Filing at a Glance

Company:	Freelancers Health Service Corporation DBA Health Republic Insurance of New York
Product Name:	Small Group On Exchange
State:	New York
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.003G Small Group Only - Other
Filing Type:	Prior Approval Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	PERR-129586097
SERFF Status:	Assigned
State Tr Num:	2014060248
State Status:	
Co Tr Num:	HRINY-SHOP-ONXC-NY-1401R
Implementation Date Requested:	01/01/2015
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*		
Product Name:	*Small Group On Exchange*		
Project Name/Number:	*HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-NY-1401R*		

General Information

Project Name: HRINY-SHOP-ONXC-NY-1401R
Project Number: HRINY-SHOP-ONXC-NY-1401R
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 06/16/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number: HRINY-SHOP-ONXC-NY-1401F

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: NY is the domicile state.
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Exchange Intentions: please see filing description

Filing Description:

On behalf of Freelancers Health Service Corporation DBA Health Republic Insurance of New York (the “Company”), we are submitting rates for Small Group policies for the NY Health Insurance Exchange.

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

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

Company and Contact

Filing Contact Information

[redacted]

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
[redacted]

CoCode: 15273
Group Code:
Group Name: N/A
FEIN Number: 45-3368051

State of Domicile: New York
Company Type: Health
State ID Number:

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 On Exchange*		
Project Name/Number:	*HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-NY-1401R*		

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 prefiling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation).]: Yes, Other: 2015 On Exchange Rate Filing
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): No, not a rate adjustment filing

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 On Exchange

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

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Exhibit 13-Narrative Summary and Numerical Summary	Ines Piquet	06/23/2014	06/23/2014
Supporting Document	Actuarial Memorandum/Actuarial Certification	Ines Piquet	06/19/2014	06/19/2014
Supporting Document	Exhibit 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

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: Small Group On Exchange
Project Name/Number: HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-NY-1401R

Amendment Letter

Submitted Date: 06/23/2014

Comments:

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

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 13.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 13.xlsx Narrative Summary of Requested Rate Changes -- Small Group.pdf
Previous Version	
Satisfied - Item:	*Exhibit 13-Narrative Summary and Numerical Summary*
Comments:	
Attachment(s):	*HRINY NY State Exhibits SG 6-8-14 On-Exhibit 13.pdf* *HRINY NY State Exhibits SG 6-8-14 On-Exhibit 13.xlsx*

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 On Exchange*
Project Name/Number: *HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-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 On Exchange
Project Name/Number: HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-NY-1401R

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

Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 14B.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 14B.xlsx
Previous Version	
Bypassed - Item:	*Exhibit 14B-Sm Grp Requested Percentage Changes*
Bypass Reason:	*N/A*
Attachment(s):	

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

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 16.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 16.xlsx
Previous Version	
Bypassed - Item:	*Exhibit 16-Summary of Policy Form & Product Changes*
Bypass Reason:	*N/A, New Product*

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 On Exchange

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

Attachment(s):	

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

Bypassed - Item:	Final Notice of Proposed Rate Adjustment
Bypass Reason:	The Company has not prepared the final notices yet.
Attachment(s):	
Previous Version	
Bypassed - Item:	*Final Notice of Proposed Rate Adjustment*
Bypass Reason:	*N/A*
Attachment(s):	

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

Post Submission Update Request Processed On 06/20/2014

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

Rate Information:

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

Company Rate Information:

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

Field Name	Requested Change	Prior Value
Company Rate Change	Increase	Neutral
Overall % Indicated Change	6.000%	
Overall % Rate Impact	6.000%	
Written Premium Change for this Program	$20747892	
Number of Policy Holders Affected for this Program	56479	
Written Premium for this Program	$345798208	
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

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 On Exchange
Project Name/Number: HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-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%

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	0001	00000	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

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 On Exchange

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

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	HRINT_ExProContractV1_060614	New		HRINY Rate Manual SG 6-7-14 On.pdf, HRINY Rate Manual SG 6-7-14 On.xlsx,

Health Republic Insurance of New York
2015 Small Group Rate Filing - On Exchange
Table of Contents

Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

Section	Page(s)
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 - On Exchange
Rate Setting Parameters

Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003

Index Rate (Adult) $346.33

HIOS ID	Product	Market	Metal	Rate Factor
71644NY0050004	EssentialCare Platinum	On and Off Exchange	Platinum	1.6795
71644NY0050003	EssentialCare Gold	On and Off Exchange	Gold	1.4284
71644NY0050002	EssentialCare Silver	On and Off Exchange	Silver	1.2224
71644NY0050001	EssentialCare Bronze	On and Off Exchange	Bronze	1.0000
71644NY0070004	Primary Select Platinum	On and Off Exchange	Platinum	1.6101
71644NY0070003	Primary Select Gold	On and Off Exchange	Gold	1.4273
71644NY0070002	Primary Select Silver	On and Off Exchange	Silver	1.2216
71644NY0080002	Primary Select PCMH	On and Off Exchange	Silver	1.1526
71644NY0760001	All Access Platinum PPO	On and Off Exchange	Platinum	2.1845
71644NY0230004	EssentialCare Platinum Restricted-D	On and Off Exchange	Platinum	1.6795
71644NY0230003	EssentialCare Gold Restricted-D	On and Off Exchange	Gold	1.4284
71644NY0230002	EssentialCare Silver Restricted-D	On and Off Exchange	Silver	1.2224
71644NY0230001	EssentialCare Bronze Restricted-D	On and Off Exchange	Bronze	1.0000
71644NY0240004	EssentialCare Platinum Restricted-F	On and Off Exchange	Platinum	1.6795
71644NY0240003	EssentialCare Gold Restricted-F	On and Off Exchange	Gold	1.4284
71644NY0240002	EssentialCare Silver Restricted-F	On and Off Exchange	Silver	1.2224
71644NY0240001	EssentialCare Bronze Restricted-F	On and Off Exchange	Bronze	1.0000
71644NY0250004	EssentialCare Platinum Restricted-DF	On and Off Exchange	Platinum	1.6795
71644NY0250003	EssentialCare Gold Restricted-DF	On and Off Exchange	Gold	1.4284
71644NY0250002	EssentialCare Silver Restricted-DF	On and Off Exchange	Silver	1.2224
71644NY0250001	EssentialCare Bronze Restricted-DF	On and Off Exchange	Bronze	1.0000
71644NY0170004	EssentialCare Platinum 29	On and Off Exchange	Platinum	1.6795
71644NY0170003	EssentialCare Gold 29	On and Off Exchange	Gold	1.4284
71644NY0170002	EssentialCare Silver 29	On and Off Exchange	Silver	1.2224
71644NY0170001	EssentialCare Bronze 29	On and Off Exchange	Bronze	1.0000
71644NY0260004	EssentialCare Platinum 29 Restricted-D	On and Off Exchange	Platinum	1.6795
71644NY0260003	EssentialCare Gold 29 Restricted-D	On and Off Exchange	Gold	1.4284
71644NY0260002	EssentialCare Silver 29 Restricted-D	On and Off Exchange	Silver	1.2224
71644NY0260001	EssentialCare Bronze 29 Restricted-D	On and Off Exchange	Bronze	1.0000
71644NY0270004	EssentialCare Platinum 29 Restricted-F	On and Off Exchange	Platinum	1.6795
71644NY0270003	EssentialCare Gold 29 Restricted-F	On and Off Exchange	Gold	1.4284
71644NY0270002	EssentialCare Silver 29 Restricted-F	On and Off Exchange	Silver	1.2224
71644NY0270001	EssentialCare Bronze 29 Restricted-F	On and Off Exchange	Bronze	1.0000
71644NY0280004	EssentialCare Platinum 29 Restricted-DF	On and Off Exchange	Platinum	1.6795
71644NY0280003	EssentialCare Gold 29 Restricted-DF	On and Off Exchange	Gold	1.4284
71644NY0280002	EssentialCare Silver 29 Restricted-DF	On and Off Exchange	Silver	1.2224
71644NY0280001	EssentialCare Bronze 29 Restricted-DF	On and Off Exchange	Bronze	1.0000
71644NY0350004	Primary Select Platinum Restricted-D	On and Off Exchange	Platinum	1.6101
71644NY0350003	Primary Select Gold Restricted-D	On and Off Exchange	Gold	1.4273
71644NY0350002	Primary Select Silver Restricted-D	On and Off Exchange	Silver	1.2216
71644NY0360004	Primary Select Platinum Restricted-F	On and Off Exchange	Platinum	1.6101
71644NY0360003	Primary Select Gold Restricted-F	On and Off Exchange	Gold	1.4273
71644NY0360002	Primary Select Silver Restricted-F	On and Off Exchange	Silver	1.2216
71644NY0370004	Primary Select Platinum Restricted-DF	On and Off Exchange	Platinum	1.6101
71644NY0370003	Primary Select Gold Restricted-DF	On and Off Exchange	Gold	1.4273
71644NY0370002	Primary Select Silver Restricted-DF	On and Off Exchange	Silver	1.2216
71644NY0190004	Primary Select Platinum 29	On and Off Exchange	Platinum	1.6101
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

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

Geographic Factors:

Area	Rate Factor
Region 1	0.8130
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 - On Exchange
Rates - Q1 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Platinum	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
EssentialCare Gold	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
EssentialCare Silver	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
EssentialCare Bronze	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
Primary Select Platinum	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
Primary Select Gold	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
Primary Select Silver	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
Primary Select PCMH	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
All Access Platinum PPO	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
EssentialCare Platinum Restricted-D	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
EssentialCare Gold Restricted-D	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
EssentialCare Silver Restricted-D	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 - On Exchange
Rates - Q1 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze Restricted-D	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
EssentialCare Platinum Restricted-F	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
EssentialCare Gold Restricted-F	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
EssentialCare Silver Restricted-F	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
EssentialCare Bronze Restricted-F	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
EssentialCare Platinum Restricted-DF	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
EssentialCare Gold Restricted-DF	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
EssentialCare Silver Restricted-DF	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
EssentialCare Bronze Restricted-DF	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
EssentialCare Platinum 29	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
EssentialCare Gold 29	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
EssentialCare Silver 29	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 - On Exchange
Rates - Q1 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29	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
EssentialCare Platinum 29 Restricted-D	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
EssentialCare Gold 29 Restricted-D	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
EssentialCare Silver 29 Restricted-D	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
EssentialCare Bronze 29 Restricted-D	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
EssentialCare Platinum 29 Restricted-F	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
EssentialCare Gold 29 Restricted-F	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
EssentialCare Silver 29 Restricted-F	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
EssentialCare Bronze 29 Restricted-F	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
EssentialCare Platinum 29 Restricted-DF	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
EssentialCare Gold 29 Restricted-DF	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
EssentialCare Silver 29 Restricted-DF	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 - On Exchange
Rates - Q1 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29 Restricted-DF	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
Primary Select Platinum Restricted-D	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
Primary Select Gold Restricted-D	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
Primary Select Silver Restricted-D	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
Primary Select Platinum Restricted-F	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
Primary Select Gold Restricted-F	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
Primary Select Silver Restricted-F	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
Primary Select Platinum Restricted-DF	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
Primary Select Gold Restricted-DF	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
Primary Select Silver Restricted-DF	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
Primary Select Platinum 29	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
Primary Select Gold 29	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 - On Exchange
Rates - Q1 2015
Form Numbers: FHSC-SHOP003 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
Primary Select Silver 29	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
Primary Select Platinum 29 Restricted-D	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
Primary Select Gold 29 Restricted-D	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
Primary Select Silver 29 Restricted-D	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
Primary Select Platinum 29 Restricted-F	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
Primary Select Gold 29 Restricted-F	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
Primary Select Silver 29 Restricted-F	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
Primary Select Platinum 29 Restricted-DF	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
Primary Select Gold 29 Restricted-DF	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
Primary Select Silver 29 Restricted-DF	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
Primary Select PCMH Restricted-D	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
Primary Select PCMH Restricted-F	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 - On Exchange
Rates - Q1 2015
Form Numbers: FHSC-SHOP003 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
Primary Select PCMH Restricted-DF	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
Primary Select PCMH 29	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
Primary Select PCMH 29 Restricted-D	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
Primary Select PCMH 29 Restricted-F	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
Primary Select PCMH 29 Restricted-DF	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
All Access Platinum PPO Restricted-D	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO Restricted-F	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO Restricted-DF	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29 Restricted-D	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29 Restricted-F	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29 Restricted-DF	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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

Health Republic Insurance of New York
2015 Small Group Rate Filing - On Exchange
Rates - Q2 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Platinum	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
EssentialCare Gold	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
EssentialCare Silver	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
EssentialCare Bronze	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
Primary Select Platinum	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
Primary Select Gold	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
Primary Select Silver	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
Primary Select PCMH	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
All Access Platinum PPO	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
EssentialCare Platinum Restricted-D	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
EssentialCare Gold Restricted-D	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
EssentialCare Silver Restricted-D	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 - On Exchange
Rates - Q2 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze Restricted-D	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
EssentialCare Platinum Restricted-F	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
EssentialCare Gold Restricted-F	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
EssentialCare Silver Restricted-F	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
EssentialCare Bronze Restricted-F	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
EssentialCare Platinum Restricted-DF	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
EssentialCare Gold Restricted-DF	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
EssentialCare Silver Restricted-DF	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
EssentialCare Bronze Restricted-DF	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
EssentialCare Platinum 29	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
EssentialCare Gold 29	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
EssentialCare Silver 29	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 - On Exchange
Rates - Q2 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29	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
EssentialCare Platinum 29 Restricted-D	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
EssentialCare Gold 29 Restricted-D	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
EssentialCare Silver 29 Restricted-D	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
EssentialCare Bronze 29 Restricted-D	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
EssentialCare Platinum 29 Restricted-F	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
EssentialCare Gold 29 Restricted-F	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
EssentialCare Silver 29 Restricted-F	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
EssentialCare Bronze 29 Restricted-F	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
EssentialCare Platinum 29 Restricted-DF	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
EssentialCare Gold 29 Restricted-DF	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
EssentialCare Silver 29 Restricted-DF	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 - On Exchange
Rates - Q2 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29 Restricted-DF	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
Primary Select Platinum Restricted-D	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
Primary Select Gold Restricted-D	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
Primary Select Silver Restricted-D	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
Primary Select Platinum Restricted-F	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
Primary Select Gold Restricted-F	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
Primary Select Silver Restricted-F	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
Primary Select Platinum Restricted-DF	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
Primary Select Gold Restricted-DF	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
Primary Select Silver Restricted-DF	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
Primary Select Platinum 29	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
Primary Select Gold 29	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 - On Exchange
Rates - Q2 2015
Form Numbers: FHSC-SHOP003 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
Primary Select Silver 29	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
Primary Select Platinum 29 Restricted-D	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
Primary Select Gold 29 Restricted-D	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
Primary Select Silver 29 Restricted-D	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
Primary Select Platinum 29 Restricted-F	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
Primary Select Gold 29 Restricted-F	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
Primary Select Silver 29 Restricted-F	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
Primary Select Platinum 29 Restricted-DF	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
Primary Select Gold 29 Restricted-DF	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
Primary Select Silver 29 Restricted-DF	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
Primary Select PCMH Restricted-D	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
Primary Select PCMH Restricted-F	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 - On Exchange
Rates - Q2 2015
Form Numbers: FHSC-SHOP003 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
Primary Select PCMH Restricted-DF	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
Primary Select PCMH 29	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
Primary Select PCMH 29 Restricted-D	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
Primary Select PCMH 29 Restricted-F	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
Primary Select PCMH 29 Restricted-DF	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
All Access Platinum PPO Restricted-D	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO Restricted-F	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO Restricted-DF	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29 Restricted-D	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29 Restricted-F	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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
All Access Platinum PPO 29 Restricted-DF	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	$581.57	$1,163.13	$988.66	$988.66	$988.66	$1,657.46	$1,657.46	$1,657.46
	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

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

Form Numbers: FHSC-SHOP003 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
EssentialCare Platinum	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
EssentialCare Gold	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
EssentialCare Silver	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	$314.52	$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
EssentialCare Bronze	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
Primary Select Platinum	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
Primary Select Gold	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
Primary Select Silver	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
Primary Select PCMH	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
All Access Platinum PPO	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	$596.11	$1,192.21	$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
EssentialCare Platinum Restricted-D	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
EssentialCare Gold Restricted-D	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
EssentialCare Silver Restricted-D	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	$314.52	$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 - On Exchange
Rates - Q3 2015
Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze Restricted-D	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
EssentialCare Platinum Restricted-F	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
EssentialCare Gold Restricted-F	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
EssentialCare Silver Restricted-F	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	$314.52	$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
EssentialCare Bronze Restricted-F	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
EssentialCare Platinum Restricted-DF	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
EssentialCare Gold Restricted-DF	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
EssentialCare Silver Restricted-DF	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	$314.52	$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
EssentialCare Bronze Restricted-DF	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
EssentialCare Platinum 29	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
EssentialCare Gold 29	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
EssentialCare Silver 29	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	$314.52	$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 - On Exchange
Rates - Q3 2015

Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29	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
EssentialCare Platinum 29 Restricted-D	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
EssentialCare Gold 29 Restricted-D	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
EssentialCare Silver 29 Restricted-D	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	$314.52	$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
EssentialCare Bronze 29 Restricted-D	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
EssentialCare Platinum 29 Restricted-F	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
EssentialCare Gold 29 Restricted-F	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
EssentialCare Silver 29 Restricted-F	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	$314.52	$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
EssentialCare Bronze 29 Restricted-F	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
EssentialCare Platinum 29 Restricted-DF	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
EssentialCare Gold 29 Restricted-DF	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
EssentialCare Silver 29 Restricted-DF	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	$314.52	$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 - On Exchange
Rates - Q3 2015

Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29 Restricted-DF	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
Primary Select Platinum Restricted-D	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
Primary Select Gold Restricted-D	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
Primary Select Silver Restricted-D	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
Primary Select Platinum Restricted-F	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
Primary Select Gold Restricted-F	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
Primary Select Silver Restricted-F	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
Primary Select Platinum Restricted-DF	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
Primary Select Gold Restricted-DF	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
Primary Select Silver Restricted-DF	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
Primary Select Platinum 29	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
Primary Select Gold 29	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 - On Exchange
Rates - Q3 2015

Form Numbers: FHSC-SHOP003 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
Primary Select Silver 29	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
Primary Select Platinum 29 Restricted-D	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
Primary Select Gold 29 Restricted-D	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
Primary Select Silver 29 Restricted-D	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
Primary Select Platinum 29 Restricted-F	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
Primary Select Gold 29 Restricted-F	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
Primary Select Silver 29 Restricted-F	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
Primary Select Platinum 29 Restricted-DF	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
Primary Select Gold 29 Restricted-DF	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
Primary Select Silver 29 Restricted-DF	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
Primary Select PCMH Restricted-D	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
Primary Select PCMH Restricted-F	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 - On Exchange
Rates - Q3 2015
Form Numbers: FHSC-SHOP003 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
Primary Select PCMH Restricted-DF	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
Primary Select PCMH 29	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
Primary Select PCMH 29 Restricted-D	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
Primary Select PCMH 29 Restricted-F	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
Primary Select PCMH 29 Restricted-DF	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
All Access Platinum PPO Restricted-D	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	$596.11	$1,192.21	$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
All Access Platinum PPO Restricted-F	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	$596.11	$1,192.21	$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
All Access Platinum PPO Restricted-DF	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29 Restricted-D	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29 Restricted-F	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29 Restricted-DF	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	$596.11	$1,192.21	$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

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

Form Numbers: FHSC-SHOP003 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
EssentialCare Platinum	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
EssentialCare Gold	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
EssentialCare Silver	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	$314.52	$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
EssentialCare Bronze	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
Primary Select Platinum	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
Primary Select Gold	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
Primary Select Silver	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
Primary Select PCMH	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
All Access Platinum PPO	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	$596.11	$1,192.21	$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
EssentialCare Platinum Restricted-D	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
EssentialCare Gold Restricted-D	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
EssentialCare Silver Restricted-D	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	$314.52	$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 - On Exchange
Rates - Q4 2015

Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze Restricted-D	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
EssentialCare Platinum Restricted-F	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
EssentialCare Gold Restricted-F	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
EssentialCare Silver Restricted-F	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	$314.52	$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
EssentialCare Bronze Restricted-F	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
EssentialCare Platinum Restricted-DF	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
EssentialCare Gold Restricted-DF	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
EssentialCare Silver Restricted-DF	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	$314.52	$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
EssentialCare Bronze Restricted-DF	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
EssentialCare Platinum 29	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
EssentialCare Gold 29	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
EssentialCare Silver 29	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	$314.52	$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 - On Exchange
Rates - Q4 2015

Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29	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
EssentialCare Platinum 29 Restricted-D	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
EssentialCare Gold 29 Restricted-D	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
EssentialCare Silver 29 Restricted-D	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	$314.52	$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
EssentialCare Bronze 29 Restricted-D	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
EssentialCare Platinum 29 Restricted-F	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
EssentialCare Gold 29 Restricted-F	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
EssentialCare Silver 29 Restricted-F	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	$314.52	$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
EssentialCare Bronze 29 Restricted-F	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
EssentialCare Platinum 29 Restricted-DF	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
EssentialCare Gold 29 Restricted-DF	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
EssentialCare Silver 29 Restricted-DF	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	$314.52	$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 - On Exchange
Rates - Q4 2015

Form Numbers: FHSC-SHOP003 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
EssentialCare Bronze 29 Restricted-DF	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
Primary Select Platinum Restricted-D	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
Primary Select Gold Restricted-D	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
Primary Select Silver Restricted-D	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
Primary Select Platinum Restricted-F	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
Primary Select Gold Restricted-F	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
Primary Select Silver Restricted-F	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
Primary Select Platinum Restricted-DF	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
Primary Select Gold Restricted-DF	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
Primary Select Silver Restricted-DF	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
Primary Select Platinum 29	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
Primary Select Gold 29	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 - On Exchange
Rates - Q4 2015

Form Numbers: FHSC-SHOP003 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
Primary Select Silver 29	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
Primary Select Platinum 29 Restricted-D	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
Primary Select Gold 29 Restricted-D	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
Primary Select Silver 29 Restricted-D	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
Primary Select Platinum 29 Restricted-F	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
Primary Select Gold 29 Restricted-F	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
Primary Select Silver 29 Restricted-F	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
Primary Select Platinum 29 Restricted-DF	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
Primary Select Gold 29 Restricted-DF	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
Primary Select Silver 29 Restricted-DF	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
Primary Select PCMH Restricted-D	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
Primary Select PCMH Restricted-F	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 - On Exchange
Rates - Q4 2015
Form Numbers: FHSC-SHOP003 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
Primary Select PCMH Restricted-DF	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
Primary Select PCMH 29	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
Primary Select PCMH 29 Restricted-D	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
Primary Select PCMH 29 Restricted-F	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
Primary Select PCMH 29 Restricted-DF	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
All Access Platinum PPO Restricted-D	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	$596.11	$1,192.21	$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
All Access Platinum PPO Restricted-F	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	$596.11	$1,192.21	$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
All Access Platinum PPO Restricted-DF	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29 Restricted-D	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29 Restricted-F	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	$596.11	$1,192.21	$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
All Access Platinum PPO 29 Restricted-DF	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	$596.11	$1,192.21	$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

Health Republic Insurance of New York
2015 Small Group Rate Filing - On Exchange
Benefit Grid - STANDARD PLANS
Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, 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
Preventive Services				
Allergy Testing Bone Density Testing Cervical Cytology Colonoscopy Screening Gynecological Screening Immunizations Mammography Prenatal Maternity Care Prostate Cancer Screening Routine Exams Women's Preventive Health Services Other Services Noted in Section 2713 of ACA	$0	Not Covered	$0	Not Covered
Physician and Other Services				
Office Visit	$15 after deductible is met	Not Covered	$25 after deductible is met	Not Covered
Outpatient Surgical Procedures (in physician's office)	$100 after deductible is met	Not Covered	$100 after deductible is met	Not Covered
Emergency & Urgent Care Services				
Emergency Room	$100 after deductible is met	$100 after deductible is met	$150 after deductible is met	$150 after deductible is met
Ambulance	$100 after deductible is met	$100 after deductible is met	$150 after deductible is met	$150 after deductible is met
Urgent Care Center	$55 after deductible is met	Not Covered	$60 after deductible is met	Not Covered
Hospital Services				
Inpatient Hospital	$500 after deductible is met	Not Covered	$1,000 after deductible is met	Not Covered
Outpatient Surgical Procedures (Facility)	$100 after deductible is met	Not Covered	$100 after deductible is met	Not Covered
Skilled Nursing Facility	$500 after deductible is met	Not Covered	$1,000 after deductible is met	Not Covered
Diagnostic Testing Services				
Laboratory Testing	$35 after deductible is met	Not Covered	$40 after deductible is met	Not Covered
EKG	$35 after deductible is met	Not Covered	$40 after deductible is met	Not Covered
Routine Radiology	$35 after deductible is met	Not Covered	$40 after deductible is met	Not Covered
Advanced Radiology	$35 after deductible is met	Not Covered	$40 after deductible is met	Not Covered
Maternity Services				
Inpatient Maternity	$500 after deductible is met	Not Covered	$1,000 after deductible is met	Not Covered
Mental Health & Substance Abuse Services				
Inpatient Mental Health	$500 after deductible is met	Not Covered	$1,000 after deductible is met	Not Covered
Outpatient Mental Health	$15 after deductible is met	Not Covered	$25 after deductible is met	Not Covered
Inpatient Substance Abuse - Rehab	$500 after deductible is met	Not Covered	$1,000 after deductible is met	Not Covered
Inpatient Substance Abuse - Detox	$500 after deductible is met	Not Covered	$1,000 after deductible is met	Not Covered
Outpatient Substance Abuse	$15 after deductible is met	Not Covered	$25 after deductible is met	Not Covered
Diabetic Supplies and Services				
Insulin and Other Oral Agents	$15 after deductible is met	Not Covered	$25 after deductible is met	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	$15 after deductible is met	Not Covered	$25 after deductible is met	Not Covered
Rehabilitation Services				
Chiropractic Services	$35 after deductible is met	Not Covered	$40 after deductible is met	Not Covered
Physical - Occupational - Speech Therapies	$25 after deductible is met	Not Covered	$30 after deductible is met	Not Covered
Cardiac Rehabilitation	$25 after deductible is met	Not Covered	$30 after deductible is met	Not Covered
Pulmonary Rehabilitation	$25 after deductible is met	Not Covered	$30 after deductible is met	Not Covered
Additional Services				
Durable Medical Equipment	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
Prescription Drug Coverage				
Prescription Plan	$10/$30/$60	Not Covered	$10/$35/$70	Not Covered
Maintenance Medications	$10/$30/$60	Not Covered	$10/$35/$70	Not Covered
Vision Services				
Medical Exam	Covered for children only: $15 after deductible is met	Not Covered	Covered for children only: $25 after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only: 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
Dental Services				
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.	

Health Republic Insurance of New York
2015 Small Group Rate Filing - On Exchange
Benefit Grid - STANDARD PLANS
Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, 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
Preventive Services				
Allergy Testing Bone Density Testing Cervical Cytology Colonoscopy Screening Gynecological Screening Immunizations Mammography Prenatal Maternity Care Prostate Cancer Screening Routine Exams Women's Preventive Health Services Other Services Noted in Section 2713 of ACA	$0	Not Covered	$0	Not Covered
Physician and Other Services				
Office Visit	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Outpatient Surgical Procedures (in physician's office)	$100 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Emergency & Urgent Care Services				
Emergency Room	$150 after deductible is met	$150 after deductible is met	50% cost sharing after deductible is met	50% cost sharing after deductible is met
Ambulance	$150 after deductible is met	$150 after deductible is met	50% cost sharing after deductible is met	50% cost sharing after deductible is met
Urgent Care Center	$70 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Hospital Services				
Inpatient Hospital	$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Outpatient Surgical Procedures (Facility)	$100 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Skilled Nursing Facility	$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Diagnostic Testing Services				
Laboratory Testing	$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
EKG	$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Routine Radiology	$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Advanced Radiology	$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Maternity Services				
Inpatient Maternity	$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Mental Health & Substance Abuse Services				
Inpatient Mental Health	$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Outpatient Mental Health	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Inpatient Substance Abuse - Rehab	$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Inpatient Substance Abuse - Detox	$1,500 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Outpatient Substance Abuse	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Diabetic Supplies and Services				
Insulin and Other Oral Agents	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Rehabilitation Services				
Chiropractic Services	$50 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Physical - Occupational - Speech Therapies	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Cardiac Rehabilitation	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Pulmonary Rehabilitation	$30 after deductible is met	Not Covered	50% cost sharing after deductible is met	Not Covered
Additional Services				
Durable Medical Equipment	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
Prescription Drug Coverage				
Prescription Plan	$10/$35/$70	Not Covered	$10 after ded /$35 after ded /$70 after ded	Not Covered
Maintenance Medications	$10/$35/$70	Not Covered	$10 after ded /$35 after ded /$70 after ded	Not Covered
Vision Services				
Medical Exam	Covered for children only: $30 after deductible is met	Not Covered	Covered for children only: 50% cost sharing after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only: 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
Dental Services				
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.	

	Health Republic Insurance of New York 2015 Small Group Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS				Health Republic Insurance of New York 2015 Small Group Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS	
	Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003				Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003	
Plans:	**Primary Select Platinum Primary Select Platinum Restricted-D Primary Select Platinum Restricted-F Primary Select Platinum Restricted-DF 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 Restricted-DF 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 Restricted-DF 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
Preventive Services						
Allergy Testing Bone Density Testing Cervical Cytology Colonoscopy Screening Gynecological Screening Immunizations Mammography Prenatal Maternity Care Prostate Cancer Screening Routine Exams Women's Preventive Health Services Other Services Noted in Section 2713 of ACA	$0	Not Covered	$0	Not Covered	$0	Not Covered
Physician and Other Services						
Office Visit	$0 Copay	Not Covered	$0 Copay	Not Covered	$0 Copay	Not Covered
Outpatient Surgical Procedures (in physician's office)	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
Emergency & Urgent Care Services						
Emergency Room	$250 Copay after Deductible	$250 Copay after Deductible	$250 Copay after Deductible	$250 Copay after Deductible	$250 Copay after Deductible	$250 Copay after Deductible
Ambulance	$100 Copay after Deductible	$100 Copay after Deductible	$150 Copay after Deductible	$150 Copay after Deductible	$150 Copay after Deductible	$150 Copay after Deductible
Urgent Care Center	$100 Copay after Deductible	Not Covered	$100 Copay after Deductible	Not Covered	$100 Copay after Deductible	Not Covered
Hospital Services						
Inpatient Hospital	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
Diagnostic Testing Services						
Laboratory Testing	$75 Copay	Not Covered	$75 Copay	Not Covered	$75 Copay	Not Covered
EKG	$75 Copay	Not Covered	$75 Copay	Not Covered	$75 Copay	Not Covered
Routine Radiology	$75 Copay	Not Covered	$75 Copay	Not Covered	$75 Copay	Not Covered
Advanced Radiology	$75 Copay	Not Covered	$75 Copay	Not Covered	$75 Copay	Not Covered
Maternity Services						
Inpatient Maternity	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered	20 % Cost Sharing after Deductible	Not Covered
Mental Health & Substance Abuse Services						
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
Diabetic Supplies and Services						
Insulin and Other Oral Agents	$0 Copay	Not Covered	$0 Copay	Not Covered	$0 Copay	Not Covered
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	$0 Copay	Not Covered	$0 Copay	Not Covered	$0 Copay	Not Covered
Rehabilitation Services						
Chiropractic Services	$75 Copay	Not Covered	$75 Copay	Not Covered	$75 Copay	Not Covered
Physical - Occupational - Speech Therapies	$30 Copay after Deductible	Not Covered	$30 Copay after Deductible	Not Covered	$30 Copay after Deductible	Not Covered
Cardiac Rehabilitation	$30 Copay after Deductible	Not Covered	$30 Copay after Deductible	Not Covered	$30 Copay after Deductible	Not Covered
Pulmonary Rehabilitation	$30 Copay after Deductible	Not Covered	$30 Copay after Deductible	Not Covered	$30 Copay after Deductible	Not Covered
Additional Services						
Durable Medical Equipment	20% Cost Sharing after Deductible	Not Covered	20% Cost Sharing after Deductible	Not Covered	20% Cost Sharing after Deductible	Not Covered
Prosthetics and Appliances	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
Prescription Drug Coverage						
Prescription Plan	$0/$35 after Deductible /$70 after Deductible	Not Covered	$10/$35 after Deductible /$70 after Deductible	Not Covered	$10/$35 after Deductible /$70 after Deductible	Not Covered
Maintenance Medications	$0/$35 after Deductible /$70 after Deductible	Not Covered	$10/$35 after Deductible /$70 after Deductible	Not Covered	$10/$35 after Deductible /$70 after Deductible	Not Covered
Vision Services						
Medical Exam	Covered for children only: $15 after deductible is met	Not Covered	Covered for children only: $25 after deductible is met	Not Covered	Covered for children only: $30 after deductible is met	Not Covered
Standard Plastic Lenses	Covered for children only: 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
Dental Services						
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.		This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.	

	Health Republic Insurance of New York 2015 Small Group Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS			Health Republic Insurance of New York 2015 Small Group Rate Filing - On Exchange Benefit Grid - NON-STANDARD PLANS	
	Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003			Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, 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
Preventive Services					
Allergy Testing Bone Density Testing Cervical Cytology Colonoscopy Screening Gynecological Screening Immunizations Mammography Prenatal Maternity Care Prostate Cancer Screening Routine Exams Women's Preventive Health Services Other Services Noted in Section 2713 of ACA	$0	$0	Not Covered	$0	Not Covered
Physician and Other Services					
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
Emergency & Urgent Care Services					
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
Hospital Services					
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
Diagnostic Testing Services					
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
Maternity Services					
Inpatient Maternity	20 % Cost Sharing after Deductible	20 % Cost Sharing after Deductible	Not Covered	$100 after deductible	30% Coinsurance after deductible
Mental Health & Substance Abuse Services					
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
Diabetic Supplies and Services					
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
Rehabilitation Services					
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
Additional Services					
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 Appliances	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
Prescription Drug Coverage					
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
Vision Services					
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
Dental Services					
Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.			This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Health Contract, attached Riders (if any), or Certificate of Coverage. All indicated benefits assume the member has appropriate authorization to receive services. Certain benefits stated in this benefit summary are pending NYS approval.	

Health Republic Insurance of New York
2015 Small Group Rate Filing - On Exchange
Rating Region Composition

Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, 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 - On Exchange Commission Schedule	
Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, Rider Numbers: FHSC-WMBT001, FHSC-WMBT003	
Small Group Schedule:	4% of Premium

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

Form Numbers: FHSC-SHOP001, FHSC-SHOP002, FHSC-SHOP001AA, 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

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 On Exchange
Project Name/Number: HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-NY-1401R

Supporting Document Schedules

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

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

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

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

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

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

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 On Exchange
Project Name/Number: HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-NY-1401R

Item Status:	
Status Date:	

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

Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 14B.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 14B.xlsx
Item Status:	
Status Date:	

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

Satisfied - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 15B.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 15B.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 16.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 16.xlsx
Item Status:	
Status Date:	

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

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

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

Product Name: Small Group On Exchange

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

Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 17.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 17.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 18.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 18.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 19.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 19.xlsx
Item Status:	
Status Date:	

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

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

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

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 On Exchange
Project Name/Number: HRINY-SHOP-ONXC-NY-1401R/HRINY-SHOP-ONXC-NY-1401R

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

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 23.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 23.xlsx
Item Status:	
Status Date:	

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

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	Letter 1 Group Subscriber REVISED.pdf Letter 2 Group Administrator.pdf
Item Status:	
Status Date:	

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

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

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

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

Product Name: Small Group On Exchange

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

Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	HRINY URRT SG 6-8-14 On.pdf HRINY URRT SG 6-8-14 On.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Letter of Authorization
Comments:	
Attachment(s):	HRINY LOA.pdf
Item Status:	
Status Date:	

Part III Actuarial Memorandum

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

Prepared for:
Health Republic Insurance of New York

Prepared by:
[redacted]

[redacted]

TABLE OF CONTENTS

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

Section #	Section Title
Section 1	General Information
Section 2	Proposed Rate Increase(s)
Section 3	Exp Premium and Claims
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
Section 12	Single Risk Pool
Section 13	Index Rate
Section 14	Market Adj Index Rates
Section 15	Plan Adj Index Rates
Section 16	Calibration
Section 17	Cons Adj Prem Rate Dev
Section 18	AV Metal Values
Section 19	AV Pricing Values
Section 20	Membership Projections
Section 21	Terminated Products
Section 22	Plan Type
Section 23	Warning Alerts
Section 24	Eff Rate Review Info
Section 25	Reliance
Section 26	Actuarial Certification

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 (CCIIO), 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

Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: [redacted]

Consultant Contact Information

[redacted]

Description of Benefits

HRINY offers several different benefit plans that provide comprehensive medical and prescription drug benefits in the New York health insurance marketplace. There are 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.

Table 8.1 Health Republic Insurance of New York Paid to Allowed Average Factor Support Exhibit		
	Worksheet 1, Section III	**Worksheet 2 Section IV**
Allowed Per Member Per Month	$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
Total Non-Benefit Expenses:	**$84.22 PMPM**

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.

Table 10.1
Health Republic Insurance of New York
Summary of Taxes and Fees

Description	Amount
GME Assessment and 332 Assessment	4.8% of Premium
Comparative Effectiveness Research	$0.18 PMPM
Health Insurer Provider Fee	0.44% of Premium
Risk Adjustment Administrative Fee	$0.08 PMPM

SECTION 11. PROJECTED LOSS RATIO

The projected loss ratio is 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.

Table 11.1
Health Republic Insurance of New York
Projected Federal Medical Loss Ratio Exhibit

	2015 Expected
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
MLR Numerator	**$336.96**
Premium	$424.94
Taxes/Fees	$26.18
Income Tax	$0.00
MLR Denominator	**$398.75**
Loss Ratio	**84.5%**

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

Table 11.2
Health Republic Insurance of New York
Projected State Medical Loss Ratio Exhibit

	2015 Expected
Member Months	973,184
Claims	$336.96
Transitional Recoveries (Received)	$0.00
New York Assessments (GME)	$16.15
MLR Numerator	**$353.11**
Premium	$424.94
MLR Denominator	**$424.94**
Loss Ratio	**83.1%**

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 increses are the same regardless of a group's renewal date.

Table 13.1
Health Republic Insurance of New York
Small Group Index Rate Accounting For Quarterly Trend

	January	April	July	October	Total Single Risk
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
Impact of Market Reforms	**1.009**
Market Adjusted Index Rate	$388.94

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:

Plan-Specific PMPM Index Rate x Conversion Factor = Single Rate

Conversion Factor = Weighted average members per contract for risk pool / 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 reimbursment 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:

Table 17.3
Health Republic Insurance of New York
Small Goup Quarterly Trend Factors

Trend Effective Date	Quarterly Trend Factor	Member Month Weights	Weighted Avg Trend Factor	Adjusted Trend Factor
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.

Table 17.4
Health Republic Insurance of New York
Sample Consumer Adjusted Premium Rate Development

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
Consumer Adjusted Premium Rate	$803.91

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 [redacted]

Name: [redacted]

Title: [redacted] & [redacted]

Date: June 8, 2014

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

[redacted]

[redacted]

HEALTH REPUBLIC
INSURANCE

[redacted]
Brookfield, WI 53005-6069

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

Dea[redacted]

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

The information provided includes:

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

HEALTH REPUBLIC
INSURANCE

9. Guidance on expected enrollment for individual and small group products in 2015,

10. Description of contractual provider reimbursement arrangements along with provider reimbursement rates based on historical data supporting the pricing assumptions in this regard,

11. Guidance on choice of area factors that will support HRINY's business plan and strategy,

12. Guidance on reasonable levels of morbidity to assume in NY's 2015 individual and small group markets,

13. Guidance on the parameters to assume when estimating federal transitional reinsurance, and

14. Other information provided by HRINY in various meetings, phone calls, emails, and other correspondence.

6/5/14

Date

[redacted]

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

milliman.com

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

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

	Tier 1 Plan Benefit Design		
	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

Click Here for Important Instructions

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

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:	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	Gold

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	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	
HSA/HRA Employer Contribution?	
Annual Contribution Amount:	

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$5,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	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?		Blended Network/POS Plan?	
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

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

Tier 2 Plan Benefit Design	Medical	Drug	Combined

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

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

Primary Select Platinum - 71644NY0070004

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	P

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

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	40%
2nd Tier Utilization:	60%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			$0.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$1,400.00			$500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
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			$500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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	S

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

Narrow Network Options	
Blended Network/POS Plan?	☐
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			$6,350.00
OOP Maximum if Separate ($)						

Click Here for important Instructions

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

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

Narrow Network Options	
Blended Network/POS Plan?	☑
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			$6,350.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

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

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

Click Here for Important Instructions

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

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:	88.12%
Metal Tier:	Platinum

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

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	40%
2nd Tier Utilization:	60%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			$0.00
Coinsurance (%, Insurer's Cost Share)			80.00%			80.00%
OOP Maximum ($)			$1,400.00			$500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
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			$500.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Narrow Network Options	
Blended Network/POS Plan?	
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			$6,350.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

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

Narrow Network Options	
Blended Network/POS Plan?	✓
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			$6,350.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

A. Insurer Information:

Health Republic Insurance of New York Company submitting the rate filing request	Not-For-Profit - 43 Company Type	Not-for-Profit Org. Type	15273 Company NAIC Code

30 Broad Street, 34th Floor, New York, New York 10004
Company mailing address

B. Contact Person:

[redacted] Chief Financial Officer Rate filing contact person name, title	[redacted] Contact phone number	[redacted] Contact Email address

C. Actuarial Contact (If different from above):

[redacted] Actuary name, title	[redacted] Actuary phone number	[redacted] Actuary Email address

D. New Rate Information:

1/1/2015-12/31/2015 New rate applicability period	1/1/2015 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 prefiling.	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 On Exchange

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

A. Average 2014 and 2015 Premium Rates:

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

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	$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 On 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%

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	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%
Small Group	7/1/2015	Gold	1 - Albany Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	1 - Albany Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	1 - Albany Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	2 - Buffalo Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	2 - Buffalo Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	2 - Buffalo Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	2 - Buffalo Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	2 - Buffalo Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	2 - Buffalo Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	2 - Buffalo Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	2 - Buffalo Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	2 - Buffalo Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	2 - Buffalo Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	2 - Buffalo Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	2 - Buffalo Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Bronze	2 - Buffalo Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	4/1/2015	Bronze	2 - Buffalo Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	7/1/2015	Bronze	2 - Buffalo Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	10/1/2015	Bronze	2 - Buffalo Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	2 - Buffalo Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	2 - Buffalo Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	2 - Buffalo Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	2 - Buffalo Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	2 - Buffalo Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	2 - Buffalo Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	2 - Buffalo Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	2 - Buffalo Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	2 - Buffalo Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	EssentialCare	EssentialCare Bronze	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	4/1/2015	Bronze	3 - Mid Hudson Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	4 - New York City Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	4/1/2015	Platinum	4 - New York City Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	7/1/2015	Platinum	4 - New York City Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	10/1/2015	Platinum	4 - New York City Area	EssentialCare	EssentialCare Platinum	5.5%	5.5%	5.5%
Small Group	1/1/2015	Gold	4 - New York City Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	4/1/2015	Gold	4 - New York City Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	7/1/2015	Gold	4 - New York City Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	10/1/2015	Gold	4 - New York City Area	EssentialCare	EssentialCare Gold	5.5%	5.5%	5.5%
Small Group	1/1/2015	Silver	4 - New York City Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	4/1/2015	Silver	4 - New York City Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	7/1/2015	Silver	4 - New York City Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	10/1/2015	Silver	4 - New York City Area	EssentialCare	EssentialCare Silver	5.5%	5.5%	5.5%
Small Group	1/1/2015	Bronze	4 - New York City Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	4/1/2015	Bronze	4 - New York City Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	7/1/2015	Bronze	4 - New York City Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	10/1/2015	Bronze	4 - New York City Area	EssentialCare	EssentialCare Bronze	5.5%	5.5%	5.5%
Small Group	1/1/2015	Platinum	4 - New York City Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	4/1/2015	Platinum	4 - New York City Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	7/1/2015	Platinum	4 - New York City Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	10/1/2015	Platinum	4 - New York City Area	Primary Select	Primary Select Platinum	5.5%	5.5%	5.5%
Small Group	1/1/2015	Gold	4 - New York City Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	4/1/2015	Gold	4 - New York City Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	7/1/2015	Gold	4 - New York City Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	10/1/2015	Gold	4 - New York City Area	Primary Select	Primary Select Gold	5.5%	5.5%	5.5%
Small Group	1/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	4/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	7/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	10/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select Silver	5.5%	5.5%	5.5%
Small Group	1/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%
Small Group	4/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%
Small Group	7/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%
Small Group	10/1/2015	Silver	4 - New York City Area	Primary Select	Primary Select PCMH	5.5%	5.5%	5.5%
Small Group	1/1/2015	Platinum	5 - Rochester Area	EssentialCare	EssentialCare Platinum	7.5%	7.5%	7.5%
Small Group	4/1/2015	Platinum	5 - Rochester Area	EssentialCare	EssentialCare Platinum	7.5%	7.5%	7.5%
Small Group	7/1/2015	Platinum	5 - Rochester Area	EssentialCare	EssentialCare Platinum	7.5%	7.5%	7.5%
Small Group	10/1/2015	Platinum	5 - Rochester Area	EssentialCare	EssentialCare Platinum	7.5%	7.5%	7.5%
Small Group	1/1/2015	Gold	5 - Rochester Area	EssentialCare	EssentialCare Gold	7.5%	7.5%	7.5%
Small Group	4/1/2015	Gold	5 - Rochester Area	EssentialCare	EssentialCare Gold	7.5%	7.5%	7.5%

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	Gold	5 - Rochester Area	EssentialCare	EssentialCare Gold	7.5%	7.5%	7.5%
Small Group	10/1/2015	Gold	5 - Rochester Area	EssentialCare	EssentialCare Gold	7.5%	7.5%	7.5%
Small Group	1/1/2015	Silver	5 - Rochester Area	EssentialCare	EssentialCare Silver	7.5%	7.5%	7.5%
Small Group	4/1/2015	Silver	5 - Rochester Area	EssentialCare	EssentialCare Silver	7.5%	7.5%	7.5%
Small Group	7/1/2015	Silver	5 - Rochester Area	EssentialCare	EssentialCare Silver	7.5%	7.5%	7.5%
Small Group	10/1/2015	Silver	5 - Rochester Area	EssentialCare	EssentialCare Silver	7.5%	7.5%	7.5%
Small Group	1/1/2015	Bronze	5 - Rochester Area	EssentialCare	EssentialCare Bronze	7.5%	7.5%	7.5%
Small Group	4/1/2015	Bronze	5 - Rochester Area	EssentialCare	EssentialCare Bronze	7.5%	7.5%	7.5%
Small Group	7/1/2015	Bronze	5 - Rochester Area	EssentialCare	EssentialCare Bronze	7.5%	7.5%	7.5%
Small Group	10/1/2015	Bronze	5 - Rochester Area	EssentialCare	EssentialCare Bronze	7.5%	7.5%	7.5%
Small Group	1/1/2015	Platinum	5 - Rochester Area	Primary Select	Primary Select Platinum	7.5%	7.5%	7.5%
Small Group	4/1/2015	Platinum	5 - Rochester Area	Primary Select	Primary Select Platinum	7.5%	7.5%	7.5%
Small Group	7/1/2015	Platinum	5 - Rochester Area	Primary Select	Primary Select Platinum	7.5%	7.5%	7.5%
Small Group	10/1/2015	Platinum	5 - Rochester Area	Primary Select	Primary Select Platinum	7.5%	7.5%	7.5%
Small Group	1/1/2015	Gold	5 - Rochester Area	Primary Select	Primary Select Gold	7.5%	7.5%	7.5%
Small Group	4/1/2015	Gold	5 - Rochester Area	Primary Select	Primary Select Gold	7.5%	7.5%	7.5%
Small Group	7/1/2015	Gold	5 - Rochester Area	Primary Select	Primary Select Gold	7.5%	7.5%	7.5%
Small Group	10/1/2015	Gold	5 - Rochester Area	Primary Select	Primary Select Gold	7.5%	7.5%	7.5%
Small Group	1/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select Silver	7.5%	7.5%	7.5%
Small Group	4/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select Silver	7.5%	7.5%	7.5%
Small Group	7/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select Silver	7.5%	7.5%	7.5%
Small Group	10/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select Silver	7.5%	7.5%	7.5%
Small Group	1/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select PCMH	7.5%	7.5%	7.5%
Small Group	4/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select PCMH	7.5%	7.5%	7.5%
Small Group	7/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select PCMH	7.5%	7.5%	7.5%
Small Group	10/1/2015	Silver	5 - Rochester Area	Primary Select	Primary Select PCMH	7.5%	7.5%	7.5%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	6 - Syracuse Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	6 - Syracuse Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	6 - Syracuse Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	6 - Syracuse Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	6 - Syracuse Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	6 - Syracuse Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	6 - Syracuse Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	6 - Syracuse Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	4/1/2015	Bronze	6 - Syracuse Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	7/1/2015	Bronze	6 - Syracuse Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	10/1/2015	Bronze	6 - Syracuse Area	EssentialCare	EssentialCare Bronze	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	Primary Select	Primary Select Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	6 - Syracuse Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	6 - Syracuse Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	6 - Syracuse Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	6 - Syracuse Area	Primary Select	Primary Select Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	10/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select Silver	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	7/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select PCMH	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	10/1/2015	Silver	6 - Syracuse Area	Primary Select	Primary Select PCMH	11.0%	11.0%	11.0%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	EssentialCare	EssentialCare Platinum	11.0%	11.0%	11.0%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	EssentialCare	EssentialCare Gold	11.0%	11.0%	11.0%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	EssentialCare	EssentialCare Silver	11.0%	11.0%	11.0%
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%

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	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 On Exchange

Instructions:

1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
2) The 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%	$48,356	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							
	Q1 Market Segment Total:			6.0%	$35,211,934	7,360	4,150	0	0	0	6,594	766	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	4/1/2015	Platinum	1 - Albany Area	11.0%	$48,356	10	7					10						
Small Group	4/1/2015	Gold	1 - Albany Area	11.0%	$38,459	10	6					10						
Small Group	4/1/2015	Silver	1 - Albany Area	11.0%	$17,384	6	4					6						
Small Group	4/1/2015	Bronze	1 - Albany Area	11.0%	$9,132	3	3					3						
Small Group	4/1/2015	Platinum	2 - Buffalo Area	11.0%	$406,248	104	55					104						
Small Group	4/1/2015	Gold	2 - Buffalo Area	11.0%	$304,857	87	47					87						
Small Group	4/1/2015	Silver	2 - Buffalo Area	11.0%	$151,550	52	27					52						
Small Group	4/1/2015	Bronze	2 - Buffalo Area	11.0%	$56,599	23	13					23						
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	11.0%	$1,020,404	219	117					219						
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	11.0%	$490,268	115	68					115						
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	11.0%	$250,318	70	39					70						
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	11.0%	$80,782	25	17					25						
Small Group	4/1/2015	Platinum	4 - New York City Area	5.5%	$7,154,806	1,313	731				1,313							
Small Group	4/1/2015	Gold	4 - New York City Area	5.5%	$3,978,857	822	502				822							
Small Group	4/1/2015	Silver	4 - New York City Area	5.5%	$2,599,522	604	418				604							
Small Group	4/1/2015	Bronze	4 - New York City Area	5.5%	$414,518	119	84				119							
Small Group	4/1/2015	Platinum	5 - Rochester Area	7.5%	$12,616	3	2				3							
Small Group	4/1/2015	Gold	5 - Rochester Area	7.5%	$3,999	1	1				1							
Small Group	4/1/2015	Silver	5 - Rochester Area	7.5%	$2,518	1	1				1							
Small Group	4/1/2015	Bronze	5 - Rochester Area	7.5%	$2,101	1	1				1							
Small Group	4/1/2015	Platinum	6 - Syracuse Area	11.0%	$27,965	7	4					7						
Small Group	4/1/2015	Gold	6 - Syracuse Area	11.0%	$17,632	4	3					4						
Small Group	4/1/2015	Silver	6 - Syracuse Area	11.0%	$69,700	22	15					22						
Small Group	4/1/2015	Bronze	6 - Syracuse Area	11.0%	$7,174	3	1					3						
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	11.0%	$12,751	3	2					3						
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	11.0%	$2,054	1	1					1						
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	11.0%	$8,791	3	2					3						
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	11.0%	$2,771	1	1					1						
Small Group	4/1/2015	Platinum	8 - Long Island Area	5.5%	$8,846,240	1,661	819				1,661							
Small Group	4/1/2015	Gold	8 - Long Island Area	5.5%	$5,442,691	1,159	614				1,159							
Small Group	4/1/2015	Silver	8 - Long Island Area	5.5%	$3,356,498	799	486				799							
Small Group	4/1/2015	Bronze	8 - Long Island Area	5.5%	$374,374	112	64				112							
	Q2 Market Segment Total:			6.0%	$35,211,934	7,360	4,150	0	0	0	6,594	766	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					10						
Small Group	7/1/2015	Gold	1 - Albany Area	11.0%	$39,420	10	6					10						
Small Group	7/1/2015	Silver	1 - Albany Area	11.0%	$17,819	6	4					6						
Small Group	7/1/2015	Bronze	1 - Albany Area	11.0%	$9,360	3	3					3						
Small Group	7/1/2015	Platinum	2 - Buffalo Area	11.0%	$416,404	104	55					104						
Small Group	7/1/2015	Gold	2 - Buffalo Area	11.0%	$312,479	87	47					87						
Small Group	7/1/2015	Silver	2 - Buffalo Area	11.0%	$155,339	52	27					52						
Small Group	7/1/2015	Bronze	2 - Buffalo Area	11.0%	$58,014	23	13					23						
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	11.0%	$1,045,915	219	117					219						
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	11.0%	$502,525	115	68					115						
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	11.0%	$256,576	70	39					70						
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	11.0%	$82,802	25	17					25						
Small Group	7/1/2015	Platinum	4 - New York City Area	5.5%	$7,333,677	1,313	731				1,313							
Small Group	7/1/2015	Gold	4 - New York City Area	5.5%	$4,078,328	822	502				822							
Small Group	7/1/2015	Silver	4 - New York City Area	5.5%	$2,664,510	604	418				604							
Small Group	7/1/2015	Bronze	4 - New York City Area	5.5%	$424,881	119	84				119							
Small Group	7/1/2015	Platinum	5 - Rochester Area	7.5%	$12,931	3	2				3							
Small Group	7/1/2015	Gold	5 - Rochester Area	7.5%	$4,099	1	1				1							
Small Group	7/1/2015	Silver	5 - Rochester Area	7.5%	$2,581	1	1				1							
Small Group	7/1/2015	Bronze	5 - Rochester Area	7.5%	$2,153	1	1				1							
Small Group	7/1/2015	Platinum	6 - Syracuse Area	11.0%	$28,664	7	4					7						
Small Group	7/1/2015	Gold	6 - Syracuse Area	11.0%	$18,073	4	3					4						
Small Group	7/1/2015	Silver	6 - Syracuse Area	11.0%	$71,442	22	15					22						
Small Group	7/1/2015	Bronze	6 - Syracuse Area	11.0%	$7,353	3	1					3						
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	11.0%	$13,070	3	2					3						
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	11.0%	$2,106	1	1					1						
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	11.0%	$9,010	3	2					3						
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	11.0%	$2,840	1	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				799							
Small Group	7/1/2015	Bronze	8 - Long Island Area	5.5%	$383,734	112	64				112							
	Q3 Market Segment Total:			6.0%	$36,092,233	7,360	4,150	0	0	0	6,594	766	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	10/1/2015	Platinum	1 - Albany Area	11.0%	$49,565	10	7					10						
Small Group	10/1/2015	Gold	1 - Albany Area	11.0%	$39,420	10	6					10						
Small Group	10/1/2015	Silver	1 - Albany Area	11.0%	$17,819	6	4					6						
Small Group	10/1/2015	Bronze	1 - Albany Area	11.0%	$9,360	3	3					3						
Small Group	10/1/2015	Platinum	2 - Buffalo Area	11.0%	$416,404	104	55					104						
Small Group	10/1/2015	Gold	2 - Buffalo Area	11.0%	$312,479	87	47					87						
Small Group	10/1/2015	Silver	2 - Buffalo Area	11.0%	$155,339	52	27					52						
Small Group	10/1/2015	Bronze	2 - Buffalo Area	11.0%	$58,014	23	13					23						
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	11.0%	$1,045,915	219	117					219						
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	11.0%	$502,525	115	68					115						
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	11.0%	$256,576	70	39					70						
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	11.0%	$82,802	25	17					25						
Small Group	10/1/2015	Platinum	4 - New York City Area	5.5%	$7,333,677	1,313	731				1,313							
Small Group	10/1/2015	Gold	4 - New York City Area	5.5%	$4,078,328	822	502				822							
Small Group	10/1/2015	Silver	4 - New York City Area	5.5%	$2,664,510	604	418				604							
Small Group	10/1/2015	Bronze	4 - New York City Area	5.5%	$424,881	119	84				119							
Small Group	10/1/2015	Platinum	5 - Rochester Area	7.5%	$12,931	3	2				3							
Small Group	10/1/2015	Gold	5 - Rochester Area	7.5%	$4,099	1	1				1							
Small Group	10/1/2015	Silver	5 - Rochester Area	7.5%	$2,581	1	1				1							
Small Group	10/1/2015	Bronze	5 - Rochester Area	7.5%	$2,153	1	1				1							
Small Group	10/1/2015	Platinum	6 - Syracuse Area	11.0%	$28,664	7	4					7						
Small Group	10/1/2015	Gold	6 - Syracuse Area	11.0%	$18,073	4	3					4						
Small Group	10/1/2015	Silver	6 - Syracuse Area	11.0%	$71,442	22	15					22						
Small Group	10/1/2015	Bronze	6 - Syracuse Area	11.0%	$7,353	3	1					3						
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	11.0%	$13,070	3	2					3						
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	11.0%	$2,106	1	1					1						
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	11.0%	$9,010	3	2					3						
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	11.0%	$2,840	1	1					1						
Small Group	10/1/2015	Platinum	8 - Long Island Area	5.5%	$9,067,396	1,661	819				1,661							
Small Group	10/1/2015	Gold	8 - Long Island Area	5.5%	$5,578,758	1,159	614				1,159							
Small Group	10/1/2015	Silver	8 - Long Island Area	5.5%	$3,440,410	799	486				799							
Small Group	10/1/2015	Bronze	8 - Long Island Area	5.5%	$383,734	112	64				112							
	Q4 Market Segment Total:			6.0%	$36,092,233	7,360	4,150	0	0	0	6,594	766	0	0	0	0	0	0
	2015 Market Segment Total:			6.0%	$142,608,334	29,441	16,600	0	0	0	26,376	3,065	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 On Exchange

Instructions:

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

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

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

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

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

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

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

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

4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS.

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

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

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

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

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (mm/dd/y)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
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											XX											XX
											XX											XX

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

	First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
	15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)		16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
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XX											XX											XX
XX											XX											XX

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 On Exchange

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

Line #	General																	
1	Product*	EssentialCare	EssentialCare	EssentialCare	EssentialCare	Select	Select	Select	Select	EssentialCare	EssentialCare	EssentialCare	EssentialCare	Select	Select	Select	Select	EssentialCare
2	Product ID*	71644NY005	71644NY005	71644NY005	71644NY005	71644NY007	71644NY007	71644NY007	71644NY008	71644NY017	71644NY017	71644NY017	71644NY017	71644NY019	71644NY019	71644NY019	71644NY021	71644NY023
3	Metal Level (or catastrophic)*	Bronze	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Bronze	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Bronze
4	AV Metal Value (HHS 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%	62.0%
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	0.633
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	EPO	HMO
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	EssentialCare Bronze Restricted-D
8	HIOS Plan ID*	71644NY0050001	71644NY0050002	71644NY0050003	71644NY0050004	71644NY0070002	71644NY0070003	71644NY0070004	71644NY0080002	71644NY0170001	71644NY0170002	71644NY0170003	71644NY0170004	71644NY0190002	71644NY0190003	71644NY0190004	71644NY0210002	71644NY0230001
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate	
10A	Incurred Claims [exc. 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**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate	
13	Impact of adjusting experience period data to EHB 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 adustment for impact on claim costs from quality improvement and cost containment initiatives **	1.000
18	**Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics ****	1.000
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	1.000
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	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**

** 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	0.633
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	0.911
31	Impact of provider network characteristics ##	0.998	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	1.000
33	Impact of utilization management practices ##	1.042	1.042	1.042	1.042	0.956	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	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	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	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	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	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG 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	1.000
41	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
42	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	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.750**	**0.917**	**1.071**	**1.259**	**0.916**	**1.070**	**1.207**	**0.864**	**0.750**	**0.917**	**1.071**	**1.259**	**0.916**	**1.070**	**1.207**	**0.864**	**0.750**

\# 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**	**416.54**	**489.77**	**356.23**	**416.21**	**469.53**	**336.12**	**291.62**	**356.49**	**416.54**	**489.77**	**356.23**	**416.21**	**469.53**	**336.12**	**291.62**

EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare	EssentialCare
71644NY023	71644NY023	71644NY023	71644NY024	71644NY024	71644NY024	71644NY024	71644NY025	71644NY025	71644NY025	71644NY025	71644NY026	71644NY026	71644NY026	71644NY026	71644NY027	71644NY027	71644NY027	71644NY027	71644NY028
Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver
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%	62.0%	70.7%
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	0.633	0.751
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
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	EssentialCare Bronze 29 Restricted-DF	EssentialCare Silver 29 Restricted-DF
71644NY0230002	71644NY0230003	71644NY0230004	71644NY0240001	71644NY0240002	71644NY0240003	71644NY0240004	71644NY0250001	71644NY0250002	71644NY0250003	71644NY0250004	71644NY0260001	71644NY0260002	71644NY0260003	71644NY0260004	71644NY0270001	71644NY0270002	71644NY0270003	71644NY0270004	71644NY0280001	71644NY0280002
Yes	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**	**341.79**
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**	**1.138**
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	0.633	0.751
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	0.911	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	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	1.000
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	1.042
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	1.000	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	1.237
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	1.010
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
0.917	**1.071**	**1.259**	**0.750**	**0.917**	**1.071**	**1.259**	**0.750**	**0.917**	**1.071**	**1.259**	**0.750**	**0.917**	**1.071**	**1.259**	**0.750**	**0.917**	**1.071**	**1.259**	**0.750**	**0.917**
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**	**291.62**	**356.49**

EssentialCare	EssentialCare	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
71644NY028	71644NY028	71644NY035	71644NY035	71644NY035	71644NY036	71644NY036	71644NY036	71644NY037	71644NY037	71644NY037	71644NY038	71644NY038	71644NY038	71644NY039	71644NY039	71644NY039	71644NY040	71644NY040	71644NY040	71644NY047
Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver
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%	80.7%	88.2%	69.7%
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	0.912	0.966	0.811
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	EPO
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	Primary Select Gold 29 Restricted-DF	Primary Select Platinum 29 Restricted-DF	Primary Select PCMH Restricted-D
71644NY0280003	71644NY0280004	71644NY0350002	71644NY0350003	71644NY0350004	71644NY0360002	71644NY0360003	71644NY0360004	71644NY0370002	71644NY0370003	71644NY0370004	71644NY0380002	71644NY0380003	71644NY0380004	71644NY0390002	71644NY0390003	71644NY0390004	71644NY0400002	71644NY0400003	71644NY0400004	71644NY0470002
Yes	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**	**341.79**
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**	**1.138**
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	0.912	0.966	0.811
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	0.984	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	0.950
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	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	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	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	1.000	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	1.237
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	1.010
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
1.071	**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**	**1.070**	**1.207**	**0.864**
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**	**416.21**	**469.53**	**336.12**

Select	Select	Select	Select	Select	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
71644NY048	71644NY049	71644NY053	71644NY054	71644NY055	71644NY076	71644NY077	71644NY078	71644NY079	71644NY080	71644NY081	71644NY082	71644NY083
Silver	Silver	Silver	Silver	Silver	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
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%
0.811	0.811	0.811	0.811	0.811	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850
EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Primary Select PCMH Restricted-F	Primary Select PCMH Restricted-DF	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 29	All Access Platinum PPO 29 Restricted-D	All Access Platinum PPO Restricted-F	All Access Platinum PPO Restricted-DF	All Access Platinum PPO 29 Restricted-F	All Access Platinum PPO 29 Restricted-DF
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

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**

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**

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
0.938	0.938	0.938	0.938	0.938	1.047	1.047	1.047	1.047	1.047	1.047	1.047	1.047
0.950	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
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
1.237	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
1.000	1.000	1.000	1.000	1.000	1.000	1.000	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
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**

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**

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 On Exchange

1) Complete a separate ROW for Metal Level/Product
- Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
- Enter in column 1 the Metal Tier level. Use the drop down menu.
- Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
- Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyy; enter the date in column heading.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 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 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/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	On 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%	0.00%	16.07%	XX
Gold	On 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%	0.00%	16.07%	XX
Silver	On 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%	0.00%	16.07%	XX
Bronze	On 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%	0.00%	16.07%	XX
Platinum	On 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%	0.00%	16.07%	XX
Gold	On 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%	0.00%	16.07%	XX
Silver	On 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%	0.00%	16.07%	XX
Silver	On 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%	0.00%	16.07%	XX
Platinum	On 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%	0.00%	16.07%	XX
Platinum	On 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%	0.00%	16.07%	XX
Gold	On 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%	0.00%	16.07%	XX
Silver	On 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%	0.00%	16.07%	XX
Bronze	On 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%	0.00%	16.07%	XX
Platinum	On 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%	0.00%	16.07%	XX
Gold	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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%	0.00%	16.07%	XX
Gold	On 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%	0.00%	16.07%	XX
Silver	On 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%	0.00%	16.07%	XX
Bronze	On 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%	0.00%	16.07%	XX
Platinum	On 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%	0.00%	16.07%	XX
Gold	On 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%	0.00%	16.07%	XX
Silver	On 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	On 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	On 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	On 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%	0.00%	16.07%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in the prior rate and form filing																
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 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	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20
Platinum	On Std	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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On Non Std	4,866	XX																	
Platinum	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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%

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing							
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 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/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Silver	On Std	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%	0.00%	16.07%	XX
Bronze	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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

				For the rate period included in the prior rate and form filing											For the rate period included in the prior rate and form filing						
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 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	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20
Silver	On Std	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%
Bronze	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On 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	On Non Std	0	XX																	
Platinum	On Non Std	0	XX																	
Platinum	On Non Std	0	XX																	
Platinum	On Non Std	0	XX																	
Platinum	On Non Std	0	XX																	
Platinum	On Non Std	0	XX																	
Platinum	On Non Std	0	XX																	

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 On Exchange

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

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
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
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

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)
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 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

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

1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services.**
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

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

1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) Enter in Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital outpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year

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 On Exchange

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

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

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

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

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

SUMMARY OF REQUESTED 2015 PREMIUM RATES

1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1 Albany	Region 2 Buffalo	Region 3 Mid-Hudson	Region 4 New York	Region 5 Rochester	Region 6 Syracuse	Region 7 Utica	Region 8 Long Island
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
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

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 On Exchange

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

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

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 On Exchange

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

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
Health Republic Website: https://newyork.healthrepublic.us/

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

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer, which is Freelancers Health Services Corporation d/b/a Health Republic Insurance of New York
2. The name of your plan which is «Plan_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.

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.

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Attn: Comment Period
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New York, NY 10272
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Email: Comment@newyork.healthrepublic.us
Health Republic Website: https://newyork.healthrepublic.us/

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

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
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New York, NY 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer, which is Freelancers Health Services Corporation d/b/a Health Republic Insurance of New York
2. The name of your plan(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.

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Sincerely,

Health Republic Insurance of New York
Member Services

HRINY_RateNoticeGCH_6214

Unified Rate Review v2.0.2

Company Legal Name: **Health Republic Insurance of N** State: **NY**
HIOS Issuer ID: **71644** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2013 to 12/31/2013

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$1	$1.00	100.00%
Incurred Claims in Experience Period	$1	1.00	100.00%
Allowed Claims:	$1	1.00	100.00%
Index Rate of Experience Period		$0.00	
Experience Period Member Months	1		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2015 to 12/31/2015 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Admits	12,000.00	$1.00	$1.00	1.000	1.000	1.000	1.000	12,000.00	$1.00	$1.00	271.63	3,125.89	$70.76
Outpatient Hospital	Visits	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	1,707.08	892.91	127.02
Professional	Visits	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	13,063.23	98.64	107.38
Other Medical	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	599.60	149.79	7.48
Capitation	Benefit Period	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	0.00	0.00	0.00
Prescription Drug	Prescriptions	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	9,217.94	88.66	68.10
Total				$1.00							$1.00			$380.75

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	$380.75	$370,539,178
Paid to Allowed Average Factor in Projection Period			0.885	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$336.96	$327,927,172
Projected Risk Adjustments PMPM			-0.08	(77,855)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$337.04	$328,005,027
Projected ACA reinsurance recoveries, net of rein prem, PMPM			-3.67	(3,571,585)
Projected Incurred Claims			$340.71	$331,576,612
Administrative Expense Load		13.54%	57.54	55,993,357
Profit & Risk Load		1.00%	4.25	4,135,403
Taxes & Fees		5.28%	22.44	21,834,928
Single Risk Pool Gross Premium Avg. Rate, PMPM			$424.94	$413,540,300
Index Rate for Projection Period			$385.51	
% increase over Experience Period			42393.54%	
% Increase, annualized:			1961.40%	
Projected Member Months				973,184

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: **Health Republic Insurance of New York**
HIOS Issuer ID: **71644**
Effective Date of Rate Change(s): **1/1/2015**

State: **NY**
Market: **Small Group**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		EssentialCare				Select			Select	EssentialCare				Select			Select	EssentialCare				
Product ID:		71644NY005				71644NY007			71644NY008	71644NY017				71644NY019			71644NY021	71644NY023				
Metal:		Bronze	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Bronze	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Bronze	Silver	Gold	Platinum	Bronze
AV Metal Value		0.620	0.707	0.790	0.881	0.703	0.807	0.882	0.697	0.620	0.707	0.790	0.882	0.703	0.807	0.882	0.697	0.620	0.707	0.790	0.882	0.620
AV Pricing Value		0.750	0.917	1.071	1.259	0.916	1.070	1.207	0.864	0.750	0.917	1.071	1.259	0.916	1.070	1.207	0.864	0.750	0.917	1.071	1.259	0.750
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	EPO	HMO	HMO	HMO	HMO	HMO
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	EssentialCare Bronze Restricted-D	EssentialCare Silver Restricted-D	EssentialCare Gold Restricted-D	EssentialCare Platinum Restricted-D	EssentialCare Bronze Restricted-F
Plan ID (Standard Component ID):		71644NY0050001	71644NY0050002	71644NY0050003	71644NY0050004	71644NY0070002	71644NY0070003	71644NY0070004	71644NY0080002	71644NY0170001	71644NY0170002	71644NY0170003	71644NY0170004	71644NY0190002	71644NY0190003	71644NY0190004	71644NY0210002	71644NY0230001	71644NY0230002	71644NY0230003	71644NY0230004	71644NY0240001
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%				0.00%			0.00%	0.00%				0.00%			0.00%	0.00%				
Historical Rate Increase - Calendar Year - 1		0.00%				0.00%			0.00%	0.00%				0.00%			0.00%	0.00%				
Historical Rate Increase - Calendar Year 0		2.50%				2.50%			2.50%	2.50%				2.50%			2.50%	2.50%				
Effective Date of Proposed Rates		1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)		3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%
Cum'tive Rate Change % (over 12 mos prior)		6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		5.95%				5.96%			5.96%	5.95%				5.96%			5.96%	5.95%				

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

Plan ID (Standard Component ID):	Total	71644NY0050001	71644NY0050002	71644NY0050003	71644NY0050004	71644NY0070002	71644NY0070003	71644NY0070004	71644NY0080002	71644NY0170001	71644NY0170002	71644NY0170003	71644NY0170004	71644NY0190002	71644NY0190003	71644NY0190004	71644NY0210002	71644NY0230001	71644NY0230002	71644NY0230003	71644NY0230004	71644NY0240001
Inpatient	#DIV/0!	-$0.66	-$0.81	-$0.94	-$1.11	-$0.80	-$0.94	-$1.06	-$0.76	-$0.66	-$0.81	-$0.94	-$1.11	-$0.80	-$0.94	-$1.06	-$0.76	-$0.66	-$0.81	-$0.94	-$1.11	-$0.66
Outpatient	#DIV/0!	-$1.19	-$1.45	-$1.69	-$1.99	-$1.44	-$1.68	-$1.91	-$1.37	-$1.19	-$1.45	-$1.69	-$1.99	-$1.44	-$1.68	-$1.91	-$1.37	-$1.19	-$1.45	-$1.69	-$1.99	-$1.19
Professional	#DIV/0!	-$1.00	-$1.23	-$1.43	-$1.68	-$1.22	-$1.42	-$1.61	-$1.16	-$1.00	-$1.23	-$1.43	-$1.68	-$1.22	-$1.42	-$1.61	-$1.16	-$1.00	-$1.23	-$1.43	-$1.68	-$1.00
Prescription Drug	#DIV/0!	-$0.64	-$0.78	-$0.91	-$1.07	-$0.77	-$0.90	-$1.02	-$0.73	-$0.64	-$0.78	-$0.91	-$1.07	-$0.77	-$0.90	-$1.02	-$0.73	-$0.64	-$0.78	-$0.91	-$1.07	-$0.64
Other	#DIV/0!	-$0.07	-$0.09	-$0.10	-$0.12	-$0.08	-$0.10	-$0.11	-$0.08	-$0.07	-$0.09	-$0.10	-$0.12	-$0.08	-$0.10	-$0.11	-$0.08	-$0.07	-$0.09	-$0.10	-$0.12	-$0.07
Capitation	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	#DIV/0!	$4.22	$5.16	$6.03	$7.09	$5.16	$6.03	$6.79	$4.86	$4.22	$5.16	$6.03	$7.09	$5.16	$6.03	$6.79	$4.86	$4.22	$5.16	$6.03	$7.09	$4.22
Taxes & Fees	#DIV/0!	-$1.68	-$2.05	-$2.40	-$2.82	-$2.05	-$2.39	-$2.70	-$1.94	-$1.68	-$2.05	-$2.40	-$2.82	-$2.05	-$2.39	-$2.70	-$1.94	-$1.68	-$2.05	-$2.40	-$2.82	-$1.68
Risk & Profit Charge	#DIV/0!	$10.40	$12.72	$14.86	$17.47	$12.71	$14.85	$16.75	$11.99	$10.40	$12.72	$14.86	$17.47	$12.71	$14.85	$16.75	$11.99	$10.40	$12.72	$14.86	$17.47	$10.40
Total Rate Increase	#DIV/0!	$9.39	$11.48	$13.41	$15.77	$11.50	$13.44	$15.12	$10.82	$9.39	$11.48	$13.41	$15.77	$11.50	$13.44	$15.12	$10.82	$9.39	$11.48	$13.41	$15.77	$9.39
Member Cost Share Increase	#DIV/0!	$6.31	$4.40	$3.02	$1.49	$2.94	$1.49	$0.61	$2.91	$6.31	$4.40	$3.02	$1.49	$2.94	$1.49	$0.61	$2.91	$6.31	$4.40	$3.02	$1.49	$6.31

Average Current Rate PMPM	$411.34	$278.63	$340.61	$397.99	$467.96	$340.33	$397.64	$448.62	$321.14	$278.63	$340.61	$397.99	$467.96	$340.33	$397.64	$448.62	$321.14	$278.63	$340.61	$397.99	$467.96	$278.63
Projected Member Months	973,184	24,660	25,520	62,014	230,219	86,641	136,226	77,035	7,272	10,909	2,843	8,264	102,211	72,658	75,997	15,206	2,116	2,281	2,578	2,975	5,752	33

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	71644NY0050001	71644NY0050002	71644NY0050003	71644NY0050004	71644NY0070002	71644NY0070003	71644NY0070004	71644NY0080002	71644NY0170001	71644NY0170002	71644NY0170003	71644NY0170004	71644NY0190002	71644NY0190003	71644NY0190004	71644NY0210002	71644NY0230001	71644NY0230002	71644NY0230003	71644NY0230004	71644NY0240001
Average Rate PMPM	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TAC, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS'S funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Net Amt of Risk Adj	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	71644NY0050001	71644NY0050002	71644NY0050003	71644NY0050004	71644NY0070002	71644NY0070003	71644NY0070004	71644NY0080002	71644NY0170001	71644NY0170002	71644NY0170003	71644NY0170004	71644NY0190002	71644NY0190003	71644NY0190004	71644NY0210002	71644NY0230001	71644NY0230002	71644NY0230003	71644NY0230004	71644NY0240001
Plan Adjusted Index Rate	$430.42	$291.62	$356.49	$416.54	$489.77	$356.23	$416.21	$469.53	$336.12	$291.62	$356.49	$416.54	$489.77	$356.23	$416.21	$469.53	$336.12	$291.62	$356.49	$416.54	$489.77	$291.62
Member Months	973,184	24,660	25,520	62,014	230,219	86,641	136,226	77,035	7,272	10,909	2,843	8,264	102,211	72,658	75,997	15,206	2,116	2,281	2,578	2,975	5,752	33
Total Premium (TP)	$418,876,348	$7,191,349	$9,097,625	$25,831,312	$112,754,360	$30,864,123	$56,698,623	$36,170,244	$2,444,265	$3,181,283	$1,013,501	$3,442,287	$50,059,881	$25,882,959	$31,630,711	$7,139,673	$711,230	$665,185	$919,031	$1,239,207	$2,817,157	$9,623
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$370,539,319	$8,899,486	$9,486,145	$24,170,485	$95,545,762	$29,531,524	$48,686,542	$29,316,431	$2,359,224	$3,936,922	$1,056,783	$3,220,964	$42,419,675	$24,765,428	$27,160,976	$5,786,794	$686,485	$823,184	$958,279	$1,159,532	$2,387,199	$11,909
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$42,443,922	$3,266,738	$2,360,285	$3,937,410	$7,227,941	$5,356,498	$4,275,819	$985,167	$444,726	$1,445,127	$262,942	$524,700	$3,209,006	$4,492,012	$2,385,370	$194,463	$129,406	$302,167	$238,433	$188,890	$180,589	$4,372
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$328,095,397	$5,632,749	$7,125,860	$20,233,074	$88,317,821	$24,175,026	$44,410,723	$28,331,264	$1,914,498	$2,491,795	$793,841	$2,696,264	$39,210,669	$20,273,416	$24,775,606	$5,592,331	$557,079	$521,018	$719,846	$970,642	$2,206,610	$7,538
Net Amt of Rein	-$3,568,342	-$90,420	-$93,573	-$227,385	-$844,137	-$317,684	-$499,495	-$282,462	-$26,664	-$40,000	-$10,424	-$30,301	-$374,774	-$266,413	-$278,656	-$55,755	-$7,759	-$8,364	-$9,453	-$10,908	-$21,091	-$121
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

HEALTH REPUBLIC
INSURANCE

June 11th, 2014

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

To Whom It May Concern:

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

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

State Filings Department
Perr&Knight
[redacted]

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

Sincerely,
[redacted]

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 On Exchange

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

Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/10/2014		Supporting Document	Actuarial Memorandum/Actuarial Certification	06/19/2014	
06/10/2014		Supporting Document	Exhibit 13-Narrative Summary and Numerical Summary	06/23/2014	HRINY NY State Exhibits SG 6-8-14 On-Exhibit 13.pdf HRINY NY State Exhibits SG 6-8-14 On-Exhibit 13.xlsx
06/10/2014		Supporting Document	Exhibit 14B-Sm Grp Requested Percentage Changes	06/19/2014	
06/10/2014		Supporting Document	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages	06/19/2014	
06/10/2014		Supporting Document	Exhibit 16-Summary of Policy Form & Product Changes	06/19/2014	
06/10/2014		Supporting Document	Initial Notice of Proposed Rate Adjustment	06/19/2014	
06/10/2014		Supporting Document	Final Notice of Proposed Rate Adjustment	06/19/2014	