</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze Restricted-DF</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q2 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze 29</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29 Restricted-D</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29 Restricted-D</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29 Restricted-D</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze 29 Restricted-D</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29 Restricted-F</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29 Restricted-F</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29 Restricted-F</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
<b>EssentialCare Bronze 29 Restricted-F</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.59	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.86	\$779.86	\$779.86
	Region 7	\$266.22	\$532.45	\$452.58	\$452.58	\$452.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>EssentialCare Platinum 29 Restricted-DF</b>	Region 1	\$472.89	\$945.78	\$803.91	\$803.91	\$803.91	\$1,347.74	\$1,347.74	\$1,347.74
	Region 2	\$442.70	\$885.40	\$752.59	\$752.59	\$752.59	\$1,261.70	\$1,261.70	\$1,261.70
	Region 3	\$531.23	\$1,062.46	\$903.09	\$903.09	\$903.09	\$1,514.01	\$1,514.01	\$1,514.01
	Region 4	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
	Region 5	\$421.59	\$843.18	\$716.70	\$716.70	\$716.70	\$1,201.53	\$1,201.53	\$1,201.53
	Region 6	\$459.57	\$919.14	\$781.27	\$781.27	\$781.27	\$1,309.78	\$1,309.78	\$1,309.78
	Region 7	\$447.12	\$894.25	\$760.11	\$760.11	\$760.11	\$1,274.30	\$1,274.30	\$1,274.30
	Region 8	\$591.96	\$1,183.91	\$1,006.33	\$1,006.33	\$1,006.33	\$1,687.08	\$1,687.08	\$1,687.08
<b>EssentialCare Gold 29 Restricted-DF</b>	Region 1	\$402.19	\$804.38	\$683.72	\$683.72	\$683.72	\$1,146.24	\$1,146.24	\$1,146.24
	Region 2	\$376.51	\$753.03	\$640.07	\$640.07	\$640.07	\$1,073.07	\$1,073.07	\$1,073.07
	Region 3	\$451.81	\$903.61	\$768.07	\$768.07	\$768.07	\$1,287.65	\$1,287.65	\$1,287.65
	Region 4	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
	Region 5	\$358.56	\$717.11	\$609.55	\$609.55	\$609.55	\$1,021.89	\$1,021.89	\$1,021.89
	Region 6	\$390.86	\$781.72	\$664.46	\$664.46	\$664.46	\$1,113.95	\$1,113.95	\$1,113.95
	Region 7	\$380.27	\$760.55	\$646.47	\$646.47	\$646.47	\$1,083.78	\$1,083.78	\$1,083.78
	Region 8	\$503.45	\$1,006.91	\$855.87	\$855.87	\$855.87	\$1,434.84	\$1,434.84	\$1,434.84
<b>EssentialCare Silver 29 Restricted-DF</b>	Region 1	\$344.19	\$688.37	\$585.12	\$585.12	\$585.12	\$980.93	\$980.93	\$980.93
	Region 2	\$322.21	\$644.43	\$547.76	\$547.76	\$547.76	\$918.31	\$918.31	\$918.31
	Region 3	\$386.65	\$773.30	\$657.30	\$657.30	\$657.30	\$1,101.95	\$1,101.95	\$1,101.95
	Region 4	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91
	Region 5	\$306.85	\$613.69	\$521.64	\$521.64	\$521.64	\$874.51	\$874.51	\$874.51
	Region 6	\$334.49	\$668.98	\$568.64	\$568.64	\$568.64	\$953.30	\$953.30	\$953.30
	Region 7	\$325.43	\$650.86	\$553.23	\$553.23	\$553.23	\$927.48	\$927.48	\$927.48
	Region 8	\$430.85	\$861.69	\$732.44	\$732.44	\$732.44	\$1,227.91	\$1,227.91	\$1,227.91

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q2 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze 29 Restricted-DF</b>	Region 1	\$281.57	\$563.13	\$478.66	\$478.66	\$478.66	\$802.46	\$802.46	\$802.46
	Region 2	\$263.99	\$527.18	\$448.11	\$448.11	\$448.11	\$751.24	\$751.24	\$751.24
	Region 3	\$316.30	\$632.61	\$537.72	\$537.72	\$537.72	\$901.46	\$901.46	\$901.46
	Region 4	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
	Region 5	\$251.02	\$502.04	\$426.73	\$426.73	\$426.73	\$715.41	\$715.41	\$715.41
	Region 6	\$273.64	\$547.27	\$465.18	\$465.18	\$465.18	\$779.96	\$779.96	\$779.96
	Region 7	\$298.22	\$596.45	\$492.58	\$492.58	\$492.58	\$758.74	\$758.74	\$758.74
	Region 8	\$352.46	\$704.92	\$599.18	\$599.18	\$599.18	\$1,004.51	\$1,004.51	\$1,004.51
<b>Primary Select Platinum Restricted-D</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold Restricted-D</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver Restricted-D</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum Restricted-F</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold Restricted-F</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver Restricted-F</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum Restricted-DF</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold Restricted-DF</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver Restricted-DF</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q2 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>Primary Select Silver 29</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29 Restricted-D</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29 Restricted-D</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver 29 Restricted-D</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29 Restricted-F</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29 Restricted-F</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver 29 Restricted-F</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select Platinum 29 Restricted-DF</b>	Region 1	\$453.35	\$906.70	\$770.69	\$770.69	\$770.69	\$1,292.05	\$1,292.05	\$1,292.05
	Region 2	\$424.41	\$848.82	\$721.50	\$721.50	\$721.50	\$1,209.57	\$1,209.57	\$1,209.57
	Region 3	\$509.28	\$1,018.56	\$865.78	\$865.78	\$865.78	\$1,451.45	\$1,451.45	\$1,451.45
	Region 4	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
	Region 5	\$404.17	\$808.33	\$687.08	\$687.08	\$687.08	\$1,151.88	\$1,151.88	\$1,151.88
	Region 6	\$440.58	\$881.16	\$748.99	\$748.99	\$748.99	\$1,255.65	\$1,255.65	\$1,255.65
	Region 7	\$428.65	\$857.29	\$728.70	\$728.70	\$728.70	\$1,221.64	\$1,221.64	\$1,221.64
	Region 8	\$567.50	\$1,134.99	\$964.74	\$964.74	\$964.74	\$1,617.36	\$1,617.36	\$1,617.36
<b>Primary Select Gold 29 Restricted-DF</b>	Region 1	\$401.88	\$803.76	\$683.20	\$683.20	\$683.20	\$1,145.36	\$1,145.36	\$1,145.36
	Region 2	\$376.22	\$752.45	\$639.58	\$639.58	\$639.58	\$1,072.24	\$1,072.24	\$1,072.24
	Region 3	\$451.46	\$902.92	\$767.48	\$767.48	\$767.48	\$1,286.66	\$1,286.66	\$1,286.66
	Region 4	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
	Region 5	\$358.28	\$716.56	\$609.08	\$609.08	\$609.08	\$1,021.10	\$1,021.10	\$1,021.10
	Region 6	\$390.56	\$781.12	\$663.95	\$663.95	\$663.95	\$1,113.10	\$1,113.10	\$1,113.10
	Region 7	\$379.98	\$759.96	\$645.97	\$645.97	\$645.97	\$1,082.95	\$1,082.95	\$1,082.95
	Region 8	\$503.07	\$1,006.13	\$855.21	\$855.21	\$855.21	\$1,433.74	\$1,433.74	\$1,433.74
<b>Primary Select Silver 29 Restricted-DF</b>	Region 1	\$343.96	\$687.92	\$584.73	\$584.73	\$584.73	\$980.29	\$980.29	\$980.29
	Region 2	\$322.00	\$644.01	\$547.41	\$547.41	\$547.41	\$917.71	\$917.71	\$917.71
	Region 3	\$386.40	\$772.79	\$656.87	\$656.87	\$656.87	\$1,101.23	\$1,101.23	\$1,101.23
	Region 4	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
	Region 5	\$306.65	\$613.29	\$521.30	\$521.30	\$521.30	\$873.94	\$873.94	\$873.94
	Region 6	\$334.27	\$668.55	\$568.26	\$568.26	\$568.26	\$952.68	\$952.68	\$952.68
	Region 7	\$325.22	\$650.44	\$552.87	\$552.87	\$552.87	\$926.87	\$926.87	\$926.87
	Region 8	\$430.57	\$861.13	\$731.96	\$731.96	\$731.96	\$1,227.11	\$1,227.11	\$1,227.11
<b>Primary Select PCMH Restricted-D</b>	Region 1	\$324.53	\$649.07	\$551.71	\$551.71	\$551.71	\$924.92	\$924.92	\$924.92
	Region 2	\$303.82	\$607.63	\$516.49	\$516.49	\$516.49	\$865.88	\$865.88	\$865.88
	Region 3	\$364.57	\$729.14	\$619.77	\$619.77	\$619.77	\$1,039.03	\$1,039.03	\$1,039.03
	Region 4	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
	Region 5	\$328.33	\$657.65	\$541.85	\$541.85	\$541.85	\$924.58	\$924.58	\$924.58
	Region 6	\$315.39	\$630.78	\$536.17	\$536.17	\$536.17	\$898.87	\$898.87	\$898.87
	Region 7	\$306.85	\$613.70	\$521.64	\$521.64	\$521.64	\$874.52	\$874.52	\$874.52
	Region 8	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
<b>Primary Select PCMH Restricted-F</b>	Region 1	\$324.53	\$649.07	\$551.71	\$551.71	\$551.71	\$924.92	\$924.92	\$924.92
	Region 2	\$303.82	\$607.63	\$516.49	\$516.49	\$516.49	\$865.88	\$865.88	\$865.88
	Region 3	\$364.57	\$729.14	\$619.77	\$619.77	\$619.77	\$1,039.03	\$1,039.03	\$1,039.03
	Region 4	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80
	Region 5	\$328.33	\$657.65	\$541.85	\$541.85	\$541.85	\$924.58	\$924.58	\$924.58
	Region 6	\$315.39	\$630.78	\$536.17	\$536.17	\$536.17	\$898.87	\$898.87	\$898.87
	Region 7	\$306.85	\$613.70	\$521.64	\$521.64	\$521.64	\$874.52	\$874.52	\$874.52
	Region 8	\$406.25	\$812.49	\$690.62	\$690.62	\$690.62	\$1,157.80	\$1,157.80	\$1,157.80



Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Rates - Q3 2015									
Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003									
	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	
<b>EssentialCare Platinum</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.96	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.50	\$514.99	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>Primary Select Platinum</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$1,044.02	\$2,088.04	\$1,747.42	\$1,747.42	\$1,747.42	\$3,494.73	\$3,494.73	\$3,494.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$656.57	\$656.57	\$656.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select PCMH</b>	Region 1	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 2	\$311.41	\$622.82	\$529.40	\$529.40	\$529.40	\$887.52	\$887.52	\$887.52
	Region 3	\$373.69	\$747.37	\$635.27	\$635.27	\$635.27	\$1,065.00	\$1,065.00	\$1,065.00
	Region 4	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
	Region 5	\$296.56	\$593.12	\$504.15	\$504.15	\$504.15	\$845.19	\$845.19	\$845.19
	Region 6	\$323.28	\$646.55	\$549.57	\$549.57	\$549.57	\$921.34	\$921.34	\$921.34
	Region 7	\$314.52	\$629.04	\$534.69	\$534.69	\$534.69	\$896.38	\$896.38	\$896.38
	Region 8	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
<b>All Access Platinum PPO</b>	Region 1	\$630.46	\$1,260.92	\$1,071.78	\$1,071.78	\$1,071.78	\$1,796.81	\$1,796.81	\$1,796.81
	Region 2	\$590.21	\$1,180.42	\$1,003.36	\$1,003.36	\$1,003.36	\$1,682.10	\$1,682.10	\$1,682.10
	Region 3	\$708.24	\$1,416.48	\$1,204.01	\$1,204.01	\$1,204.01	\$2,018.48	\$2,018.48	\$2,018.48
	Region 4	\$789.20	\$1,578.40	\$1,341.64	\$1,341.64	\$1,341.64	\$2,249.21	\$2,249.21	\$2,249.21
	Region 5	\$562.06	\$1,124.12	\$955.51	\$955.51	\$955.51	\$1,601.88	\$1,601.88	\$1,601.88
	Region 6	\$612.70	\$1,225.40	\$1,041.59	\$1,041.59	\$1,041.59	\$1,746.20	\$1,746.20	\$1,746.20
	Region 7	\$595.11	\$1,190.21	\$1,013.38	\$1,013.38	\$1,013.38	\$1,698.90	\$1,698.90	\$1,698.90
	Region 8	\$789.20	\$1,578.40	\$1,341.64	\$1,341.64	\$1,341.64	\$2,249.21	\$2,249.21	\$2,249.21
<b>EssentialCare Platinum Restricted-D</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.96	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold Restricted-D</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver Restricted-D</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q3 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze Restricted-D</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum Restricted-F</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold Restricted-F</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver Restricted-F</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze Restricted-F</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum Restricted-DF</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold Restricted-DF</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver Restricted-DF</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze Restricted-DF</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61

Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Rates - Q3 2015									
Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003									
		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
<b>EssentialCare Bronze 29</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29 Restricted-D</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29 Restricted-D</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29 Restricted-D</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze 29 Restricted-D</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29 Restricted-F</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29 Restricted-F</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29 Restricted-F</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze 29 Restricted-F</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29 Restricted-DF</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29 Restricted-DF</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29 Restricted-DF</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q3 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT01, FHSC-WMBT03

		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
<b>EssentialCare Bronze 29 Restricted-DF</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.30	\$463.30	\$463.30	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>Primary Select Platinum Restricted-D</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold Restricted-D</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver Restricted-D</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum Restricted-F</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold Restricted-F</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver Restricted-F</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum Restricted-DF</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold Restricted-DF</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver Restricted-DF</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q3 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>Primary Select Silver 29</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29 Restricted-D</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29 Restricted-D</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver 29 Restricted-D</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29 Restricted-F</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29 Restricted-F</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver 29 Restricted-F</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29 Restricted-DF</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29 Restricted-DF</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver 29 Restricted-DF</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select PCMH Restricted-D</b>	Region 1	\$332.65	\$665.29	\$565.50	\$565.50	\$565.50	\$948.04	\$948.04	\$948.04
	Region 2	\$311.41	\$622.82	\$529.40	\$529.40	\$529.40	\$887.52	\$887.52	\$887.52
	Region 3	\$373.69	\$747.37	\$635.27	\$635.27	\$635.27	\$1,065.00	\$1,065.00	\$1,065.00
	Region 4	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
	Region 5	\$296.56	\$593.12	\$504.15	\$504.15	\$504.15	\$845.19	\$845.19	\$845.19
	Region 6	\$323.28	\$646.55	\$549.57	\$549.57	\$549.57	\$921.34	\$921.34	\$921.34
	Region 7	\$314.52	\$629.04	\$534.69	\$534.69	\$534.69	\$896.38	\$896.38	\$896.38
	Region 8	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
<b>Primary Select PCMH Restricted-F</b>	Region 1	\$332.65	\$665.29	\$565.50	\$565.50	\$565.50	\$948.04	\$948.04	\$948.04
	Region 2	\$311.41	\$622.82	\$529.40	\$529.40	\$529.40	\$887.52	\$887.52	\$887.52
	Region 3	\$373.69	\$747.37	\$635.27	\$635.27	\$635.27	\$1,065.00	\$1,065.00	\$1,065.00
	Region 4	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
	Region 5	\$296.56	\$593.12	\$504.15	\$504.15	\$504.15	\$845.19	\$845.19	\$845.19
	Region 6	\$323.28	\$646.55	\$549.57	\$549.57	\$549.57	\$921.34	\$921.34	\$921.34
	Region 7	\$314.52	\$629.04	\$534.69	\$534.69	\$534.69	\$896.38	\$896.38	\$896.38
	Region 8	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74



Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Rates - Q4 2015									
Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003									
	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	
<b>EssentialCare Platinum</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.96	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.50	\$514.99	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>Primary Select Platinum</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$1,044.02	\$2,088.04	\$1,747.42	\$1,747.42	\$1,747.42	\$3,494.73	\$3,494.73	\$3,494.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$656.57	\$656.57	\$656.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select PCMH</b>	Region 1	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 2	\$311.41	\$622.82	\$529.40	\$529.40	\$529.40	\$887.52	\$887.52	\$887.52
	Region 3	\$373.69	\$747.37	\$635.27	\$635.27	\$635.27	\$1,065.00	\$1,065.00	\$1,065.00
	Region 4	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
	Region 5	\$296.56	\$593.12	\$504.15	\$504.15	\$504.15	\$845.19	\$845.19	\$845.19
	Region 6	\$323.28	\$646.55	\$549.57	\$549.57	\$549.57	\$921.34	\$921.34	\$921.34
	Region 7	\$314.52	\$629.04	\$534.69	\$534.69	\$534.69	\$896.38	\$896.38	\$896.38
	Region 8	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
<b>All Access Platinum PPO</b>	Region 1	\$630.46	\$1,260.92	\$1,071.78	\$1,071.78	\$1,071.78	\$1,796.81	\$1,796.81	\$1,796.81
	Region 2	\$590.21	\$1,180.42	\$1,003.36	\$1,003.36	\$1,003.36	\$1,682.10	\$1,682.10	\$1,682.10
	Region 3	\$708.24	\$1,416.48	\$1,204.01	\$1,204.01	\$1,204.01	\$2,018.48	\$2,018.48	\$2,018.48
	Region 4	\$789.20	\$1,578.40	\$1,341.64	\$1,341.64	\$1,341.64	\$2,249.21	\$2,249.21	\$2,249.21
	Region 5	\$562.06	\$1,124.12	\$955.51	\$955.51	\$955.51	\$1,601.88	\$1,601.88	\$1,601.88
	Region 6	\$612.70	\$1,225.40	\$1,041.59	\$1,041.59	\$1,041.59	\$1,746.20	\$1,746.20	\$1,746.20
	Region 7	\$595.11	\$1,190.21	\$1,013.38	\$1,013.38	\$1,013.38	\$1,698.90	\$1,698.90	\$1,698.90
	Region 8	\$789.20	\$1,578.40	\$1,341.64	\$1,341.64	\$1,341.64	\$2,249.21	\$2,249.21	\$2,249.21
<b>EssentialCare Platinum Restricted-D</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.96	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold Restricted-D</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver Restricted-D</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61

Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Rates - Q4 2015									
Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003									
		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
<b>EssentialCare Bronze Restricted-D</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum Restricted-F</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold Restricted-F</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver Restricted-F</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze Restricted-F</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum Restricted-DF</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold Restricted-DF</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver Restricted-DF</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze Restricted-DF</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61

Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Rates - Q4 2015									
Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003									
		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
<b>EssentialCare Bronze 29</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29 Restricted-D</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29 Restricted-D</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29 Restricted-D</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze 29 Restricted-D</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29 Restricted-F</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29 Restricted-F</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29 Restricted-F</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
<b>EssentialCare Bronze 29 Restricted-F</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.90	\$463.90	\$463.90	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>EssentialCare Platinum 29 Restricted-DF</b>	Region 1	\$484.71	\$969.43	\$824.01	\$824.01	\$824.01	\$1,381.43	\$1,381.43	\$1,381.43
	Region 2	\$453.77	\$907.54	\$771.41	\$771.41	\$771.41	\$1,293.24	\$1,293.24	\$1,293.24
	Region 3	\$544.51	\$1,089.02	\$925.67	\$925.67	\$925.67	\$1,551.86	\$1,551.86	\$1,551.86
	Region 4	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
	Region 5	\$432.13	\$864.26	\$734.62	\$734.62	\$734.62	\$1,231.56	\$1,231.56	\$1,231.56
	Region 6	\$471.06	\$942.12	\$800.80	\$800.80	\$800.80	\$1,342.52	\$1,342.52	\$1,342.52
	Region 7	\$458.30	\$916.60	\$779.11	\$779.11	\$779.11	\$1,306.16	\$1,306.16	\$1,306.16
	Region 8	\$606.76	\$1,213.51	\$1,031.48	\$1,031.48	\$1,031.48	\$1,729.25	\$1,729.25	\$1,729.25
<b>EssentialCare Gold 29 Restricted-DF</b>	Region 1	\$412.24	\$824.49	\$700.81	\$700.81	\$700.81	\$1,174.90	\$1,174.90	\$1,174.90
	Region 2	\$385.93	\$771.85	\$656.08	\$656.08	\$656.08	\$1,099.89	\$1,099.89	\$1,099.89
	Region 3	\$463.10	\$926.21	\$787.27	\$787.27	\$787.27	\$1,319.84	\$1,319.84	\$1,319.84
	Region 4	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
	Region 5	\$367.52	\$735.04	\$624.79	\$624.79	\$624.79	\$1,047.43	\$1,047.43	\$1,047.43
	Region 6	\$400.63	\$801.26	\$681.07	\$681.07	\$681.07	\$1,141.80	\$1,141.80	\$1,141.80
	Region 7	\$389.78	\$779.56	\$662.63	\$662.63	\$662.63	\$1,110.88	\$1,110.88	\$1,110.88
	Region 8	\$516.04	\$1,032.08	\$877.27	\$877.27	\$877.27	\$1,470.71	\$1,470.71	\$1,470.71
<b>EssentialCare Silver 29 Restricted-DF</b>	Region 1	\$352.79	\$705.58	\$599.75	\$599.75	\$599.75	\$1,005.46	\$1,005.46	\$1,005.46
	Region 2	\$330.27	\$660.54	\$561.46	\$561.46	\$561.46	\$941.27	\$941.27	\$941.27
	Region 3	\$396.32	\$792.63	\$673.74	\$673.74	\$673.74	\$1,129.50	\$1,129.50	\$1,129.50
	Region 4	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61
	Region 5	\$314.62	\$629.04	\$534.68	\$534.68	\$534.68	\$896.38	\$896.38	\$896.38
	Region 6	\$342.85	\$685.71	\$582.85	\$582.85	\$582.85	\$977.13	\$977.13	\$977.13
	Region 7	\$333.57	\$667.14	\$567.07	\$567.07	\$567.07	\$950.67	\$950.67	\$950.67
	Region 8	\$441.62	\$883.24	\$750.75	\$750.75	\$750.75	\$1,258.61	\$1,258.61	\$1,258.61

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q4 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>EssentialCare Bronze 29 Restricted-DF</b>	Region 1	\$288.61	\$577.21	\$490.63	\$490.63	\$490.63	\$822.53	\$822.53	\$822.53
	Region 2	\$270.18	\$540.36	\$459.31	\$459.31	\$459.31	\$770.02	\$770.02	\$770.02
	Region 3	\$324.21	\$648.42	\$551.16	\$551.16	\$551.16	\$924.00	\$924.00	\$924.00
	Region 4	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
	Region 5	\$257.30	\$514.59	\$437.40	\$437.40	\$437.40	\$733.29	\$733.29	\$733.29
	Region 6	\$280.48	\$560.95	\$476.81	\$476.81	\$476.81	\$799.36	\$799.36	\$799.36
	Region 7	\$272.88	\$545.76	\$463.30	\$463.30	\$463.30	\$777.71	\$777.71	\$777.71
	Region 8	\$361.27	\$722.54	\$614.16	\$614.16	\$614.16	\$1,029.62	\$1,029.62	\$1,029.62
<b>Primary Select Platinum Restricted-D</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold Restricted-D</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver Restricted-D</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum Restricted-F</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold Restricted-F</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver Restricted-F</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum Restricted-DF</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold Restricted-DF</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver Restricted-DF</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Rates - Q4 2015

Form Numbers: FHSC-SHOP03 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

		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
<b>Primary Select Silver 29</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29 Restricted-D</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29 Restricted-D</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver 29 Restricted-D</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29 Restricted-F</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29 Restricted-F</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver 29 Restricted-F</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select Platinum 29 Restricted-DF</b>	Region 1	\$464.68	\$929.37	\$789.96	\$789.96	\$789.96	\$1,324.35	\$1,324.35	\$1,324.35
	Region 2	\$435.02	\$870.04	\$739.53	\$739.53	\$739.53	\$1,239.81	\$1,239.81	\$1,239.81
	Region 3	\$522.01	\$1,044.02	\$887.42	\$887.42	\$887.42	\$1,487.73	\$1,487.73	\$1,487.73
	Region 4	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
	Region 5	\$414.27	\$828.54	\$704.26	\$704.26	\$704.26	\$1,180.67	\$1,180.67	\$1,180.67
	Region 6	\$451.59	\$903.19	\$767.71	\$767.71	\$767.71	\$1,287.05	\$1,287.05	\$1,287.05
	Region 7	\$439.36	\$878.73	\$746.92	\$746.92	\$746.92	\$1,252.19	\$1,252.19	\$1,252.19
	Region 8	\$581.68	\$1,163.37	\$988.86	\$988.86	\$988.86	\$1,657.80	\$1,657.80	\$1,657.80
<b>Primary Select Gold 29 Restricted-DF</b>	Region 1	\$411.93	\$823.85	\$700.28	\$700.28	\$700.28	\$1,173.99	\$1,173.99	\$1,173.99
	Region 2	\$385.63	\$771.26	\$655.57	\$655.57	\$655.57	\$1,099.05	\$1,099.05	\$1,099.05
	Region 3	\$462.75	\$925.49	\$786.67	\$786.67	\$786.67	\$1,318.83	\$1,318.83	\$1,318.83
	Region 4	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
	Region 5	\$367.24	\$734.48	\$624.30	\$624.30	\$624.30	\$1,046.63	\$1,046.63	\$1,046.63
	Region 6	\$400.32	\$800.65	\$680.55	\$680.55	\$680.55	\$1,140.92	\$1,140.92	\$1,140.92
	Region 7	\$389.48	\$778.96	\$662.12	\$662.12	\$662.12	\$1,110.02	\$1,110.02	\$1,110.02
	Region 8	\$515.64	\$1,031.29	\$876.59	\$876.59	\$876.59	\$1,469.58	\$1,469.58	\$1,469.58
<b>Primary Select Silver 29 Restricted-DF</b>	Region 1	\$352.56	\$705.12	\$599.35	\$599.35	\$599.35	\$1,004.80	\$1,004.80	\$1,004.80
	Region 2	\$330.05	\$660.11	\$561.09	\$561.09	\$561.09	\$940.65	\$940.65	\$940.65
	Region 3	\$396.06	\$792.11	\$673.29	\$673.29	\$673.29	\$1,128.76	\$1,128.76	\$1,128.76
	Region 4	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
	Region 5	\$314.31	\$628.62	\$534.33	\$534.33	\$534.33	\$895.79	\$895.79	\$895.79
	Region 6	\$342.63	\$685.26	\$582.47	\$582.47	\$582.47	\$976.49	\$976.49	\$976.49
	Region 7	\$333.35	\$666.70	\$566.69	\$566.69	\$566.69	\$950.05	\$950.05	\$950.05
	Region 8	\$441.33	\$882.66	\$750.26	\$750.26	\$750.26	\$1,257.79	\$1,257.79	\$1,257.79
<b>Primary Select PCMH Restricted-D</b>	Region 1	\$332.65	\$665.29	\$565.50	\$565.50	\$565.50	\$948.04	\$948.04	\$948.04
	Region 2	\$311.41	\$622.82	\$529.40	\$529.40	\$529.40	\$887.52	\$887.52	\$887.52
	Region 3	\$373.69	\$747.37	\$635.27	\$635.27	\$635.27	\$1,065.00	\$1,065.00	\$1,065.00
	Region 4	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
	Region 5	\$296.56	\$593.12	\$504.15	\$504.15	\$504.15	\$845.19	\$845.19	\$845.19
	Region 6	\$323.28	\$646.55	\$549.57	\$549.57	\$549.57	\$921.34	\$921.34	\$921.34
	Region 7	\$314.52	\$629.04	\$534.69	\$534.69	\$534.69	\$896.38	\$896.38	\$896.38
	Region 8	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
<b>Primary Select PCMH Restricted-F</b>	Region 1	\$332.65	\$665.29	\$565.50	\$565.50	\$565.50	\$948.04	\$948.04	\$948.04
	Region 2	\$311.41	\$622.82	\$529.40	\$529.40	\$529.40	\$887.52	\$887.52	\$887.52
	Region 3	\$373.69	\$747.37	\$635.27	\$635.27	\$635.27	\$1,065.00	\$1,065.00	\$1,065.00
	Region 4	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74
	Region 5	\$296.56	\$593.12	\$504.15	\$504.15	\$504.15	\$845.19	\$845.19	\$845.19
	Region 6	\$323.28	\$646.55	\$549.57	\$549.57	\$549.57	\$921.34	\$921.34	\$921.34
	Region 7	\$314.52	\$629.04	\$534.69	\$534.69	\$534.69	\$896.38	\$896.38	\$896.38
	Region 8	\$416.40	\$832.80	\$707.88	\$707.88	\$707.88	\$1,186.74	\$1,186.74	\$1,186.74



Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Benefit Grid - STANDARD PLANS				
Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003				
Plans:	EssentialCare Platinum EssentialCare Platinum Restricted-D EssentialCare Platinum Restricted-F EssentialCare Platinum Restricted-DF EssentialCare Platinum 29 EssentialCare Platinum 29 Restricted-D EssentialCare Platinum 29 Restricted-F EssentialCare Platinum 29 Restricted-DF	EssentialCare Gold EssentialCare Gold Restricted-D EssentialCare Gold Restricted-F EssentialCare Gold Restricted-DF EssentialCare Gold 29 EssentialCare Gold 29 Restricted-D EssentialCare Gold 29 Restricted-F EssentialCare Gold 29 Restricted-DF		
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
<b>Preventive Services</b>				
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				
<b>Physician and Other Services</b>				
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
<b>Emergency &amp; Urgent Care Services</b>				
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
<b>Hospital Services</b>				
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
<b>Diagnostic Testing Services</b>				
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
<b>Maternity Services</b>				
Inpatient Maternity	\$500 after deductible is met	Not Covered	\$1,000 after deductible is met	Not Covered
<b>Mental Health &amp; Substance Abuse Services</b>				
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
<b>Diabetic Supplies and Services</b>				
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
<b>Rehabilitation Services</b>				
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
<b>Additional Services</b>				
Durable Medical Equipment	10% cost sharing after deductible is met	Not Covered	20% cost sharing after deductible is met	Not Covered
Prosthetics and Appliances	10% cost sharing after deductible is met	Not Covered	20% 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
<b>Prescription Drug Coverage</b>				
Prescription Plan	\$10/\$30/\$60	Not Covered	\$10/\$35/\$70	Not Covered
Maintenance Medications	\$10/\$30/\$60	Not Covered	\$10/\$35/\$70	Not Covered
<b>Vision Services</b>				
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; 10% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered
Frames	Covered for children only; 10% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only; 10% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered
<b>Dental Services</b>				
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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Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Benefit Grid - STANDARD PLANS				
Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003				
Plans:	EssentialCare Silver EssentialCare Silver Restricted-D EssentialCare Silver Restricted-F EssentialCare Silver Restricted-DF EssentialCare Silver 29 EssentialCare Silver 29 Restricted-D EssentialCare Silver 29 Restricted-F EssentialCare Silver 29 Restricted-DF		EssentialCare Bronze EssentialCare Bronze Restricted-D EssentialCare Bronze Restricted-F EssentialCare Bronze Restricted-DF EssentialCare Bronze 29 EssentialCare Bronze 29 Restricted-D EssentialCare Bronze 29 Restricted-F EssentialCare Bronze 29 Restricted-DF	
Benefit Summary	In-Network	Out-of-Network	In-Network	Out-of-Network
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
<b>Preventive Services</b>				
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				
<b>Physician and Other Services</b>				
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
<b>Emergency &amp; Urgent Care Services</b>				
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
<b>Hospital Services</b>				
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
<b>Diagnostic Testing Services</b>				
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
<b>Maternity Services</b>				
Inpatient Maternity	\$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
<b>Mental Health &amp; Substance Abuse Services</b>				
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
<b>Diabetic Supplies and Services</b>				
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
<b>Rehabilitation Services</b>				
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
<b>Additional Services</b>				
Durable Medical Equipment	30% cost sharing after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Prosthetics and Appliances	30% 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
<b>Prescription Drug Coverage</b>				
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
<b>Vision Services</b>				
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; 30% 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; 30% 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; 30% cost sharing after deductible is met	Not Covered	Covered for children only; 50% cost sharing after deductible is met	Not Covered
<b>Dental Services</b>				
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered
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Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Benefit Grid - NON-STANDARD PLANS		Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Benefit Grid - NON-STANDARD PLANS				
Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003		Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003				
Plans:	Primary Select Platinum Primary Select Platinum Restricted-D Primary Select Platinum Restricted-F Primary Select Platinum 29 Primary Select Platinum 29 Restricted-D Primary Select Platinum 29 Restricted-F Primary Select Platinum 29 Restricted-DF	Primary Select Gold Primary Select Gold Restricted-D Primary Select Gold Restricted-F Primary Select Gold 29 Primary Select Gold 29 Restricted-D Primary Select Gold 29 Restricted-F Primary Select Gold 29 Restricted-DF	Primary Select Silver Primary Select Silver Restricted-D Primary Select Silver Restricted-F Primary Select Silver 29 Primary Select Silver 29 Restricted-D Primary Select Silver 29 Restricted-F Primary Select Silver 29 Restricted-DF			
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	20%	Not Applicable	20%	Not Applicable	20%	Not Applicable
Out of Pocket Maximum	\$1,400	Not Applicable	\$3,500	Not Applicable	\$6,350	Not Applicable
<b>Preventive Services</b>						
Allergy Testing						
Bone Density Testing						
Cervical Cytology						
Colonoscopy Screening						
Gynecological Screening						
Immunizations	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Mammography						
Prenatal Maternity Care						
Prostate Cancer Screening						
Routine Exams						
Women's Preventive Health Services						
Other Services Noted in Section 2713 of ACA						
<b>Physician and Other Services</b>						
Office Visit	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Outpatient Surgical Procedures (in physician's office)	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
<b>Emergency &amp; Urgent Care Services</b>						
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
<b>Hospital Services</b>						
Inpatient Hospital	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
Outpatient Surgical Procedures (Facility)	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
Skilled Nursing Facility	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
<b>Diagnostic Testing Services</b>						
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
<b>Maternity Services</b>						
Inpatient Maternity	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
<b>Mental Health &amp; Substance Abuse Services</b>						
Inpatient Mental Health	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % 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	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
Inpatient Substance Abuse - Detox	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
Outpatient Substance Abuse	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
<b>Diabetic Supplies and Services</b>						
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
<b>Rehabilitation Services</b>						
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
<b>Additional Services</b>						
Durable Medical Equipment	20% Cost Sharing after Deductible	Not Covered	20% Cost Sharing after Deductible	Not Covered	20% Cost Sharing after Deductible	Not Covered
Prosthetics and Ancillaries	20% Cost Sharing after Deductible	Not Covered	20% Cost Sharing after Deductible	Not Covered	20% 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
<b>Prescription Drug Coverage</b>						
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
<b>Vision Services</b>						
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; 20% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered
Frames	Covered for children only; 20% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered
Conventional Contact Lenses	Covered for children only; 20% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered	Covered for children only; 20% cost sharing after deductible is met	Not Covered
<b>Dental Services</b>						
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 Small Group Rate Filing - Off Exchange Benefit Grid - NON-STANDARD PLANS		Health Republic Insurance of New York 2015 Small Group Rate Filing - Off Exchange Benefit Grid - NON-STANDARD PLANS			
Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003		Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003			
Plans:	Primary Select PCMH Primary Select PCMH Restricted-D Primary Select PCMH Restricted-F Primary Select PCMH Restricted-DF Primary Select PCMH 29 Primary Select PCMH 29 Restricted-D Primary Select PCMH 29 Restricted-F Primary Select PCMH 29 Restricted-DF		All Access Platinum PPO All Access Platinum PPO Restricted-D All Access Platinum PPO Restricted-F All Access Platinum PPO Restricted-DF All Access Platinum PPO 29 All Access Platinum PPO 29 Restricted-D All Access Platinum PPO 29 Restricted-F All Access Platinum PPO 29 Restricted-DF		
Benefit Summary	In-Network (Preferred)	In-Network (Participating)	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,000	\$2,000	Not Applicable	\$0	\$4,000
Coinsurance	20%	20%	Not Applicable	0%	30%
Out of Pocket Maximum	\$6,350	\$6,350	Not Applicable	\$2,000	\$5,000
<b>Preventive Services</b>					
Allergy Testing					
Bone Density Testing					
Cervical Cytology					
Colonoscopy Screening					
Gynecological Screening					
Immunizations					
Mammography	\$0	\$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					
<b>Physician and Other Services</b>					
Office Visit	\$0 Copayment with Selected Doctor	\$30 Copay after Deductible any other PCP	Not Covered	\$15 after deductible	30% Coinsurance after deductible
Outpatient Surgical Procedures (in physician's office)	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$100 after deductible	30% Coinsurance after deductible
<b>Emergency &amp; Urgent Care Services</b>					
Emergency Room	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible	\$100 after deductible	\$100 after deductible
Ambulance	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$100 after deductible	\$100 after deductible
Urgent Care Center	\$100 Copay after Deductible	\$100 Copay after Deductible	Not Covered	\$55 after deductible	\$55 after deductible
<b>Hospital Services</b>					
Inpatient Hospital	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$100 after deductible	30% Coinsurance after deductible
Outpatient Surgical Procedures (Facility)	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$100 after deductible	30% Coinsurance after deductible
Skilled Nursing Facility	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$500 after deductible	30% Coinsurance after deductible
<b>Diagnostic Testing Services</b>					
Laboratory Testing	\$75 Copay	\$75 Copay	Not Covered	\$35 after deductible	30% Coinsurance after deductible
EKG	\$75 Copay	\$75 Copay	Not Covered	\$35 after deductible	30% Coinsurance after deductible
Routine Radiology	\$75 Copay	\$75 Copay	Not Covered	\$35 after deductible	30% Coinsurance after deductible
Advanced Radiology	\$75 Copay	\$75 Copay	Not Covered	\$35 after deductible	30% Coinsurance after deductible
<b>Maternity Services</b>					
Inpatient Maternity	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$100 after deductible	30% Coinsurance after deductible
<b>Mental Health &amp; Substance Abuse Services</b>					
Inpatient Mental Health	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$500 after deductible	30% Coinsurance after deductible
Outpatient Mental Health	No Charge	No Charge	Not Covered	\$15 after deductible	30% Coinsurance after deductible
Inpatient Substance Abuse - Rehab	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$500 after deductible	30% Coinsurance after deductible
Inpatient Substance Abuse - Detox	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	\$500 after deductible	30% Coinsurance after deductible
Outpatient Substance Abuse	No Charge	No Charge	Not Covered	\$15 after deductible	30% Coinsurance after deductible
<b>Diabetic Supplies and Services</b>					
Insulin and Other Oral Agents	\$0 Copay	\$0 Copay	Not Covered	\$35 after deductible	30% Coinsurance after deductible
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	\$0 Copay	\$0 Copay	Not Covered	\$35 after deductible	30% Coinsurance after deductible
<b>Rehabilitation Services</b>					
Chiropractic Services	\$75 Copay	\$75 Copay	Not Covered	\$15 after deductible	30% Coinsurance after deductible
Physical - Occupational - Speech Therapies	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$15 after deductible	30% Coinsurance after deductible
Cardiac Rehabilitation	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$15 after deductible	30% Coinsurance after deductible
Pulmonary Rehabilitation	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$15 after deductible	30% Coinsurance after deductible
<b>Additional Services</b>					
Durable Medical Equipment	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	10% Coinsurance after deductible	30% Coinsurance after deductible
Prosthetics and Anomalies	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	10% Coinsurance after deductible	30% Coinsurance after deductible
Chemotherapy	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$15 after deductible	30% Coinsurance after deductible
Home Health Care	\$30 Copay after Deductible	\$30 Copay after Deductible	Not Covered	\$15 after deductible	30% Coinsurance after deductible
<b>Prescription Drug Coverage</b>					
Prescription Plan	\$10/\$35 after Deductible /\$70 after Deductible	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10 after Deductible/\$30 after Deductible/\$60 after Deductible	Not Covered
Maintenance Medications	\$10/\$35 after Deductible /\$70 after Deductible	\$10/\$35 after Deductible /\$70 after Deductible	Not Covered	\$10 after Deductible/\$30 after Deductible/\$60 after Deductible	Not Covered
<b>Vision Services</b>					
Medical Exam	Covered for children only; \$30 after deductible is met	Covered for children only; \$30 after deductible is met	Not Covered	\$15 after deductible	30% Coinsurance after deductible
Standard Plastic Lenses	Covered for children only; 20% cost sharing after deductible is met	Covered for children only; 20% cost sharing after deductible is met	Not Covered	10% Coinsurance after deductible	30% Coinsurance after deductible
Frames	Covered for children only; 20% cost sharing after deductible is met	Covered for children only; 20% cost sharing after deductible is met	Not Covered	10% Coinsurance after deductible	30% Coinsurance after deductible
Conventional Contact Lenses	Covered for children only; 20% cost sharing after deductible is met	Covered for children only; 20% cost sharing after deductible is met	Not Covered	10% Coinsurance after deductible	30% Coinsurance after deductible
<b>Dental Services</b>					
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
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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 Small Group Rate Filing - Off Exchange  
Rating Region Composition**

**Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003**

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

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Commission Schedule

Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

Small Group Schedule:

4% of Premium

Health Republic Insurance of New York  
2015 Small Group Rate Filing - Off Exchange  
Expected Loss Ratio

Form Numbers: FHSC-SHOP003 OFF, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

**Federal ACA Loss Ratio \*** 84.5%

ACA MLR = (Incurred Claims + Quality Initiatives - Gross Reinsurance Recoveries) / (Earned Premium - Taxes and Fees)

**New York State Loss Ratio** 83.1%

NY MLR = (Incurred Claims + Covered Lives Assessment (GME) - Gross Reinsurance Recoveries) / Earned Premium

SERFF Tracking #:

PERR-129587310

State Tracking #:

2014060249

Company Tracking #:

HRINY-SHOP-OFFXC-NY-1401R

State:

New York

Filing Company:

Freelancers Health Service Corporation DBA Health Republic  
Insurance of New York

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

Small Group Off Exchange

Project Name/Number:

HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

## Supporting Document Schedules

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

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

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY 2015 Part III Act Memo SG 6-10-14 Off.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Value Calculations
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY AV Screenshots - Small Group Market.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 11-General Information
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 11.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 11.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 13-Narrative Summary and Numerical Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 13.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 13.xlsx Narrative Summary of Requested Rate Changes -- Small Group.pdf

SERFF Tracking #:

PERR-129587310

State Tracking #:

2014060249

Company Tracking #:

HRINY-SHOP-OFFXC-NY-1401R

State: New York

Filing Company:

Freelancers Health Service Corporation DBA Health Republic  
Insurance of New York

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: Small Group Off Exchange

Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 14B-Sm Grp Requested Percentage Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 14B.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 14B.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 15B.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 15B.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 16-Summary of Policy Form & Product Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 16.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 16.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 17.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 17.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 18-Index Rate Plan-Design Development
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 18.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 18.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 19-Claim Trend, Admin Expenses & Profit

SERFF Tracking #:

PERR-129587310

State Tracking #:

2014060249

Company Tracking #:

HRINY-SHOP-OFFXC-NY-1401R

State: New York

Filing Company:

Freelancers Health Service Corporation DBA Health Republic  
Insurance of New York

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: Small Group Off Exchange

Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 19.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 19.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 20-HIOS ID Mapping
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 20.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 20.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 21A-Hospital Inpatient-Unit Costs
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 21A.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 21A.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 21B-Hospital Outpatient-Unit Costs
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 21B.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 21B.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 22-Utilization Information
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 22.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 22.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 23-Requested 2015 Premium Rates
<b>Comments:</b>	
<b>Attachment(s):</b>	HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 23.pdf HRINY NY State Exhibits SG 6-8-14 Off-Exhibit 23.xlsx
<b>Item Status:</b>	

State: New York Filing Company: Freelancers Health Service Corporation DBA Health Republic Insurance of New York  
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other  
 Product Name: Small Group Off Exchange  
 Project Name/Number: HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-NY-1401R

Status Date:

Satisfied - Item: Initial Notice of Proposed Rate Adjustment

Comments:

Attachment(s): Letter 1 Group Subscriber REVISED.pdf  
Letter 2 Group Administrator.pdf

Item Status:

Status Date:

Bypassed - Item: Redacted Documents for Web Posting

Bypass Reason: N/A

Attachment(s):

Item Status:

Status Date:

Satisfied - Item: Unified Rate Review Template

Comments:

Attachment(s): HRINY URRT SG 6-8-14 Off.pdf  
HRINY URRT SG 6-8-14 Off.xlsm

Item Status:

Status Date:

Satisfied - Item: Letter of Authorization

Comments:

Attachment(s): HRINY LOA.pdf

Item Status:

Status Date:



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## Part III Actuarial Memorandum

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

Prepared for:  
**Health Republic Insurance of New York**

## TABLE OF CONTENTS

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

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Section 4	Benefit Categories
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
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Section 13	Index Rate
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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) small group 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 Small Group 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 includes 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 Small Group 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: Small Group  
Effective Date: January 1, 2015

### Company Contact Information



### Consultant Contact Information



### 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 currently nine unique benefits designs (one bronze, three silver, two gold and three platinum plans). These plans are offered in all eight rating areas in every NY county. All plans cover only Essential Health Benefits (EHBs) and no additional benefits. Also, the All Access Plan offers coverage both in and out-of-network.

## SECTION 2. PROPOSED RATE INCREASE(S)

This submission is for small group market HMO, EPO and PPO medical products. This is a requested rate change filing for HRINY's existing plans (and also includes the addition of a new PPO plan) available for sale January 1, 2015. We are requesting an overall average rate increase of 6%, varying by product and region as shown in Exhibit 14B.

- Area 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.

### Reason for Rate Increase

Premium rates were developed based on manual rates for HRINY's Small Group 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 HRINY's ACA marketplace enrollment 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 fee
- 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 and rates and 2012 annual statement information. We used this information to calibrate the experience data. The result was a 2013 statewide claim cost 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

The small group market forms the basis of our manual rates. We assume the current small group market morbidity will be approximately the same as the pre-reform small group population in New York.

#### 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 demographics consistent with HRINY's current ACA demographic mix in the small group market. This implicitly assumes that the statewide demographic mix will be similar to HRINY's and exhibit similar morbidity as a result.

### 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.

<b>Table 8.1</b> <b>Health Republic Insurance of New York</b> <b>Paid to Allowed Average Factor Support Exhibit</b>		
	<b>Worksheet 1, Section III</b>	<b>Worksheet 2 Section IV</b>
Allowed Per Member Per Month	\$380.75	\$380.75
Paid Per Member Per Month	\$336.96	\$337.06
Average Paid to Allowed Ratio	88.5%	88.5%

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**

The risk score for the plan's experience in metallic plans in 2015 is projected to be the same as the expected state average in 2015. 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.

Risk transfer payments are estimated at the plan level using the published transfer payment formula, taking into account HRINY's expected differences from the state average. The composite risk adjustment transfer payments are allocated proportionally to all plans based on plan premiums. HRINY projects a zero net risk adjustment transfer.

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

Small group membership is not eligible for reinsurance recoveries. We assumed that small group membership both on and off the exchange will be assessed \$3.67 PMPM in reinsurance contributions.

## 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:	\$57.54 PMPM
Profit and Risk Load:	\$4.25 PMPM
Taxes and Fees:	\$22.44 PMPM
<b>Total Non-Benefit Expenses:</b>	<b>\$84.22 PMPM</b>

**Administrative Expense Load:** General Admin, Commissions, Commercial Reinsurance, and Quality Improvement are included in this category as provided by HRINY. They do not vary by plan.

**Profit and Risk Margin:** A 1% 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.

<b>Description</b>	<b>Amount</b>
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 84.5%. 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.

<b>Table 11.1</b>	
<b>Health Republic Insurance of New York</b>	
<b>Projected Federal Medical Loss Ratio Exhibit</b>	
	<b>2015 Expected</b>
Member Months	973,184
Claims	\$336.96
Quality Improvement / Health IT	\$0.00
Prior Rebate	\$0.00
Change in Reserve	\$0.00
Transitional Recoveries (Received)	\$0.00
Risk Adjustment Paid (Received)	\$0.00
Risk Corridors Paid (Received)	\$0.00
<b>MLR Numerator</b>	<b>\$336.96</b>
Premium	\$424.94
Taxes/Fees	\$26.18
Income Tax	\$0.00
<b>MLR Denominator</b>	<b>\$398.75</b>
<b>Loss Ratio</b>	<b>84.5%</b>

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

<b>Table 11.2</b>	
<b>Health Republic Insurance of New York</b>	
<b>Projected State Medical Loss Ratio Exhibit</b>	
	<b>2015 Expected</b>
Member Months	973,184
Claims	\$336.96
Transitional Recoveries (Received)	\$0.00
New York Assessments (GME)	\$16.15
<b>MLR Numerator</b>	<b>\$353.11</b>
Premium	\$424.94
<b>MLR Denominator</b>	<b>\$424.94</b>
<b>Loss Ratio</b>	<b>83.1%</b>

## 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 small group 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 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.

The projected Index Rate is equal to the projected total allowed claims PMPM shown on the first line of Worksheet 1, Section III of the URRT and adjusted for quarterly trend as shown below. It is equal to the credibility manual rate, adjusted for quarterly trend, since HRINY has no prior experience. HRINY is choosing to only increase rates semi-annually (as it did for 2014 rating) so that its rate increases are the same regardless of a group's renewal date.

<b>Table 13.1</b>					
<b>Health Republic Insurance of New York</b>					
<b>Small Group Index Rate Accounting For Quarterly Trend</b>					
	<b>January</b>	<b>April</b>	<b>July</b>	<b>October</b>	<b>Total Single Risk</b>
Member Months	243,296	243,296	243,296	243,296	973,184
Base Allowed Claims	\$380.75	\$380.75	\$380.75	\$380.75	\$380.75
Trend Factor	1.000	1.000	1.025	1.025	
Single Risk Pool Projected Allowed Claim	\$380.75	\$380.75	\$390.27	\$390.27	\$385.51

## 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	\$385.51
Net Risk Adjustment	1.000
Net Transitional Reinsurance	1.009
<b>Impact of Market Reforms</b>	<b>1.009</b>
<b>Market Adjusted Index Rate</b>	<b>\$388.94</b>

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

Each of the above modifiers were developed as follows:

- **Net Risk Adjustment**  
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 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 Guidelines*.
  - 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 above in Section 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 percent of premium equally to all plans. Taxes and Fees as shown in Table 10.1 are applied equally to all plans.

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

SECTION 15. PLAN ADJUSTED INDEX RATES

Table 15.1 Health Republic Insurance of New York Plan Adjusted Index Rate Development						
Plan	HIOS ID	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Administrative Costs Excl. Exchange Fee	Plan Adjusted Index
EssentialCare Bronze	71644NY0050001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver	71644NY0050002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold	71644NY0050003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum	71644NY0050004	\$388.94	0.968	1.041	1.250	\$489.77
Primary Select Silver	71644NY0070002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold	71644NY0070003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum	71644NY0070004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select PCMH	71644NY0080002	\$388.94	0.761	0.908	1.250	\$336.12
EssentialCare Bronze 29	71644NY0170001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver 29	71644NY0170002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold 29	71644NY0170003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum 29	71644NY0170004	\$388.94	0.968	1.041	1.250	\$489.77
Primary Select Silver 29	71644NY0190002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold 29	71644NY0190003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum 29	71644NY0190004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select PCMH 29	71644NY0210002	\$388.94	0.761	0.908	1.250	\$336.12
EssentialCare Bronze Restricted-D	71644NY0230001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver Restricted-D	71644NY0230002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold Restricted-D	71644NY0230003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum Restricted-D	71644NY0230004	\$388.94	0.968	1.041	1.250	\$489.77
EssentialCare Bronze Restricted-F	71644NY0240001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver Restricted-F	71644NY0240002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold Restricted-F	71644NY0240003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum Restricted-F	71644NY0240004	\$388.94	0.968	1.041	1.250	\$489.77
EssentialCare Bronze Restricted-DF	71644NY0250001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver Restricted-DF	71644NY0250002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold Restricted-DF	71644NY0250003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum Restricted-DF	71644NY0250004	\$388.94	0.968	1.041	1.250	\$489.77
EssentialCare Bronze 29 Restricted-D	71644NY0260001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver 29 Restricted-D	71644NY0260002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold 29 Restricted-D	71644NY0260003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum 29 Restricted-D	71644NY0260004	\$388.94	0.968	1.041	1.250	\$489.77
EssentialCare Bronze 29 Restricted-F	71644NY0270001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver 29 Restricted-F	71644NY0270002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold 29 Restricted-F	71644NY0270003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum 29 Restricted-F	71644NY0270004	\$388.94	0.968	1.041	1.250	\$489.77
EssentialCare Bronze 29 Restricted-DF	71644NY0280001	\$388.94	0.576	1.041	1.250	\$291.62
EssentialCare Silver 29 Restricted-DF	71644NY0280002	\$388.94	0.705	1.041	1.250	\$356.49
EssentialCare Gold 29 Restricted-DF	71644NY0280003	\$388.94	0.823	1.041	1.250	\$416.54
EssentialCare Platinum 29 Restricted-DF	71644NY0280004	\$388.94	0.968	1.041	1.250	\$489.77
Primary Select Silver Restricted-D	71644NY0350002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold Restricted-D	71644NY0350003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum Restricted-D	71644NY0350004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select Silver Restricted-F	71644NY0360002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold Restricted-F	71644NY0360003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum Restricted-F	71644NY0360004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select Silver Restricted-DF	71644NY0370002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold Restricted-DF	71644NY0370003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum Restricted-DF	71644NY0370004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select Silver 29 Restricted-D	71644NY0380002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold 29 Restricted-D	71644NY0380003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum 29 Restricted-D	71644NY0380004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select Silver 29 Restricted-F	71644NY0390002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold 29 Restricted-F	71644NY0390003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum 29 Restricted-F	71644NY0390004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select Silver 29 Restricted-DF	71644NY0400002	\$388.94	0.768	0.954	1.250	\$356.23
Primary Select Gold 29 Restricted-DF	71644NY0400003	\$388.94	0.897	0.954	1.250	\$416.21
Primary Select Platinum 29 Restricted-DF	71644NY0400004	\$388.94	1.012	0.954	1.250	\$469.53
Primary Select PCMH Restricted-D	71644NY0470002	\$388.94	0.761	0.908	1.250	\$336.12
Primary Select PCMH Restricted-F	71644NY0480002	\$388.94	0.761	0.908	1.250	\$336.12
Primary Select PCMH Restricted-DF	71644NY0490002	\$388.94	0.761	0.908	1.250	\$336.12
Primary Select PCMH 29 Restricted-D	71644NY0530002	\$388.94	0.761	0.908	1.250	\$336.12
Primary Select PCMH 29 Restricted-F	71644NY0540002	\$388.94	0.761	0.908	1.250	\$336.12
Primary Select PCMH 29 Restricted-DF	71644NY0550002	\$388.94	0.761	0.908	1.250	\$336.12
All Access Platinum PPO	71644NY0760001	\$388.94	0.890	1.473	1.250	\$637.04
All Access Platinum PPO Restricted-D	71644NY0770001	\$388.94	0.890	1.473	1.250	\$637.04
All Access Platinum PPO 29	71644NY0780001	\$388.94	0.890	1.473	1.250	\$637.04
All Access Platinum PPO 29 Restricted-D	71644NY0790001	\$388.94	0.890	1.473	1.250	\$637.04
All Access Platinum PPO Restricted-F	71644NY0800001	\$388.94	0.890	1.473	1.250	\$637.04
All Access Platinum PPO Restricted-DF	71644NY0810001	\$388.94	0.890	1.473	1.250	\$637.04
All Access Platinum PPO 29 Restricted-F	71644NY0820001	\$388.94	0.890	1.473	1.250	\$637.04
All Access Platinum PPO 29 Restricted-DF	71644NY0830001	\$388.94	0.890	1.473	1.250	\$637.04

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

## SECTION 16. CALIBRATION

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

### Age Curve / Conversion Factor Calibration

New York requires that 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 in Section 17.

The following table demonstrates the calibration performed for each plan.

SECTION 16. CALIBRATION

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	71644NY0050001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver	71644NY0050002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold	71644NY0050003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum	71644NY0050004	\$489.77	1.202	1.000	\$588.93
Primary Select Silver	71644NY0070002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold	71644NY0070003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum	71644NY0070004	\$469.53	1.202	1.000	\$564.59
Primary Select PCMH	71644NY0080002	\$336.12	1.202	1.000	\$404.17
EssentialCare Bronze 29	71644NY0170001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver 29	71644NY0170002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold 29	71644NY0170003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum 29	71644NY0170004	\$489.77	1.202	1.000	\$588.93
Primary Select Silver 29	71644NY0190002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold 29	71644NY0190003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum 29	71644NY0190004	\$469.53	1.202	1.000	\$564.59
Primary Select PCMH 29	71644NY0210002	\$336.12	1.202	1.000	\$404.17
EssentialCare Bronze Restricted-D	71644NY0230001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver Restricted-D	71644NY0230002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold Restricted-D	71644NY0230003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum Restricted-D	71644NY0230004	\$489.77	1.202	1.000	\$588.93
EssentialCare Bronze Restricted-F	71644NY0240001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver Restricted-F	71644NY0240002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold Restricted-F	71644NY0240003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum Restricted-F	71644NY0240004	\$489.77	1.202	1.000	\$588.93
EssentialCare Bronze Restricted-DF	71644NY0250001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver Restricted-DF	71644NY0250002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold Restricted-DF	71644NY0250003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum Restricted-DF	71644NY0250004	\$489.77	1.202	1.000	\$588.93
EssentialCare Bronze 29 Restricted-D	71644NY0260001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver 29 Restricted-D	71644NY0260002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold 29 Restricted-D	71644NY0260003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum 29 Restricted-D	71644NY0260004	\$489.77	1.202	1.000	\$588.93
EssentialCare Bronze 29 Restricted-F	71644NY0270001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver 29 Restricted-F	71644NY0270002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold 29 Restricted-F	71644NY0270003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum 29 Restricted-F	71644NY0270004	\$489.77	1.202	1.000	\$588.93
EssentialCare Bronze 29 Restricted-DF	71644NY0280001	\$291.62	1.202	1.000	\$350.66
EssentialCare Silver 29 Restricted-DF	71644NY0280002	\$356.49	1.202	1.000	\$428.66
EssentialCare Gold 29 Restricted-DF	71644NY0280003	\$416.54	1.202	1.000	\$500.88
EssentialCare Platinum 29 Restricted-DF	71644NY0280004	\$489.77	1.202	1.000	\$588.93
Primary Select Silver Restricted-D	71644NY0350002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold Restricted-D	71644NY0350003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum Restricted-D	71644NY0350004	\$469.53	1.202	1.000	\$564.59
Primary Select Silver Restricted-F	71644NY0360002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold Restricted-F	71644NY0360003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum Restricted-F	71644NY0360004	\$469.53	1.202	1.000	\$564.59
Primary Select Silver Restricted-DF	71644NY0370002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold Restricted-DF	71644NY0370003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum Restricted-DF	71644NY0370004	\$469.53	1.202	1.000	\$564.59
Primary Select Silver 29 Restricted-D	71644NY0380002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold 29 Restricted-D	71644NY0380003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum 29 Restricted-D	71644NY0380004	\$469.53	1.202	1.000	\$564.59
Primary Select Silver 29 Restricted-F	71644NY0390002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold 29 Restricted-F	71644NY0390003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum 29 Restricted-F	71644NY0390004	\$469.53	1.202	1.000	\$564.59
Primary Select Silver 29 Restricted-DF	71644NY0400002	\$356.23	1.202	1.000	\$428.35
Primary Select Gold 29 Restricted-DF	71644NY0400003	\$416.21	1.202	1.000	\$500.48
Primary Select Platinum 29 Restricted-DF	71644NY0400004	\$469.53	1.202	1.000	\$564.59
Primary Select PCMH Restricted-D	71644NY0470002	\$336.12	1.202	1.000	\$404.17
Primary Select PCMH Restricted-F	71644NY0480002	\$336.12	1.202	1.000	\$404.17
Primary Select PCMH Restricted-DF	71644NY0490002	\$336.12	1.202	1.000	\$404.17
Primary Select PCMH 29 Restricted-D	71644NY0530002	\$336.12	1.202	1.000	\$404.17
Primary Select PCMH 29 Restricted-F	71644NY0540002	\$336.12	1.202	1.000	\$404.17
Primary Select PCMH 29 Restricted-DF	71644NY0550002	\$336.12	1.202	1.000	\$404.17
All Access Platinum PPO	71644NY0760001	\$637.04	1.202	1.000	\$766.01
All Access Platinum PPO Restricted-D	71644NY0770001	\$637.04	1.202	1.000	\$766.01
All Access Platinum PPO 29	71644NY0780001	\$637.04	1.202	1.000	\$766.01
All Access Platinum PPO 29 Restricted-D	71644NY0790001	\$637.04	1.202	1.000	\$766.01
All Access Platinum PPO Restricted-F	71644NY0800001	\$637.04	1.202	1.000	\$766.01
All Access Platinum PPO Restricted-DF	71644NY0810001	\$637.04	1.202	1.000	\$766.01
All Access Platinum PPO 29 Restricted-F	71644NY0820001	\$637.04	1.202	1.000	\$766.01
All Access Platinum PPO 29 Restricted-DF	71644NY0830001	\$637.04	1.202	1.000	\$766.01

## 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, family, or small employer group utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Calibrated Plan Adjusted Index Rate, the family tier rating factor, and the geographic area rating 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	0.813
Rating Area 2	0.761
Rating Area 3	0.913
Rating Area 4	1.018
Rating Area 5	0.725
Rating Area 6	0.790
Rating Area 7	0.769
Rating Area 8	1.018

## SECTION 17. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

For Small Group plans, the result from above would further be multiplied by a quarterly trend factor. Since the consumer adjusted premium rate developed above is the member weighted average over the calendar year, an adjusted trend factor must be applied. The following shows the adjusted trend factor for each quarter and how it was developed:

<b>Trend Effective Date</b>	<b>Quarterly Trend Factor</b>	<b>Member Month Weights</b>	<b>Weighted Avg Trend Factor</b>	<b>Adjusted Trend Factor</b>
1/1/2015	1.000	25%	1.013	0.988
4/1/2015	1.000	25%	1.013	0.988
7/1/2015	1.025	25%	1.013	1.012
10/1/2015	1.025	25%	1.013	1.012

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.

EssentialCare Platinum Calibrated Plan Adjusted Index Rate	\$588.93
x single adult with two children rate	1.70000
x Rating Area 1 Factor	0.81300
x 1/1 Adjusted Trend Factor	0.98765
<b>Consumer Adjusted Premium Rate</b>	<b>\$803.91</b>

## 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 and a screen shot of the benefits can be found in Attachment A.

Table 18.1 Health Republic Insurance of New York Actuarial Values			
Plan	HIOS ID	Value	Actuarial Value Source
EssentialCare Bronze	71644NY0050001	0.620	Federal AV Calculator
EssentialCare Silver	71644NY0050002	0.707	Federal AV Calculator
EssentialCare Gold	71644NY0050003	0.790	Federal AV Calculator
EssentialCare Platinum	71644NY0050004	0.881	Federal AV Calculator
Primary Select Silver	71644NY0070002	0.703	Federal AV Calculator
Primary Select Gold	71644NY0070003	0.807	Federal AV Calculator
Primary Select Platinum	71644NY0070004	0.882	Federal AV Calculator
Primary Select PCMH	71644NY0080002	0.697	Federal AV Calculator
EssentialCare Bronze 29	71644NY0170001	0.620	Federal AV Calculator
EssentialCare Silver 29	71644NY0170002	0.707	Federal AV Calculator
EssentialCare Gold 29	71644NY0170003	0.790	Federal AV Calculator
EssentialCare Platinum 29	71644NY0170004	0.881	Federal AV Calculator
Primary Select Silver 29	71644NY0190002	0.703	Federal AV Calculator
Primary Select Gold 29	71644NY0190003	0.807	Federal AV Calculator
Primary Select Platinum 29	71644NY0190004	0.882	Federal AV Calculator
Primary Select PCMH 29	71644NY0210002	0.697	Federal AV Calculator
EssentialCare Bronze Restricted-D	71644NY0230001	0.620	Federal AV Calculator
EssentialCare Silver Restricted-D	71644NY0230002	0.707	Federal AV Calculator
EssentialCare Gold Restricted-D	71644NY0230003	0.790	Federal AV Calculator
EssentialCare Platinum Restricted-D	71644NY0230004	0.881	Federal AV Calculator
EssentialCare Bronze Restricted-F	71644NY0240001	0.620	Federal AV Calculator
EssentialCare Silver Restricted-F	71644NY0240002	0.707	Federal AV Calculator
EssentialCare Gold Restricted-F	71644NY0240003	0.790	Federal AV Calculator
EssentialCare Platinum Restricted-F	71644NY0240004	0.881	Federal AV Calculator
EssentialCare Bronze Restricted-DF	71644NY0250001	0.620	Federal AV Calculator
EssentialCare Silver Restricted-DF	71644NY0250002	0.707	Federal AV Calculator
EssentialCare Gold Restricted-DF	71644NY0250003	0.790	Federal AV Calculator
EssentialCare Platinum Restricted-DF	71644NY0250004	0.881	Federal AV Calculator
EssentialCare Bronze 29 Restricted-D	71644NY0260001	0.620	Federal AV Calculator
EssentialCare Silver 29 Restricted-D	71644NY0260002	0.707	Federal AV Calculator
EssentialCare Gold 29 Restricted-D	71644NY0260003	0.790	Federal AV Calculator
EssentialCare Platinum 29 Restricted-D	71644NY0260004	0.881	Federal AV Calculator
EssentialCare Bronze 29 Restricted-F	71644NY0270001	0.620	Federal AV Calculator
EssentialCare Silver 29 Restricted-F	71644NY0270002	0.707	Federal AV Calculator
EssentialCare Gold 29 Restricted-F	71644NY0270003	0.790	Federal AV Calculator
EssentialCare Platinum 29 Restricted-F	71644NY0270004	0.881	Federal AV Calculator

## 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 and a screen shot of the benefits can be found in Attachment A.

Table 18.1 Health Republic Insurance of New York Actuarial Values			
Plan	HIOS ID	Value	Actuarial Value Source
EssentialCare Bronze 29 Restricted-DF	71644NY0280001	0.620	Federal AV Calculator
EssentialCare Silver 29 Restricted-DF	71644NY0280002	0.707	Federal AV Calculator
EssentialCare Gold 29 Restricted-DF	71644NY0280003	0.790	Federal AV Calculator
EssentialCare Platinum 29 Restricted-DF	71644NY0280004	0.881	Federal AV Calculator
Primary Select Silver Restricted-D	71644NY0350002	0.703	Federal AV Calculator
Primary Select Gold Restricted-D	71644NY0350003	0.807	Federal AV Calculator
Primary Select Platinum Restricted-D	71644NY0350004	0.882	Federal AV Calculator
Primary Select Silver Restricted-F	71644NY0360002	0.703	Federal AV Calculator
Primary Select Gold Restricted-F	71644NY0360003	0.807	Federal AV Calculator
Primary Select Platinum Restricted-F	71644NY0360004	0.882	Federal AV Calculator
Primary Select Silver Restricted-DF	71644NY0370002	0.703	Federal AV Calculator
Primary Select Gold Restricted-DF	71644NY0370003	0.807	Federal AV Calculator
Primary Select Platinum Restricted-DF	71644NY0370004	0.882	Federal AV Calculator
Primary Select Silver 29 Restricted-D	71644NY0380002	0.703	Federal AV Calculator
Primary Select Gold 29 Restricted-D	71644NY0380003	0.807	Federal AV Calculator
Primary Select Platinum 29 Restricted-D	71644NY0380004	0.882	Federal AV Calculator
Primary Select Silver 29 Restricted-F	71644NY0390002	0.703	Federal AV Calculator
Primary Select Gold 29 Restricted-F	71644NY0390003	0.807	Federal AV Calculator
Primary Select Platinum 29 Restricted-F	71644NY0390004	0.882	Federal AV Calculator
Primary Select Silver 29 Restricted-DF	71644NY0400002	0.703	Federal AV Calculator
Primary Select Gold 29 Restricted-DF	71644NY0400003	0.807	Federal AV Calculator
Primary Select Platinum 29 Restricted-DF	71644NY0400004	0.882	Federal AV Calculator
Primary Select PCMH Restricted-D	71644NY0470002	0.697	Federal AV Calculator
Primary Select PCMH Restricted-F	71644NY0480002	0.697	Federal AV Calculator
Primary Select PCMH Restricted-DF	71644NY0490002	0.697	Federal AV Calculator
Primary Select PCMH 29 Restricted-D	71644NY0530002	0.697	Federal AV Calculator
Primary Select PCMH 29 Restricted-F	71644NY0540002	0.697	Federal AV Calculator
Primary Select PCMH 29 Restricted-DF	71644NY0550002	0.697	Federal AV Calculator
All Access Platinum PPO	71644NY0760001	0.881	Federal AV Calculator
All Access Platinum PPO Restricted-D	71644NY0770001	0.881	Federal AV Calculator
All Access Platinum PPO 29	71644NY0780001	0.881	Federal AV Calculator
All Access Platinum PPO 29 Restricted-D	71644NY0790001	0.881	Federal AV Calculator
All Access Platinum PPO Restricted-F	71644NY0800001	0.881	Federal AV Calculator
All Access Platinum PPO Restricted-DF	71644NY0810001	0.881	Federal AV Calculator
All Access Platinum PPO 29 Restricted-F	71644NY0820001	0.881	Federal AV Calculator
All Access Platinum PPO 29 Restricted-DF	71644NY0830001	0.881	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	AV Pricing Value
EssentialCare Bronze	71644NY0050001	0.576	1.041	1.250	0.750
EssentialCare Silver	71644NY0050002	0.705	1.041	1.250	0.917
EssentialCare Gold	71644NY0050003	0.823	1.041	1.250	1.071
EssentialCare Platinum	71644NY0050004	0.968	1.041	1.250	1.259
Primary Select Silver	71644NY0070002	0.768	0.954	1.250	0.916
Primary Select Gold	71644NY0070003	0.897	0.954	1.250	1.070
Primary Select Platinum	71644NY0070004	1.012	0.954	1.250	1.207
Primary Select PCMH	71644NY0080002	0.761	0.908	1.250	0.864
EssentialCare Bronze 29	71644NY0170001	0.576	1.041	1.250	0.750
EssentialCare Silver 29	71644NY0170002	0.705	1.041	1.250	0.917
EssentialCare Gold 29	71644NY0170003	0.823	1.041	1.250	1.071
EssentialCare Platinum 29	71644NY0170004	0.968	1.041	1.250	1.259
Primary Select Silver 29	71644NY0190002	0.768	0.954	1.250	0.916
Primary Select Gold 29	71644NY0190003	0.897	0.954	1.250	1.070
Primary Select Platinum 29	71644NY0190004	1.012	0.954	1.250	1.207
Primary Select PCMH 29	71644NY0210002	0.761	0.908	1.250	0.864
EssentialCare Bronze Restricted-D	71644NY0230001	0.576	1.041	1.250	0.750
EssentialCare Silver Restricted-D	71644NY0230002	0.705	1.041	1.250	0.917
EssentialCare Gold Restricted-D	71644NY0230003	0.823	1.041	1.250	1.071
EssentialCare Platinum Restricted-D	71644NY0230004	0.968	1.041	1.250	1.259
EssentialCare Bronze Restricted-F	71644NY0240001	0.576	1.041	1.250	0.750
EssentialCare Silver Restricted-F	71644NY0240002	0.705	1.041	1.250	0.917
EssentialCare Gold Restricted-F	71644NY0240003	0.823	1.041	1.250	1.071
EssentialCare Platinum Restricted-F	71644NY0240004	0.968	1.041	1.250	1.259
EssentialCare Bronze Restricted-DF	71644NY0250001	0.576	1.041	1.250	0.750
EssentialCare Silver Restricted-DF	71644NY0250002	0.705	1.041	1.250	0.917
EssentialCare Gold Restricted-DF	71644NY0250003	0.823	1.041	1.250	1.071
EssentialCare Platinum Restricted-DF	71644NY0250004	0.968	1.041	1.250	1.259
EssentialCare Bronze 29 Restricted-D	71644NY0260001	0.576	1.041	1.250	0.750
EssentialCare Silver 29 Restricted-D	71644NY0260002	0.705	1.041	1.250	0.917
EssentialCare Gold 29 Restricted-D	71644NY0260003	0.823	1.041	1.250	1.071
EssentialCare Platinum 29 Restricted-D	71644NY0260004	0.968	1.041	1.250	1.259
EssentialCare Bronze 29 Restricted-F	71644NY0270001	0.576	1.041	1.250	0.750
EssentialCare Silver 29 Restricted-F	71644NY0270002	0.705	1.041	1.250	0.917
EssentialCare Gold 29 Restricted-F	71644NY0270003	0.823	1.041	1.250	1.071
EssentialCare Platinum 29 Restricted-F	71644NY0270004	0.968	1.041	1.250	1.259
EssentialCare Bronze 29 Restricted-DF	71644NY0280001	0.576	1.041	1.250	0.750
EssentialCare Silver 29 Restricted-DF	71644NY0280002	0.705	1.041	1.250	0.917
EssentialCare Gold 29 Restricted-DF	71644NY0280003	0.823	1.041	1.250	1.071
EssentialCare Platinum 29 Restricted-DF	71644NY0280004	0.968	1.041	1.250	1.259
Primary Select Silver Restricted-D	71644NY0350002	0.768	0.954	1.250	0.916
Primary Select Gold Restricted-D	71644NY0350003	0.897	0.954	1.250	1.070
Primary Select Platinum Restricted-D	71644NY0350004	1.012	0.954	1.250	1.207
Primary Select Silver Restricted-F	71644NY0360002	0.768	0.954	1.250	0.916
Primary Select Gold Restricted-F	71644NY0360003	0.897	0.954	1.250	1.070
Primary Select Platinum Restricted-F	71644NY0360004	1.012	0.954	1.250	1.207
Primary Select Silver Restricted-DF	71644NY0370002	0.768	0.954	1.250	0.916
Primary Select Gold Restricted-DF	71644NY0370003	0.897	0.954	1.250	1.070
Primary Select Platinum Restricted-DF	71644NY0370004	1.012	0.954	1.250	1.207

## 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	AV Pricing Value
Primary Select Silver 29 Restricted-D	71644NY0380002	0.768	0.954	1.250	0.916
Primary Select Gold 29 Restricted-D	71644NY0380003	0.897	0.954	1.250	1.070
Primary Select Platinum 29 Restricted-D	71644NY0380004	1.012	0.954	1.250	1.207
Primary Select Silver 29 Restricted-F	71644NY0390002	0.768	0.954	1.250	0.916
Primary Select Gold 29 Restricted-F	71644NY0390003	0.897	0.954	1.250	1.070
Primary Select Platinum 29 Restricted-F	71644NY0390004	1.012	0.954	1.250	1.207
Primary Select Silver 29 Restricted-DF	71644NY0400002	0.768	0.954	1.250	0.916
Primary Select Gold 29 Restricted-DF	71644NY0400003	0.897	0.954	1.250	1.070
Primary Select Platinum 29 Restricted-DF	71644NY0400004	1.012	0.954	1.250	1.207
Primary Select PCMH Restricted-D	71644NY0470002	0.761	0.908	1.250	0.864
Primary Select PCMH Restricted-F	71644NY0480002	0.761	0.908	1.250	0.864
Primary Select PCMH Restricted-DF	71644NY0490002	0.761	0.908	1.250	0.864
Primary Select PCMH 29 Restricted-D	71644NY0530002	0.761	0.908	1.250	0.864
Primary Select PCMH 29 Restricted-F	71644NY0540002	0.761	0.908	1.250	0.864
Primary Select PCMH 29 Restricted-DF	71644NY0550002	0.761	0.908	1.250	0.864
All Access Platinum PPO	71644NY0760001	0.890	1.473	1.250	1.638
All Access Platinum PPO Restricted-D	71644NY0770001	0.890	1.473	1.250	1.638
All Access Platinum PPO 29	71644NY0780001	0.890	1.473	1.250	1.638
All Access Platinum PPO 29 Restricted-D	71644NY0790001	0.890	1.473	1.250	1.638
All Access Platinum PPO Restricted-F	71644NY0800001	0.890	1.473	1.250	1.638
All Access Platinum PPO Restricted-DF	71644NY0810001	0.890	1.473	1.250	1.638
All Access Platinum PPO 29 Restricted-F	71644NY0820001	0.890	1.473	1.250	1.638
All Access Platinum PPO 29 Restricted-DF	71644NY0830001	0.890	1.473	1.250	1.638

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 considering the size of the projected New York small group 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 small group 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.

No portion of the Silver plan enrollment is eligible for cost sharing reduction in the Small Group market; therefore, no estimation for this was determined.

## **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 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" as adopted by the Actuarial Standards Board.
7. The expected loss ratio 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:   
Date: June 8, 2014



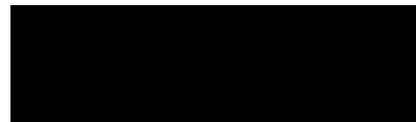
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# Data Reliance Letter

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

Prepared for:  
**Health Republic Insurance of New York**

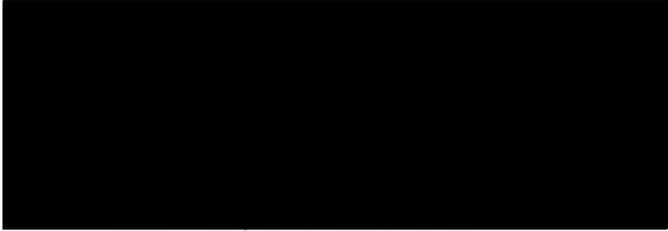
Prepared by:



milliman.com



**HEALTH REPUBLIC**  
INSURANCE



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

Dear Scott:

I, Mike Paduano, 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



---

# Attachment A

## Health Republic Insurance of New York Small Group Rate Filing Effective January 1, 2015

Prepared for:  
Health Republic Insurance of New York



# Attachment A

## Health Republic Insurance of New York

### Actuarial Value Calculator Outputs

## Essential Care Platinum - 71644NY0050004

**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
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input 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"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

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

**Output**

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.12%

Metal Tier:

Platinum

# Essential Care Gold - 71644NY0050003

**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"/>   <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
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.12%		<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"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$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

# Essential Care Silver - 71644NY0050002

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

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

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input 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"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$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**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.69%

Metal Tier: Silver

# Essential Care Bronze - 71644NY0050001

**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"/>   <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 (\$)			\$3,000.00
Coinsurance (% Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

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

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

Actuarial Value: 61.99%

Metal Tier: Bronze

# Primary Select Platinum - 71644NY007004

**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: <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
		\$0.00			\$0.00
		80.00%			80.00%
		\$1,400.00			\$500.00

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
<b>Medical</b>								
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"/>		\$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"/>		\$30.00
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>								
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 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"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10): <input type="text"/>

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 88.2%

Metal Tier: Platinum

# Primary Select Gold - 71644NY0070003

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	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
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$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"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input 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 - 71644NY0070002

**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

Deductible (\$)

Coinsurance (% Inurer's Cost Share)

OOP Maximum (\$)

OOP Maximum if Separate (\$)

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
		\$2,000.00
		80.00%
		\$6,350.00

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

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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
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00
All Inpatient Hospital Services (inc. M+BA)	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input 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"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input 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: 70.3%

Metal Tier: Silver

# Primary Select PCMH - 71644NY0080002

**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

[Click Here for important instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>								
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"/>		
<b>Drugs</b>								
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 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?

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: 69.7%

Metal Tier: Silver

# All Access PPO - 71644NY0760001

**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:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Platinum

	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 (\$)			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input 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"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

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

**Output**

Status/Error Messages:  
Actuarial Value:  
Metal Tier:

Calculation Successful.  
88.12%  
Platinum



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# Attachment B

## Health Republic Insurance of New York Small Group Rate Filing Effective January 1, 2015

Prepared for:  
**Health Republic Insurance of New York**

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

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

**State Standard Plans**

Product Name	Standard Platinum	Standard Gold	Standard Silver	Standard Bronze
Exchange Status	On and Off	On and Off	On and Off	On and Off
Plan ID	71644NY0050004	71644NY0050003	71644NY0050002	71644NY0050001
Metal Tier	Platinum	Gold	Silver	Bronze
Deductible	\$0	\$600	\$2,000	\$3,000
Co-insurance	100%	100%	100%	50%
Out-of-Pocket Max	\$2,000	\$4,000	\$5,500	\$6,350
ER Services	\$100	\$150 after deductible is met	\$150 after deductible is met	Deductible & Coinsurance
IP Hospital/Skilled Nursing Facility	\$500	\$1,000 after deductible is met	\$1,500 after deductible is met	Deductible & Coinsurance
Office Visits – Primary and MH/SA	\$15	\$25 after deductible is met	\$30 after deductible is met	Deductible & Coinsurance
Office Visits – Specialist, Imaging, Lab, X-Rays	\$35	\$40 after deductible is met	\$50 after deductible is met	Deductible & Coinsurance
PT/ST/OT	\$25	\$30 after deductible is met	\$30 after deductible is met	Deductible & Coinsurance
Outpatient Facility Fee	\$100	\$100 after deductible is met	\$100 after deductible is met	Deductible & Coinsurance
Outpatient Surgery Charge	\$100	\$100 after deductible is met	\$100 after deductible is met	Deductible & Coinsurance
Rx Cost Share	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10after Ded/\$35 after Ded/\$70 after Ded
Actuarial Value	88.1%	79.1%	70.7%	62.0%
AV Requirement	88-92%	78-82%	68-72%	58-62%

**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	71644NY0070004	71644NY0070003	71644NY0070002
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 MH/SA	\$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	71644NY0080002
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 MH/SA	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 All Access Plans**

Product Name	All Access Platinum PPO
Exchange Status	On and Off
Plan ID	71644NY0760001
Metal Tier	Platinum
Deductible	In-Network: \$0 Out-of-Network: \$4,000
Co-insurance	In-Network: 0% Out-of-Network: 30%
Out-of-Pocket Max	In-network: \$2,000 Out-of-Network: \$5,000
ER Services	In-Network: \$100 Out-of-Network: \$100 after Deductible
IP Hospital/Skilled Nursing Facility	In-Network: \$500 Out-of-Network: Deductible & Coinsurance
Office Visits – Primary and MH/SA	In-Network: \$15 Out-of-Network: Deductible & Coinsurance
Office Visits – Specialist, Imaging, Lab, X-Rays	In-Network: \$35 Out-of-Network: Deductible & Coinsurance
PT/ST/OT	In-Network: \$15 Out-of-Network: Deductible & Coinsurance
Outpatient Facility Fee	In-Network: \$100 Out-of-Network: Deductible & Coinsurance
Outpatient Surgery Charge	In-Network: \$100 Out-of-Network: Deductible & Coinsurance
Rx Cost Share	In-Network: \$10/\$30/\$60 Out-of-Network: Not covered
Actuarial Value	88.1%
AV Requirement	88-92%



---

# Attachment C

## Health Republic Insurance of New York Small Group Rate Filing Effective January 1, 2015

Prepared for:  
**Health Republic Insurance of New York**

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

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**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.



**HEALTH REPUBLIC**  
INSURANCE

**Health Republic Insurance of New York  
Actuarial Value Calculations – Small Group Market Offerings**

Small Group Market Plan Offerings:

- EssentialCare State Standard Plans: Actuarial Value not available due to state mandated cost share configuration
  - EssentialCare Platinum
  - EssentialCare Gold
  - EssentialCare Silver
  - EssentialCare Bronze
- PrimarySelect Plans: Actuarial Value calculations included below
  - PrimarySelect Platinum
  - PrimarySelect Gold
  - PrimarySelect Silver
- PrimarySelect PCMH Plan: Actuarial Value calculations included below
  - PrimarySelect PCMH Silver
- All Access PPO Plan: In-Network plan design mimics that of EssentialCare Platinum, Actuarial Value not available due to state mandated cost share configuration
  - All Access Platinum PPO



# HEALTH REPUBLIC INSURANCE

## PrimarySelect Platinum Plan

**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/PDS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$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%
		\$1,400.00			\$500.00

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	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<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"/>	\$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%	<input type="checkbox"/>	<input type="checkbox"/>	100%
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"/>	
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Generics	<input checked="" type="checkbox"/>	<input 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?

Specialty Rx Coinsurance Maximum:

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

# Days (1-10):

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

# Visits (1-10):

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

# Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 88.2%

Metal Tier: Platinum



# HEALTH REPUBLIC INSURANCE

## PrimarySelect Gold Plan

**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
		\$250.00			\$0.00
		80.00%			80.00%
		\$3,500.00			\$500.00

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Type of Benefit	Tier 1			Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different
<b>Medical</b>						
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<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"/>	\$250.00
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 checked="" type="checkbox"/>	<input type="checkbox"/>	\$30.00	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	100%	<input type="checkbox"/>	<input type="checkbox"/>	100%
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$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"/>	
<b>Drugs</b>						
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: Calculation Successful.

Actuarial Value: 80.7%

Metal Tier: Gold



# HEALTH REPUBLIC INSURANCE

## PrimarySelect Silver Plan

**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 (\$)			\$6,350.00			\$6,350.00
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
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$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"/>		\$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"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input 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: 70.3%

Metal Tier: Silver



# HEALTH REPUBLIC INSURANCE

## PrimarySelect PCMH Silver Plan

**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 (% of Insurer's Cost Share)			80.00%			80.00%
ODP Maximum (\$)			\$6,350.00			\$6,350.00
ODP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$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"/>		\$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"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$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: 69.7%

Metal Tier: Silver

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

**Company Name:** Health Republic Insurance of New York  
**NAIC Code:** 15273  
**SERFF Tracking #:** \_\_\_\_\_  
**Market Segment:** Small Groups Off 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): \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
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): Small Group

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 prefilling. 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:** Small Groups Off Exchange

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

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

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

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$444.95	\$386.25	\$324.31	\$270.52	N/A
2015 Premium Rates	\$537.66	\$420.73	\$353.26	\$294.66	N/A

### **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	6.0%

### **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	21.39%	19.52%
Pre Tax Profit Ratios	N/A	-2.70%	1.00%

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

## EXHIBIT 13: NARRATIVE SUMMARY

Company Name:	FREELANCERS HEALTH SERVICES COPORATION d/b/a HEALTH REPUBLIC INSURANCE OF NEW YORK
NAIC Code:	15273
SERFF Tracking #:	PERR-129593062

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

#### New York Small Group Plans

#### Narrative Summary of Requested Rate Changes

#### Effective 2015 Plan Anniversary Date

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 small group 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 Rate Adjustment Assessments to defray operating expenses of the 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 were significantly higher 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 small group plans:

Requested 2015 Health Republic Small Group Product Premium Rate Adjustments								
Rating Area	Albany	Buffalo	Mid-Hudson	New York City	Rochester	Syracuse	Utica/Watertown	Long Island
Rate Adjustment	11.0%	11.0%	11.0%	5.5%	7.5%	11.0%	11.0%	5.5%

Total policyholders affected: 24,260

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 is rising.
- 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 a policyholder will receive the rate adjustment on the policyholder's next anniversary.

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

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

**-- for Small Group Medical Plans**

**Company Name:** Health Republic Insurance of New York  
**NAIC Code:** 15273  
**SERFF Tracking #:** \_\_\_\_\_  
**Market Segment:** Small Groups Off Exchange

- 1) Use this Exhibit for Small Group Medical Plans.
- 2) The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
- 3) Market segment refers to the Small Group 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 rating period, metal level, rating region and product name.
- 5) The product street 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 the DFS). A separate row is to be used for each combination of rating period, metal level, rating region and product name.
- 6) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Groups are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
- 7) If the percentage change (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.).
- 8) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
- 9) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
- 10) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
- 11) The weighted average percentage should be developed based on annualized premium volume or membership for that rating period, metal level and rating region, including any applicable riders.
- 12) This exhibit must be submitted as an Excel file and as a PDF file.

**Small Group Medical Products**

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	1 - Albany Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	1 - Albany Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	1 - Albany Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	1 - Albany Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	1 - Albany Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	1 - Albany Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	1 - Albany Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	1 - Albany Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	1 - Albany Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	1 - Albany Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	1 - Albany Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	1 - Albany Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Bronze	1 - Albany Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	4/1/2015	Bronze	1 - Albany Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	7/1/2015	Bronze	1 - Albany Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	10/1/2015	Bronze	1 - Albany Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	1 - Albany Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	1 - Albany Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	1 - Albany Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	1 - Albany Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	1 - Albany Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	1 - Albany Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%







EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	8 - Long Island Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	4/1/2015	Platinum	8 - Long Island Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	7/1/2015	Platinum	8 - Long Island Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	10/1/2015	Platinum	8 - Long Island Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	1/1/2015	Gold	8 - Long Island Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	4/1/2015	Gold	8 - Long Island Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	7/1/2015	Gold	8 - Long Island Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	10/1/2015	Gold	8 - Long Island Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	1/1/2015	Silver	8 - Long Island Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	4/1/2015	Silver	8 - Long Island Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	7/1/2015	Silver	8 - Long Island Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	10/1/2015	Silver	8 - Long Island Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	1/1/2015	Bronze	8 - Long Island Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	4/1/2015	Bronze	8 - Long Island Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	7/1/2015	Bronze	8 - Long Island Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	10/1/2015	Bronze	8 - Long Island Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	1/1/2015	Platinum	8 - Long Island Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	4/1/2015	Platinum	8 - Long Island Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	7/1/2015	Platinum	8 - Long Island Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	10/1/2015	Platinum	8 - Long Island Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	1/1/2015	Gold	8 - Long Island Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	4/1/2015	Gold	8 - Long Island Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	7/1/2015	Gold	8 - Long Island Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	10/1/2015	Gold	8 - Long Island Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	1/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	4/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	7/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	10/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	1/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%
Small Group	4/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%
Small Group	7/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%
Small Group	10/1/2015	Silver	8 - Long Island Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%

**EXHIBIT 15 - PART B: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR SMALL GROUP PRODUCTS**

Company Name: Health Republic Insurance of New York  
 NAIC Code: 15273  
 SERFF Tracking #: \_\_\_\_\_  
 Market Segment: Small Groups Off 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 effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Group are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
  - 3) 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.
  - 4) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Rating Period/Metal Level and for the market segment in total.
  - 5) Market segment refers to Small Group market segment.
  - 6) 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.
  - 7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
  - 8) Provide distribution information by quarter of renewal.
  - 9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
  - 10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
  - 11) This exhibit must be submitted as an Excel file and a PDF file.

**Distribution by Requested Rate Adjustment**

Market Segment	Effective Date	Metal Level	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	
Small Group	1/1/2015	Platinum	1 - Albany Area	11.0%	\$48,366	10	7						10							
Small Group	1/1/2015	Gold	1 - Albany Area	11.0%	\$38,459	10	6						10							
Small Group	1/1/2015	Silver	1 - Albany Area	11.0%	\$17,384	6	4						6							
Small Group	1/1/2015	Bronze	1 - Albany Area	11.0%	\$9,132	3	3						3							
Small Group	1/1/2015	Platinum	2 - Buffalo Area	11.0%	\$406,248	104	55						104							
Small Group	1/1/2015	Gold	2 - Buffalo Area	11.0%	\$304,857	87	47						87							
Small Group	1/1/2015	Silver	2 - Buffalo Area	11.0%	\$151,550	52	27						52							
Small Group	1/1/2015	Bronze	2 - Buffalo Area	11.0%	\$56,599	23	13						23							
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	11.0%	\$1,020,404	219	117						219							
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	11.0%	\$490,268	115	68						115							
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	11.0%	\$250,318	70	39						70							
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	11.0%	\$80,782	25	17						25							
Small Group	1/1/2015	Platinum	4 - New York City Area	5.5%	\$7,154,806	1,313	731				1,313									
Small Group	1/1/2015	Gold	4 - New York City Area	5.5%	\$3,978,857	822	502				822									
Small Group	1/1/2015	Silver	4 - New York City Area	5.5%	\$2,599,522	604	418				604									
Small Group	1/1/2015	Bronze	4 - New York City Area	5.5%	\$414,518	119	84				119									
Small Group	1/1/2015	Platinum	5 - Rochester Area	7.5%	\$12,616	3	2				3									
Small Group	1/1/2015	Gold	5 - Rochester Area	7.5%	\$3,999	1	1				1									
Small Group	1/1/2015	Silver	5 - Rochester Area	7.5%	\$2,518	1	1				1									
Small Group	1/1/2015	Bronze	5 - Rochester Area	7.5%	\$2,101	1	1				1									
Small Group	1/1/2015	Platinum	6 - Syracuse Area	11.0%	\$27,965	7	4						7							
Small Group	1/1/2015	Gold	6 - Syracuse Area	11.0%	\$17,632	4	3						4							
Small Group	1/1/2015	Silver	6 - Syracuse Area	11.0%	\$69,700	22	15						22							
Small Group	1/1/2015	Bronze	6 - Syracuse Area	11.0%	\$7,174	3	1						3							
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	11.0%	\$12,751	3	2						3							
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	11.0%	\$2,054	1	1						1							
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	11.0%	\$8,791	3	2						3							
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	11.0%	\$2,771	1	1						1							
Small Group	1/1/2015	Platinum	8 - Long Island Area	5.5%	\$8,846,240	1,661	819				1,661									
Small Group	1/1/2015	Gold	8 - Long Island Area	5.5%	\$5,442,691	1,159	614				1,159									
Small Group	1/1/2015	Silver	8 - Long Island Area	5.5%	\$3,356,498	799	486				799									
Small Group	1/1/2015	Bronze	8 - Long Island Area	5.5%	\$374,374	112	64				112									
<b>Q1 Market Segment Total:</b>				6.0%	\$35,211,934	7,360	4,150	0	0	0	6,594	766	0	0	0	0	0	0	0	0



Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	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		
Small Group	7/1/2015	Platinum	1 - Albany Area	11.0%	\$49,565	10	7														
Small Group	7/1/2015	Gold	1 - Albany Area	11.0%	\$39,420	10	6														
Small Group	7/1/2015	Silver	1 - Albany Area	11.0%	\$17,819	6	4														
Small Group	7/1/2015	Bronze	1 - Albany Area	11.0%	\$9,360	3	3														
Small Group	7/1/2015	Platinum	2 - Buffalo Area	11.0%	\$416,404	104	55														
Small Group	7/1/2015	Gold	2 - Buffalo Area	11.0%	\$312,479	87	47														
Small Group	7/1/2015	Silver	2 - Buffalo Area	11.0%	\$155,339	52	27														
Small Group	7/1/2015	Bronze	2 - Buffalo Area	11.0%	\$58,014	23	13														
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	11.0%	\$1,045,915	219	117														
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	11.0%	\$502,525	115	68														
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	11.0%	\$256,576	70	39														
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	11.0%	\$82,802	25	17														
Small Group	7/1/2015	Platinum	4 - New York City Area	5.5%	\$7,353,677	1,313	731				1,313										
Small Group	7/1/2015	Gold	4 - New York City Area	5.5%	\$4,078,328	822	502														
Small Group	7/1/2015	Silver	4 - New York City Area	5.5%	\$2,664,510	604	418														
Small Group	7/1/2015	Bronze	4 - New York City Area	5.5%	\$424,881	119	84														
Small Group	7/1/2015	Platinum	5 - Rochester Area	7.5%	\$12,931	3	2														
Small Group	7/1/2015	Gold	5 - Rochester Area	7.5%	\$4,099	1	1														
Small Group	7/1/2015	Silver	5 - Rochester Area	7.5%	\$2,581	1	1														
Small Group	7/1/2015	Bronze	5 - Rochester Area	7.5%	\$2,153	1	1														
Small Group	7/1/2015	Platinum	6 - Syracuse Area	11.0%	\$28,664	7	4														
Small Group	7/1/2015	Gold	6 - Syracuse Area	11.0%	\$18,073	4	3														
Small Group	7/1/2015	Silver	6 - Syracuse Area	11.0%	\$71,442	22	15														
Small Group	7/1/2015	Bronze	6 - Syracuse Area	11.0%	\$7,353	3	1														
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	11.0%	\$13,070	3	2														
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	11.0%	\$2,106	1	1														
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	11.0%	\$9,010	3	2														
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	11.0%	\$2,840	1	1														
Small Group	7/1/2015	Platinum	8 - Long Island Area	5.5%	\$9,067,396	1,661	819					1,661									
Small Group	7/1/2015	Gold	8 - Long Island Area	5.5%	\$5,578,758	1,159	614						1,159								
Small Group	7/1/2015	Silver	8 - Long Island Area	5.5%	\$3,440,410	799	486														
Small Group	7/1/2015	Bronze	8 - Long Island Area	5.5%	\$383,734	112	64														
<b>Q3 Market Segment Total:</b>				6.0%	\$36,092,233	7,360	4,150	0	0	0	6,594	766	0	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:** Small Groups Off 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: Small Groups Off Exchange

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

Line #	General	EssentialCare	EssentialCare	EssentialCare	EssentialCare	Select	Select	Select	Select	EssentialCare	EssentialCare	EssentialCare	EssentialCare	Select	Select	Select	Select
1	Product*	71644NY005	71644NY005	71644NY005	71644NY005	71644NY007	71644NY007	71644NY007	71644NY008	71644NY017	71644NY017	71644NY017	71644NY017	71644NY019	71644NY019	71644NY019	71644NY021
2	Product ID*	71644NY005	71644NY005	71644NY005	71644NY005	71644NY007	71644NY007	71644NY007	71644NY008	71644NY017	71644NY017	71644NY017	71644NY017	71644NY019	71644NY019	71644NY019	71644NY021
3	Metal Level (or catastrophic)*	Bronze	Silver	Gold	Platinum	Gold	Gold	Platinum	Silver	Bronze	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver
4	AV Metal Value (HRS Calculator)*	62.0%	70.7%	79.0%	88.1%	70.3%	80.7%	88.2%	69.7%	62.0%	70.7%	79.0%	88.1%	70.3%	80.7%	88.2%	69.7%
5	AV Pricing Value (total, risk pool experience based)*	0.633	0.751	0.837	0.924	0.819	0.912	0.966	0.811	0.633	0.751	0.837	0.924	0.819	0.912	0.966	0.811
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	EPO
7	Plan Name*	EssentialCare Bronze	EssentialCare Silver	EssentialCare Gold	EssentialCare Platinum	Primary Select Silver	Primary Select Gold	Primary Select Platinum	Primary Select PCMH	EssentialCare Bronze 29	EssentialCare Silver 29	EssentialCare Gold 29	EssentialCare Platinum 29	Primary Select Silver 29	Primary Select Gold 29	Primary Select Platinum 29	Primary Select PCMH 29
8	HDDS Plan ID*	71644NY0050001	71644NY0050002	71644NY0050003	71644NY0050004	71644NY0070002	71644NY0070003	71644NY0070004	71644NY0080002	71644NY0170001	71644NY0170002	71644NY0170003	71644NY0170004	71644NY0190002	71644NY0190003	71644NY0190004	71644NY0210002
9	Exchange Plan?*	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 (ex. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools) for Latest Experience Period	\$10,041,379															
10B	Member-Months for Latest Experience Period	33,148															
10C	Average PMPM Incurred Claims (L10A/L10B) (Initial Index Rate Factor)	\$302.93															
11	Average Pricing Actuarial Value reflected in experience period	88.6%															
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate																	
13	Impact of adjusting experience period data to ERH benefit level	1.011															
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 (Inv. 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)	1.009															
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)	1.116															
25	Manual Adjustment 1	1.000															
26	Manual Adjustment 2	1.000															
27	Exchange Fee Adjustment	1.000															
28	Impact of Market Wide Adjustments (product L13 through L27)	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138

\*\* 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	0.819	0.912	0.966	0.811	0.633	0.751	0.837	0.924	0.819	0.912	0.966	0.811
30	Pricing actuarial value (only the induced demand factor) #	0.911	0.938	0.984	1.047	0.938	0.984	1.047	0.938	0.911	0.938	0.984	1.047	0.938	0.984	1.047	0.938
31	Impact of provider network characteristics #	0.998	0.998	0.998	0.998	0.998	0.998	0.950	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.950	0.998
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
33	Impact of utilization management practices #	1.042	1.042	1.042	1.042	0.956	0.956	0.956	1.042	1.042	1.042	1.042	0.956	0.956	0.956	0.956	1.042
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
35	Benefits in addition to ERH (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
36	Administrative costs (excluding Exchange user fees and profits)	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237
37	Profit/Contribution to surplus margins	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
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
39	Addition of Out of Network Benefits 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
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	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
42	Child Only demographics	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)	0.780	0.917	1.071	1.289	0.916	1.070	0.864	0.780	0.917	1.071	1.289	0.916	1.070	0.864	0.780	0.916

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

## Beyond what is reflected in Market Wide adjustments

44	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)	291.62	356.49	416.64	489.77	356.23	416.21	469.53	336.12	291.62	356.49	416.64	489.77	356.23	416.21	469.53	336.12
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EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare
71644NY023	71644NY023	71644NY023	71644NY023	71644NY024	71644NY024	71644NY024	71644NY024	71644NY025	71644NY025	71644NY025	71644NY025	71644NY026	71644NY026	71644NY026	71644NY027	71644NY027	71644NY027	71644NY027	71644NY027
Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum
62.0%	70.7%	79.0%	88.1%	62.0%	70.7%	79.0%	88.1%	62.0%	70.7%	79.0%	88.1%	62.0%	70.7%	79.0%	88.1%	62.0%	70.7%	79.0%	88.1%
0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
EssentialCare Bronze Restricted-D	EssentialCare Silver Restricted-D	EssentialCare Gold Restricted-D	EssentialCare Platinum Restricted-D	EssentialCare Bronze Restricted-F	EssentialCare Silver Restricted-F	EssentialCare Gold Restricted-F	EssentialCare Platinum Restricted-F	EssentialCare Bronze Restricted-DF	EssentialCare Silver Restricted-DF	EssentialCare Gold Restricted-DF	EssentialCare Platinum Restricted-DF	EssentialCare Bronze 29 Restricted-D	EssentialCare Silver 29 Restricted-D	EssentialCare Gold 29 Restricted-D	EssentialCare Platinum 29 Restricted-D	EssentialCare Bronze 29 Restricted-F	EssentialCare Silver 29 Restricted-F	EssentialCare Gold 29 Restricted-F	EssentialCare Platinum 29 Restricted-F
71644NY0230001	71644NY0230002	71644NY0230003	71644NY0230004	71644NY0240001	71644NY0240002	71644NY0240003	71644NY0240004	71644NY0250001	71644NY0250002	71644NY0250003	71644NY0250004	71644NY0260001	71644NY0260002	71644NY0260003	71644NY0260004	71644NY0270001	71644NY0270002	71644NY0270003	71644NY0270004
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79
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1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138
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0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924	0.633	0.751	0.837	0.924
0.911	0.938	0.984	1.047	0.911	0.938	0.984	1.047	0.911	0.938	0.984	1.047	0.911	0.938	0.984	1.047	0.911	0.938	0.984	1.047
0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998
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
1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042
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
1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237
1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
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	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
0.759	0.917	1.071	1.259	0.759	0.917	1.071	1.259	0.759	0.917	1.071	1.259	0.759	0.917	1.071	1.259	0.759	0.917	1.071	1.259

291.62	356.49	416.54	489.77	291.62	356.49	416.54	489.77	291.62	356.49	416.54	489.77	291.62	356.49	416.54	489.77	291.62	356.49	416.54	489.77
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EssentialCare	EssentialCare	EssentialCare	EssentialCare	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
71644NY028	71644NY028	71644NY028	71644NY028	71644NY035	71644NY035	71644NY035	71644NY036	71644NY036	71644NY036	71644NY037	71644NY037	71644NY038	71644NY038	71644NY038	71644NY039	71644NY039	71644NY039	71644NY040	71644NY040
Bronze	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver
62.0%	70.7%	79.0%	88.1%	70.3%	80.7%	88.2%	70.3%	80.7%	88.2%	70.3%	80.7%	88.2%	70.3%	80.7%	88.2%	70.3%	80.7%	88.2%	70.3%
0.633	0.751	0.837	0.924	0.819	0.912	0.966	0.819	0.912	0.966	0.819	0.912	0.966	0.819	0.912	0.966	0.819	0.912	0.966	0.819
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
EssentialCare Bronze 29 Restricted-DF	EssentialCare Silver 29 Restricted-DF	EssentialCare Gold 29 Restricted-DF	EssentialCare Platinum 29 Restricted-DF	Primary Select Silver Restricted-D	Primary Select Gold Restricted-D	Primary Select Platinum Restricted-D	Primary Select Silver Restricted-F	Primary Select Gold Restricted-F	Primary Select Platinum Restricted-F	Primary Select Silver Restricted-DF	Primary Select Gold Restricted-DF	Primary Select Platinum Restricted-DF	Primary Select Silver 29 Restricted-D	Primary Select Gold 29 Restricted-D	Primary Select Platinum 29 Restricted-D	Primary Select Silver 29 Restricted-F	Primary Select Gold 29 Restricted-F	Primary Select Platinum 29 Restricted-F	Primary Select Silver 29 Restricted-DF
71644NY0280001	71644NY0280002	71644NY0280003	71644NY0280004	71644NY0350002	71644NY0350003	71644NY0350004	71644NY0360002	71644NY0360003	71644NY0360004	71644NY0370002	71644NY0370003	71644NY0370004	71644NY0380002	71644NY0380003	71644NY0380004	71644NY0390002	71644NY0390003	71644NY0390004	71644NY0400002
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79
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1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138
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0.633	0.751	0.837	0.924	0.819	0.912	0.966	0.819	0.912	0.966	0.819	0.912	0.966	0.819	0.912	0.966	0.819	0.912	0.966	0.819
0.911	0.938	0.984	1.047	0.938	0.984	1.047	0.938	0.984	1.047	0.938	0.984	1.047	0.938	0.984	1.047	0.938	0.984	1.047	0.938
0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998
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
1.042	1.042	1.042	1.042	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956
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
1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237
1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
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	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
0.789	0.917	1.071	1.259	0.916	1.070	1.207	0.916	1.070	1.207	0.916	1.070	1.207	0.916	1.070	1.207	0.916	1.070	1.207	0.916

291.62	356.49	416.54	489.77	356.23	416.21	469.53	356.23	416.21	469.53	356.23	416.21	469.53	356.23	416.21	469.53	356.23	416.21	469.53	356.23
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Select	Select	Select	Select	Select	Select	Select	Select	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD
71644NY040	71644NY040	71644NY047	71644NY048	71644NY049	71644NY053	71644NY054	71644NY055	71644NY076	71644NY077	71644NY078	71644NY079	71644NY080	71644NY081	71644NY082	71644NY083
Gold	Platinum	Silver	Silver	Silver	Silver	Silver	Silver	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
80.7%	88.2%	69.7%	69.7%	69.7%	69.7%	69.7%	69.7%	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
0.912	0.966	0.811	0.811	0.811	0.811	0.811	0.811	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850
HMO	HMO	EPO	EPO	EPO	EPO	EPO	EPO	PPD	PPD	PPD	PPD	PPD	PPD	PPD	PPD
Primary Select Gold 20 Restricted-DF	Primary Select Platinum 20 Restricted-DF	Primary Select PCMH Restricted-D	Primary Select PCMH Restricted-F	Primary Select PCMH Restricted-DF	Primary Select PCMH 20 Restricted-D	Primary Select PCMH 20 Restricted-F	Primary Select PCMH 20 Restricted-DF	All Access Platinum PPO	All Access Platinum PPO Restricted-D	All Access Platinum PPO 20	All Access Platinum PPO 20 Restricted-D	All Access Platinum PPO 20 Restricted-F	All Access Platinum PPO 20 Restricted-DF	All Access Platinum PPO 20 Restricted-F	All Access Platinum PPO 20 Restricted-DF
71644NY040003	71644NY040004	71644NY0470002	71644NY0480002	71644NY0490002	71644NY0530002	71644NY0540002	71644NY0550002	71644NY0760001	71644NY0770001	71644NY0780001	71644NY0790001	71644NY0800001	71644NY0810001	71644NY0820001	71644NY0830001
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79	341.79
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1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138	1.138
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0.912	0.966	0.811	0.811	0.811	0.811	0.811	0.811	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850
0.984	1.047	0.938	0.938	0.938	0.938	0.938	0.938	1.047	1.047	1.047	1.047	1.047	1.047	1.047	1.047
0.998	0.998	0.950	0.950	0.950	0.950	0.950	0.950	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998
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
0.956	0.956	0.956	0.956	0.956	0.956	0.956	0.956	1.042	1.042	1.042	1.042	1.042	1.042	1.042	1.042
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
1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237	1.237
1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
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	1.415	1.415	1.415	1.415	1.415	1.415	1.415	1.415
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
1.070	1.207	0.864	0.864	0.864	0.864	0.864	0.864	1.638	1.638	1.638	1.638	1.638	1.638	1.638	1.638

416.21	468.63	336.12	336.12	336.12	336.12	336.12	336.12	637.04	637.04	637.04	637.04	637.04	637.04	637.04	637.04
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EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

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

Company Name: Health Republic Insurance of New York  
 NAIC Code: 15273  
 SERFF Number: \_\_\_\_\_  
 Market Segment: Small Groups Off Exchange

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

		For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing							
1. Metal Level (drop down menu)	2. On/Off Exchange Designation and Standard/Non Std (drop down menu)	3. Estimated Membership as of 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 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/contribution to surplus) as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Platinum	Off Std	230,219	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	62,014	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	25,520	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Bronze	Off Std	24,660	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	77,035	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	136,226	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	86,641	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	7,272	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	4,866	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.52%	9.55%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Std	5,752	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	2,975	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	2,578	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Bronze	Off Std	2,281	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Std	364	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Bronze	Off Std	33	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Bronze	Off Std	33	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Std	102,211	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	8,264	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	2,843	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Bronze	Off Std	10,909	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Std	264	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	165	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Bronze	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	66	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	33	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	16.07%	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 expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 + 20	
Platinum	Off Std	230,219	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	Off Std	62,014	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	Off Std	25,520	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	Off Std	24,660	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	Off Non Std	77,035	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	Off Non Std	136,226	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	Off Non Std	86,641	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	Off Non Std	7,272	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	Off Non Std	4,866	XX																	
Platinum	Off Std	5,752	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	Off Std	2,975	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	Off Std	2,578	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	Off Std	2,281	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	Off Std	364	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	Off Std	0	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	Off Std	0	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	Off Std	33	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	Off Std	0	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	Off Std	0	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	Off Std	0	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	Off Std	33	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	Off Std	102,211	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	Off Std	8,264	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	Off Std	2,843	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	Off Std	10,909	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	Off Std	264	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	Off Std	165	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	Off Std	0	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	Off Std	0	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	Off Std	0	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	Off Std	66	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	Off Std	33	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%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

		For the rate period included in this rate adjustment filing																			
1. Metal Level <small>(drop down menu)</small>	2. On/Off Exchange Designation and Standard/Non Std <small>(drop down menu)</small>	3. Estimated Membership 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/contrib ution 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		
Bronze	Off Std	33	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.67%	9.40%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Bronze	Off Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	1.13%	8.94%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	2,645	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	4,496	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	3,504	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	99	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	66	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	15,206	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	75,997	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	72,658	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	430	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	132	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	99	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	66	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	264	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.70%	9.37%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Gold	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.79%	9.28%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.93%	9.15%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	2,149	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	2,116	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Silver	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.98%	9.09%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.52%	9.55%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.52%	9.55%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.52%	9.55%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.52%	9.55%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.52%	9.55%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX
Platinum	Off Non Std	0	XX	1/1/2015	12/31/2015	5.00%	1.00%	0.00%	4.00%	0.00%	0.52%	9.55%	15.07%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.07%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level <small>[drop down menu]</small>	2. On/Off Exchange Designation and Standard/Non Std <small>[drop down menu]</small>	3. Estimated Membership as of 04/01/2014	14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	For the rate period included in the prior rate and form filing					For the rate period included in the prior rate and form filing					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
												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%)						
Bronze	Off Std	33	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	Off Std	0	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	Off Std	0	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	Off Std	0	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	Off Std	0	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	Off Non Std	2,645	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	Off Non Std	4,496	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	Off Non Std	3,504	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	Off Non Std	0	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	Off Non Std	99	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	Off Non Std	66	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	15,206	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	Off Non Std	75,997	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	Off Non Std	72,658	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	Off Non Std	0	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	Off Non Std	430	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	Off Non Std	0	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	Off Non Std	132	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	Off Non Std	99	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	Off Non Std	66	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	Off Non Std	264	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	2,149	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	2,116	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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	Off Non Std	0	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%			

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Health Republic Insurance of New York  
 NAIC Code: 15273  
 SERFF Number:  
 Market Segment: Small Groups Off 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)
71644NY0050001	EssentialCare Bronze	Bronze	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0050002	EssentialCare Silver	Silver	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0050003	EssentialCare Gold	Gold	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0050004	EssentialCare Platinum	Platinum	Both	YES	26	NO	EXCLUDED	NO	NO	NO
71644NY0070002	Primary Select Silver	Silver	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0070003	Primary Select Gold	Gold	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0070004	Primary Select Platinum	Platinum	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0080002	Primary Select PCMH	Silver	Both	NO	26	NO	EXCLUDED	NO	NO	NO
71644NY0170001	EssentialCare Bronze 29	Bronze	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0170002	EssentialCare Silver 29	Silver	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0170003	EssentialCare Gold 29	Gold	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0170004	EssentialCare Platinum 29	Platinum	Both	YES	29	NO	EXCLUDED	NO	NO	NO
71644NY0190002	Primary Select Silver 29	Silver	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0190003	Primary Select Gold 29	Gold	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0190004	Primary Select Platinum 29	Platinum	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0210002	Primary Select PCMH 29	Silver	Both	NO	29	NO	EXCLUDED	NO	NO	NO
71644NY0230001	EssentialCare Bronze Restricted-D	Bronze	Both	YES	26	YES	EXCLUDED	NO	NO	NO
71644NY0230002	EssentialCare Silver Restricted-D	Silver	Both	YES	26	YES	EXCLUDED	NO	NO	NO
71644NY0230003	EssentialCare Gold Restricted-D	Gold	Both	YES	26	YES	EXCLUDED	NO	NO	NO
71644NY0230004	EssentialCare Platinum Restricted-D	Platinum	Both	YES	26	YES	EXCLUDED	NO	NO	NO
71644NY0240001	EssentialCare Bronze Restricted-F	Bronze	Both	YES	26	NO	INCLUDED	NO	NO	NO
71644NY0240002	EssentialCare Silver Restricted-F	Silver	Both	YES	26	NO	INCLUDED	NO	NO	NO
71644NY0240003	EssentialCare Gold Restricted-F	Gold	Both	YES	26	NO	INCLUDED	NO	NO	NO
71644NY0240004	EssentialCare Platinum Restricted-F	Platinum	Both	YES	26	NO	INCLUDED	NO	NO	NO
71644NY0250001	EssentialCare Bronze Restricted-DF	Bronze	Both	YES	26	YES	INCLUDED	NO	NO	NO
71644NY0250002	EssentialCare Silver Restricted-DF	Silver	Both	YES	26	YES	INCLUDED	NO	NO	NO
71644NY0250003	EssentialCare Gold Restricted-DF	Gold	Both	YES	26	YES	INCLUDED	NO	NO	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
71644NY0250004	EssentialCare Platinum Restricted-DF	Platinum	Both	YES	26	YES	INCLUDED	NO	NO	NO
71644NY0260001	EssentialCare Bronze 29 Restricted-D	Bronze	Both	YES	29	YES	EXCLUDED	NO	NO	NO
71644NY0260002	EssentialCare Silver 29 Restricted-D	Silver	Both	YES	29	YES	EXCLUDED	NO	NO	NO
71644NY0260003	EssentialCare Gold 29 Restricted-D	Gold	Both	YES	29	YES	EXCLUDED	NO	NO	NO
71644NY0260004	EssentialCare Platinum 29 Restricted-D	Platinum	Both	YES	29	YES	EXCLUDED	NO	NO	NO
71644NY0270001	EssentialCare Bronze 29 Restricted-F	Bronze	Both	YES	29	NO	INCLUDED	NO	NO	NO
71644NY0270002	EssentialCare Silver 29 Restricted-F	Silver	Both	YES	29	NO	INCLUDED	NO	NO	NO
71644NY0270003	EssentialCare Gold 29 Restricted-F	Gold	Both	YES	29	NO	INCLUDED	NO	NO	NO
71644NY0270004	EssentialCare Platinum 29 Restricted-F	Platinum	Both	YES	29	NO	INCLUDED	NO	NO	NO
71644NY0280001	EssentialCare Bronze 29 Restricted-DF	Bronze	Both	YES	29	YES	INCLUDED	NO	NO	NO
71644NY0280002	EssentialCare Silver 29 Restricted-DF	Silver	Both	YES	29	YES	INCLUDED	NO	NO	NO
71644NY0280003	EssentialCare Gold 29 Restricted-DF	Gold	Both	YES	29	YES	INCLUDED	NO	NO	NO
71644NY0280004	EssentialCare Platinum 29 Restricted-DF	Platinum	Both	YES	29	YES	INCLUDED	NO	NO	NO
71644NY0350002	Primary Select Silver Restricted-D	Silver	Both	NO	26	YES	EXCLUDED	NO	NO	NO
71644NY0350003	Primary Select Gold Restricted-D	Gold	Both	NO	26	YES	EXCLUDED	NO	NO	NO
71644NY0350004	Primary Select Platinum Restricted-D	Platinum	Both	NO	26	YES	EXCLUDED	NO	NO	NO
71644NY0360002	Primary Select Silver Restricted-F	Silver	Both	NO	26	NO	INCLUDED	NO	NO	NO
71644NY0360003	Primary Select Gold Restricted-F	Gold	Both	NO	26	NO	INCLUDED	NO	NO	NO
71644NY0360004	Primary Select Platinum Restricted-F	Platinum	Both	NO	26	NO	INCLUDED	NO	NO	NO
71644NY0370002	Primary Select Silver Restricted-DF	Silver	Both	NO	26	YES	INCLUDED	NO	NO	NO
71644NY0370003	Primary Select Gold Restricted-DF	Gold	Both	NO	26	YES	INCLUDED	NO	NO	NO
71644NY0370004	Primary Select Platinum Restricted-DF	Platinum	Both	NO	26	YES	INCLUDED	NO	NO	NO
71644NY0380002	Primary Select Silver 29 Restricted-D	Silver	Both	NO	29	YES	EXCLUDED	NO	NO	NO
71644NY0380003	Primary Select Gold 29 Restricted-D	Gold	Both	NO	29	YES	EXCLUDED	NO	NO	NO
71644NY0380004	Primary Select Platinum 29 Restricted-D	Platinum	Both	NO	29	YES	EXCLUDED	NO	NO	NO
71644NY0390002	Primary Select Silver 29 Restricted-F	Silver	Both	NO	29	NO	INCLUDED	NO	NO	NO
71644NY0390003	Primary Select Gold 29 Restricted-F	Gold	Both	NO	29	NO	INCLUDED	NO	NO	NO
71644NY0390004	Primary Select Platinum 29 Restricted-F	Platinum	Both	NO	29	NO	INCLUDED	NO	NO	NO
71644NY0400002	Primary Select Silver 29 Restricted-DF	Silver	Both	NO	29	YES	INCLUDED	NO	NO	NO
71644NY0400003	Primary Select Gold 29 Restricted-DF	Gold	Both	NO	29	YES	INCLUDED	NO	NO	NO
71644NY0400004	Primary Select Platinum 29 Restricted-DF	Platinum	Both	NO	29	YES	INCLUDED	NO	NO	NO
71644NY0470002	Primary Select PCMH Restricted-D	Silver	Both	NO	26	YES	EXCLUDED	NO	NO	NO
71644NY0480002	Primary Select PCMH Restricted-F	Silver	Both	NO	26	NO	INCLUDED	NO	NO	NO
71644NY0490002	Primary Select PCMH Restricted-DF	Silver	Both	NO	26	YES	INCLUDED	NO	NO	NO
71644NY0530002	Primary Select PCMH 29 Restricted-D	Silver	Both	NO	29	YES	EXCLUDED	NO	NO	NO
71644NY0540002	Primary Select PCMH 29 Restricted-F	Silver	Both	NO	29	NO	INCLUDED	NO	NO	NO
71644NY0550002	Primary Select PCMH 29 Restricted-DF	Silver	Both	NO	29	YES	INCLUDED	NO	NO	NO
71644NY0760001	All Access Platinum PPO	Platinum	Both	NO	26	NO	EXCLUDED	NO	YES	NO
71644NY0770001	All Access Platinum PPO Restricted-D	Platinum	Both	NO	26	YES	EXCLUDED	NO	YES	NO
71644NY0780001	All Access Platinum PPO 29	Platinum	Both	NO	29	NO	EXCLUDED	NO	YES	NO
71644NY0790001	All Access Platinum PPO 29 Restricted-D	Platinum	Both	NO	29	YES	EXCLUDED	NO	YES	NO
71644NY0800001	All Access Platinum PPO Restricted-F	Platinum	Both	NO	26	NO	INCLUDED	NO	YES	NO
71644NY0810001	All Access Platinum PPO Restricted-DF	Platinum	Both	NO	26	YES	INCLUDED	NO	YES	NO
71644NY0820001	All Access Platinum PPO 29 Restricted-F	Platinum	Both	NO	29	NO	INCLUDED	NO	YES	NO
71644NY0830001	All Access Platinum PPO 29 Restricted-DF	Platinum	Both	NO	29	YES	INCLUDED	NO	YES	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: Small Groups Off Exchange

- 1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans (Small Group Sole Proprietor plans to be excluded).
- 2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
- 3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11						
	1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Inpatient Hospital																			
Inpatient Mental Health																			
Inpatient Alcohol and Sub. Abuse																			
Newborn Birth Services																			
Primary Care																			
Physician Specialty Services																			
Ambulatory Surgery																			
Other Professional Services																			
Special Therapies																			
Out-of-Area Other																			
Emergency Room																			
Outpatient Mental Health																			
Outpatient Drug & Alcohol Treatment																			
Dental (excluding Orthodontia)																			
Pharmacy (Prescription Drugs)																			
Durable Medical Equipment																			
Home Health Care																			
Transportation -Emergency																			
Diagnostic Testing, Lab & X-Ray																			
Family Planning																			
Vision Care (incl. eyeglasses)																			
Pharmacy( (Non Prescription Drugs)																			
Speech & Hearing																			
Other Medical																			
Total Medical & Hospital																			

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

Company Name: Health Republic Insurance of New York  
 NAIC Code: 15273  
 SERFF Number: \_\_\_\_\_  
 Market Segment: Small Groups Off 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	
71644NY0050004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96	
71644NY0050003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45	
71644NY0050002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85	
71644NY0050001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46	
71644NY0070004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50	
71644NY0070003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07	
71644NY0070002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57	
71644NY0080002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25	
71644NY0760001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95	
71644NY0230004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96	
71644NY0230003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45	
71644NY0230002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85	
71644NY0230001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46	
71644NY0240004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96	
71644NY0240003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45	
71644NY0240002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85	
71644NY0240001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46	
71644NY0250004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96	
71644NY0250003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45	
71644NY0250002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85	
71644NY0250001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46	
71644NY0170004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96	
71644NY0170003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45	
71644NY0170002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85	
71644NY0170001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46	
71644NY0260004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96	
71644NY0260003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45	

71644NY0260002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85
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71644NY0260001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46
71644NY0270004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96
71644NY0270003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45
71644NY0270002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85
71644NY0270001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46
71644NY0280004	Platinum	SG	Off	Standard	No	\$472.89	\$442.70	\$531.23	\$591.96	\$421.59	\$459.57	\$447.12	\$591.96
71644NY0280003	Gold	SG	Off	Standard	No	\$402.19	\$376.51	\$451.81	\$503.45	\$358.56	\$390.86	\$380.27	\$503.45
71644NY0280002	Silver	SG	Off	Standard	No	\$344.19	\$322.21	\$386.65	\$430.85	\$306.85	\$334.49	\$325.43	\$430.85
71644NY0280001	Bronze	SG	Off	Standard	No	\$281.57	\$263.59	\$316.30	\$352.46	\$251.02	\$273.64	\$266.22	\$352.46
71644NY0350004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50
71644NY0350003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07
71644NY0350002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57
71644NY0360004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50
71644NY0360003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07
71644NY0360002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57
71644NY0370004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50
71644NY0370003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07
71644NY0370002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57
71644NY0190004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50
71644NY0190003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07
71644NY0190002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57
71644NY0380004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50
71644NY0380003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07
71644NY0380002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57
71644NY0390004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50
71644NY0390003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07
71644NY0390002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57
71644NY0400004	Platinum	SG	Off	Non-Standard	No	\$453.35	\$424.41	\$509.28	\$567.50	\$404.17	\$440.58	\$428.65	\$567.50
71644NY0400003	Gold	SG	Off	Non-Standard	No	\$401.88	\$376.22	\$451.46	\$503.07	\$358.28	\$390.56	\$379.98	\$503.07
71644NY0400002	Silver	SG	Off	Non-Standard	No	\$343.96	\$322.00	\$386.40	\$430.57	\$306.65	\$334.27	\$325.22	\$430.57
71644NY0470002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25
71644NY0480002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25
71644NY0490002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25
71644NY0210002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25
71644NY0530002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25
71644NY0540002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25
71644NY0550002	Silver	SG	Off	Non-Standard	No	\$324.53	\$303.82	\$364.57	\$406.25	\$289.33	\$315.39	\$306.85	\$406.25
71644NY0770001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95
71644NY0800001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95
71644NY0810001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95
71644NY0780001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95
71644NY0790001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95
71644NY0820001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95
71644NY0830001	Platinum	SG	Off	Non-Standard	No	\$615.08	\$575.82	\$690.96	\$769.95	\$548.35	\$597.76	\$581.57	\$769.95



**HEALTH REPUBLIC**  
INSURANCE

June 17, 2014

«Contact\_First\_Name» «Contact\_Last\_Name»  
«Address\_Line\_1»  
«Address\_Line\_2»  
«City» «State» «Zip»

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

Dear «Contact\_First\_Name» «Contact\_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 Changes**

Your current monthly premium is: «Current\_Premium»

If approved, the proposed monthly premium is «M\_2015\_Premium»

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. **As a group plan member, any rate changes to your plan will take effect on your plan's 2015 anniversary.**

### **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.

As a member-run, not-for-profit plan, we want coverage for our members to be as affordable as possible. 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](mailto: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](mailto:premiumrateincreases@dfs.ny.gov)

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

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

1. 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\_Name»
3. Your type of policy, which is group 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](http://www.dfs.ny.gov/healthinsurancepremiums).

### Notice of Approved Premium Rate

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

Sincerely,

Health Republic Insurance of New York  
Member Services

HRINY\_RateNoticeGPH\_6214



**HEALTH REPUBLIC**  
INSURANCE

June 17, 2014

«Contact\_First\_Name» «Contact\_Last\_Name»  
«Group\_Name»  
«Group\_Address\_Line\_1»  
«Group\_Address\_Line\_2»  
«City» «State» «Zip»

Re: Notice of Proposed Premium Rate Change

«Plan\_Name\_1» «HIOS\_1»  
«Plan\_Name\_2» «HIOS\_2»  
«Plan\_Name\_3» «HIOS\_3»  
«Plan\_Name\_4» «HIOS\_4»  
«Plan\_Name\_5» «HIOS\_5»  
«Plan\_Name\_6» «HIOS\_6»  
«Plan\_Name\_7» «HIOS\_7»

Dear «Contact\_First\_Name» «Contact\_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 group 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 Changes**

If approved, the percentage change to your group's premium is «Pctg\_Increase»%.

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 that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate. **As a group plan, any rate changes to your plan will take effect on your plan's 2015 anniversary.**

### **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.

As a member-run, not-for-profit plan, we want coverage for our members to be as affordable as possible. 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

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Email: [Comment@newyork.healthrepublic.us](mailto: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](mailto:premiumrateincreases@dfs.ny.gov)

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

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

1. 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(s) which is shown on page 1 of this letter
3. Your type of policy, which is group coverage
4. Your HIOS identification number(s) which is shown on page 1 of this letter

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:

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

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

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

Sincerely,

Health Republic Insurance of New York  
Member Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	<b>Unified Rate Review v2.0.2</b>																							
2																								
3	Company Legal Name:	<b>Health Republic Insurance of NState:</b>										<b>NY</b>												
4	HIOS Issuer ID:	<b>71644</b>										Market:	<b>Small Group</b>											
5	Effective Date of Rate Change(s):	<b>1/1/2015</b>																						
6																								
7																								
8	<b>Market Level Calculations (Same for all Plans)</b>																							
9																								
10																								
11	<b>Section I: Experience period data</b>																							
12	Experience Period:	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	Incurred Claims in Experience Period	\$1	\$1.00	100.00%																				
16	Allowed Claims:	\$1	1.00	100.00%																				
17	Index Rate of Experience Period	\$0.00																						
18	Experience Period Member Months	1																						
19																								
20	<b>Section II: Allowed Claims, PMPM basis</b>																							
21		Experience Period																						
22																								
23																								
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26																								
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28																								
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31																								
32	<b>Section III: Projected Experience:</b>																							
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49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								





**HEALTH REPUBLIC**  
INSURANCE

June 11<sup>th</sup>, 2014

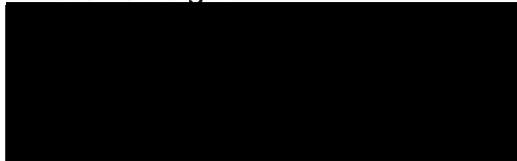
**Re: Health Republic Insurance of New York, NAIC Number: 453368051**

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.

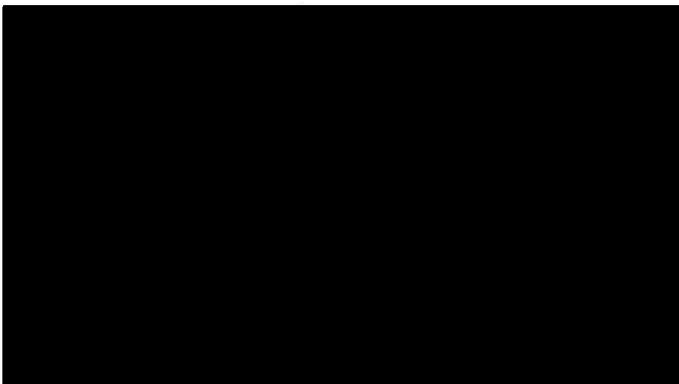
Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department  
Perr&Knight



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

Sincerely,



**SERFF Tracking #:**

PERR-129587310

**State Tracking #:**

2014060249

**Company Tracking #:**

HRINY-SHOP-OFFXC-NY-1401R

**State:**

New York

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

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

**Product Name:**

Small Group Off Exchange

**Project Name/Number:**

HRINY-SHOP-OFFXC-NY-1401R/HRINY-SHOP-OFFXC-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)
06/11/2014		Supporting Document	Final Notice of Proposed Rate Adjustment	06/19/2014	