Filing at a Glance

Company:	Health Insurance Plan of Greater New York
Product Name:	HIP HMO INDIVIDUAL EXCHANGE
State:	New York
TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02I.005D Individual - HMO
Filing Type:	Prior Approval Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	HPHP-129572092
SERFF Status:	Assigned
State Tr Num:	2014060189
State Status:	
Co Tr Num:	2014 0613 HIP INDIVIDUAL ON EXCHANGE 2015 RATE FILING
Implementation Date Requested:	On Approval
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *Health Insurance Plan of Greater New York*
TOI/Sub-TOI: *HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO*
Product Name: *HIP HMO INDIVIDUAL EXCHANGE*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

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

PPACA: Not PPACA-Related

PPACA Notes: null
Include Exchange Intentions: No

Filing Description:
This filing contains the Rate portion of the HIP Individual Exchange 2015 Form and Rate Application. The 2015 Form Filing for Individual On Exchange is being filed under SERFF# HPHP-129574453.

Company and Contact

Filing Contact Information

[redacted]
55 Water St
New York, NY 10041

[redacted]

Filing Company Information

Health Insurance Plan of Greater New York
55 Water Street
New York, NY 10041
[redacted]

CoCode: 55247
Group Code: 91
Group Name:
FEIN Number: 13-1828429

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): 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.): Form and Rate

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

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

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 and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): No

State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HIP HMO INDIVIDUAL EXCHANGE
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval Exchange Form & Rate Filing
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 01/01/2014
Filing Method of Last Filing: Exchange Forms & Rates

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):
Health Insurance Plan of Greater New York	Increase	9.500%	9.500%	$20,869,066	23,820	$220,522,106	33.800%	1.800%

State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HIP HMO INDIVIDUAL EXCHANGE
Project Name/Number: /

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 - HIP Individual On Exchange 2015		New		Rate Manual - HIP Individual On Exchange 2015.pdf,

Health Insurance Plan of Greater New York
New York City
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$554.22	$618.36
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$1,108.44	$1,236.72
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$942.17	$1,051.21
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$1,579.53	$1,762.33
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$228.34	$254.76
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$570.85	$636.91
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$1,141.70	$1,273.82
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$970.45	$1,082.75
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$1,626.92	$1,815.19
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$460.85	$507.19
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$921.70	$1,014.38
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$783.45	$862.22
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$1,313.42	$1,445.49
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$189.87	$208.96
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$474.68	$522.41
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$949.36	$1,044.82
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$806.96	$888.10
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$1,352.84	$1,488.87
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$385.31	$419.06
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$770.62	$838.12
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$655.03	$712.40
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$1,098.13	$1,194.32
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$158.75	$172.65
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$396.87	$431.63
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$793.74	$863.26
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$674.68	$733.77
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$1,131.08	$1,230.15
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$332.89	$364.55
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$665.78	$729.10
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$565.91	$619.74
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$948.74	$1,038.97
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$137.15	$150.19
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$342.88	$375.49
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$685.76	$750.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$582.90	$638.33
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$977.21	$1,070.15
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$202.83	$206.50
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$405.66	$413.00
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$344.81	$351.05
Catastrophic	Standard	Base	Select Care Basic	On		Family	$578.07	$588.53

Health Insurance Plan of Greater New York
Long Island
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$629.85	$702.74
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$1,259.70	$1,405.48
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$1,070.75	$1,194.66
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$1,795.07	$2,002.81
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$259.50	$289.53
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Ind	$648.75	$723.82
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Ind + Sp	$1,297.50	$1,447.64
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Parent + Chld(rn)	$1,102.88	$1,230.49
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Family	$1,848.94	$2,062.89
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$523.74	$576.41
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$1,047.48	$1,152.82
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$890.36	$979.90
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$1,492.66	$1,642.77
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$215.78	$237.48
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$539.45	$593.70
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$1,078.90	$1,187.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$917.07	$1,009.29
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$1,537.43	$1,692.05
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$437.89	$476.25
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$875.78	$952.50
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$744.41	$809.63
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$1,247.99	$1,357.31
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$180.41	$196.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$451.03	$490.54
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$902.06	$981.08
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$766.75	$833.92
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$1,285.44	$1,398.04
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$378.31	$414.29
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$756.62	$828.58
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$643.13	$704.29
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$1,078.18	$1,180.73
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$155.86	$170.69
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$389.66	$426.72
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$779.32	$853.44
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$662.42	$725.42
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$1,110.53	$1,216.15
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$230.50	$234.68
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$461.00	$469.36
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$391.85	$398.96
Catastrophic	Standard	Base	Select Care Basic	On		Family	$656.93	$668.84

Health Insurance Plan of Greater New York
Mid-Hudson
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$554.22	$741.31
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$1,108.44	$1,482.62
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$942.17	$1,260.23
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$1,579.53	$2,112.73
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$228.34	$305.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$570.85	$763.55
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$1,141.70	$1,527.10
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$970.45	$1,298.04
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$1,626.92	$2,176.12
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$460.85	$608.04
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$921.70	$1,216.08
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$783.45	$1,033.67
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$1,313.42	$1,732.91
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$189.87	$250.51
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$474.68	$626.28
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$949.36	$1,252.56
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$806.96	$1,064.68
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$1,352.84	$1,784.90
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$385.31	$502.38
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$770.62	$1,004.76
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$655.03	$854.05
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$1,098.13	$1,431.78
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$158.75	$206.98
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$396.87	$517.45
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$793.74	$1,034.90
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$674.68	$879.67
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$1,131.08	$1,474.73
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$332.89	$437.03
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$665.78	$874.06
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$565.91	$742.95
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$948.74	$1,245.54
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$137.15	$180.06
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$342.88	$450.14
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$685.76	$900.28
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$582.90	$765.24
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$977.21	$1,282.90
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$202.83	$247.55
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$405.66	$495.10
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$344.81	$420.84
Catastrophic	Standard	Base	Select Care Basic	On		Family	$578.07	$705.52

Health Insurance Plan of Greater New York
Albany
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$0.00	$740.98
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,481.96
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,259.67
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$0.00	$2,111.79
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$0.00	$305.28
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$0.00	$763.21
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,526.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,297.46
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$0.00	$2,175.15
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$0.00	$607.77
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,215.54
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,033.21
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$0.00	$1,732.14
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$0.00	$250.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$0.00	$626.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,252.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,064.20
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$0.00	$1,784.10
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$0.00	$502.16
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,004.32
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$853.67
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$0.00	$1,431.16
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$0.00	$206.89
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$0.00	$517.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,034.44
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$879.27
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$0.00	$1,474.08
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$0.00	$436.84
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$873.68
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$742.63
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$0.00	$1,244.99
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$0.00	$179.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$0.00	$449.95
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$899.90
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$764.92
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$0.00	$1,282.36
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$0.00	$247.45
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$0.00	$494.90
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$0.00	$420.67
Catastrophic	Standard	Base	Select Care Basic	On		Family	$0.00	$705.23

Health Insurance Plan of Greater New York
Syracuse
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$0.00	$740.98
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,481.96
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,259.67
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$0.00	$2,111.79
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$0.00	$305.28
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$0.00	$763.21
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,526.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,297.46
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$0.00	$2,175.15
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$0.00	$607.77
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,215.54
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,033.21
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$0.00	$1,732.14
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$0.00	$250.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$0.00	$626.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,252.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,064.20
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$0.00	$1,784.10
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$0.00	$502.16
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,004.32
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$853.67
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$0.00	$1,431.16
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$0.00	$206.89
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$0.00	$517.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,034.44
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$879.27
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$0.00	$1,474.08
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$0.00	$436.84
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$873.68
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$742.63
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$0.00	$1,244.99
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$0.00	$179.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$0.00	$449.95
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$899.90
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$764.92
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$0.00	$1,282.36
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$0.00	$247.45
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$0.00	$494.90
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$0.00	$420.67
Catastrophic	Standard	Base	Select Care Basic	On		Family	$0.00	$705.23

Health Insurance Plan of Greater New York
Utica/Watertown
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$0.00	$740.98
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,481.96
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,259.67
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$0.00	$2,111.79
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$0.00	$305.28
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$0.00	$763.21
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,526.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,297.46
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$0.00	$2,175.15
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$0.00	$607.77
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,215.54
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,033.21
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$0.00	$1,732.14
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$0.00	$250.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$0.00	$626.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,252.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,064.20
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$0.00	$1,784.10
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$0.00	$502.16
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,004.32
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$853.67
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$0.00	$1,431.16
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$0.00	$206.89
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$0.00	$517.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,034.44
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$879.27
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$0.00	$1,474.08
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$0.00	$436.84
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$873.68
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$742.63
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$0.00	$1,244.99
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$0.00	$179.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$0.00	$449.95
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$899.90
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$764.92
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$0.00	$1,282.36
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$0.00	$247.45
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$0.00	$494.90
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$0.00	$420.67
Catastrophic	Standard	Base	Select Care Basic	On		Family	$0.00	$705.23

Health Insurance Plan of Greater New York
Individual Exchange Products
Form Name and Number

Form Name	Form Number	Product Name
Individual Base Contract	155-23-IONHIXHMO(04/14)	Select Care
Individual Child Only Contract	155-23-ICOHIXHMO (04/14)	Select Care
Individual Bronze Schedule	155-23-IONHIXBSchedule(04/14)	Select Care
Individual Catastrophic Schedule	155-23-IONHIXCSchedule (04/14)	Select Care
Individual Gold Schedule	155-23-IONHIXGSchedule (04/14)	Select Care
Individual Platinum Schedule	155-23-IONHIXPSchedule (04/14	Select Care
Individual Silver Schedule	155-23-IONHIXSSchedule (04/14	Select Care
Individual Silver 100 Schedule	155-23-IONHIXS100Schedule(04/14)	Select Care
Individual Silver 150 Schedule	155-23-IONHIXS150Schedule(04/14)	Select Care
Individual Silver 200 Schedule	155-23-IONHIXS200Schedule(04/14)	Select Care
Individual Rider to Extend	155-23-IHIXD29 (04/14)	Select Care

Health Insurance Plan of Greater New York
Individual Exchange Products
Region and Area Factors

County	Region	Area Factor
Bronx	New York City	0.9556
Kings	New York City	0.9556
New York	New York City	0.9556
Queens	New York City	0.9556
Richmond	New York City	0.9556
Rockland	New York City	0.9556
Westchester	New York City	0.9556
Nassau	Long Island	1.0860
Suffolk	Long Island	1.0860
Orange	Mid-Hudson	1.1456
Albany	Albany	1.1451
Columbia	Albany	1.1451
Fulton	Albany	1.1451
Greene	Albany	1.1451
Montgomery	Albany	1.1451
Renssellar	Albany	1.1451
Saratoga	Albany	1.1451
Schenectady	Albany	1.1451
Schoharie	Albany	1.1451
Warren	Albany	1.1451
Washington	Albany	1.1451
Broome	Syracuse	1.1451
Ostego	Utica/Watertown	1.1451

Health Insurance Plan of Greater New York
Individual Exchange Products
Expected Loss Ratios

HIP Individual on Exchange Expected Loss Ratio	**86.1%**

Health Insurance Plan of Greater New York
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART

HIX Standards - On Marketplace

NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Feb 2013 final versions) and NYS laws/regulations.

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

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions 200 - 250 % FPL (AV = 0.72 to 0.74)	Silver - CSR Versions 150 - 200% FPL (AV = 0.86 to 0.88)	Silver - CSR Versions 100 - 150% FPL (AV = 0.93 to 0.95)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Native American Cost-Sharing variation Less than or equal to 300% FPL
DEDUCTIBLE (single)	$0	$600	$2,000	$1,200	$250	$0	$3,000	$6,600	$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000	$4,000	$5,500	$5,200	$2,000	$1,000	$6,350	$6,600	$0
COST SHARING - MEDICAL SERVICES									
Inpatient Facility/SNF/Hospice	$500 per admission	$1,000 per admission	$1,500 per admission	$1,500 per admission	$250 per admission	$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	$15	$25	$30	$30	$15	$10	50% cost sharing	0% cost sharing	0% cost sharing
Telemedicine	$10	$10	$10	$10	$10	$10	$10	$10	$10
Telemedicine Dietician	$5	$5	$5	$5	$5	$5	$5	$5	$5
Specialist	$35	$40	$50	$50	$35	$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	$25	$30	$30	$30	$25	$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	$55	$60	$70	$70	$50	$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
INPATIENT HOSPITAL SERVICES									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility						50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility						50% cost sharing	0% cost sharing	0% cost sharing
EMERGENCY MEDICAL SERVICES									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case						50% cost sharing	0% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing	$0 copay						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hospice	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PREVENTIVE & PRIMARY CARE SERVICES									
Bone density testing	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.								
Cervical cytology									
Colonoscopy screening									
Gynecological exams									
Immunizations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mammography									
Prenatal maternity care									
Prostate cancer screening									
Routine exams									
Women's preventive health services									

PHYSICIAN/PROFESSIONAL SERVICES									
Inpatient hospital surgery - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)						50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
ADDITIONAL BENEFITS/SERVICES									
ABA treatment for Autism Specturm Disorder	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device						50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. $200/$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.								
PEDIATRIC DENTAL SERVICES									
Dental office visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES									
Eye exam visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames						50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
PRESCRIPTION DRUGS									
Generic or Tier 1	$10	$10	$10	$10	$9	$6	$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	$30	$35	$35	$35	$20	$15	$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	$60	$70	$70	$70	$40	$30	$70	0% cost sharing	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply									

The following applies to the Platinum, Gold, Silver and Silver-CSR Plans:
For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.
There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.
For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn.
The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

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

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

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

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products.
For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.
For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).

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

Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply.
These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply.
These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

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

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

The maximum out of pocket limit for calendar year 2014 is $6,600 for self only coverage, and $13,200 for family coverage.
Plans will need to amend the individual rate filing to reflect the revised catastrophic plan design.
Plans that submitted any plan design with a maximum out of pocket limit exceeding the official maximums will need to submit an amendment to the filing to revise such out of pocket limit.

Family verification

- EmblemHealth will request a Federal 1040 form and/or a marriage certificate to verify the marriage of two individuals with different last names. In addition, EmblemHealth will

require a birth certificate and/or Federal 1040 Form as proof that a dependent is eligible for coverage if the dependent has a last name different from the subscriber.

Domestic Partners

Domestic partner coverage is available with EmblemHealth.

- A domestic partner will be treated as a dependent.
- Eligible dependents of the domestic partner may be added.
- Domestic partners are not recognized by the IRS and may not receive tax benefits afforded to non-domestic partners (e.g., Health Savings Accounts).
- Domestic partners must submit the following form to EmblemHealth. This form must be notarized.

EmblemHealth's Declaration of Cohabitation & Financial Interdependence Form (DCFIF). In addition, the partners must also provide three documents showing a similar residence and financial interdependence. The specific list of acceptable documents is shown on the Declaration of Cohabitation & Financial Interdependence Form.

High Deductible Health Plans

- The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product.
- EmblemHealth will require a signed statement that the deductible is not being funded by the employer or any other first dollar coverage plan.

Health Insurance Plan of Greater New York
Individual Exchange Products
Commission Schedule and Fees

HIP Individual on Exchange Commission	**0% of premium**

Health Insurance Plan of Greater New York
Individual Exchange Products
Effective January 1, 2015 - December 31, 2015

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Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	
Attachment(s):	Act Memo HIP Individual ON.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	2015 HHS AV Calculator Print Outs HIP IND On.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 11-General Information
Comments:	
Attachment(s):	HIP Individual ON Exhibit 11.xls HIP Individual ON Exhibit 11.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	HIP Individual ON Exhibit 13.xls HIP Individual ON Exhibit 13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	
Attachment(s):	HIP Individual ON Exhibit 14A.xls HIP Individual ON Exhibit 14A.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	

Attachment(s):	HIP Individual ON Exhibit 15A.xls HIP Individual ON Exhibit 15A.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	HIP Individual ON Exhibit 16.xls HIP Individual ON Exhibit 16.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	HIP Individual ON Exhibit 17.xls HIP Individual ON Exhibit 17.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	HIP Individual ON Exhibit 18.xls HIP Individual ON Exhibit 18.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	HIP Individual ON Exhibit 19.xls HIP Individual ON Exhibit 19.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	HIP Individual ON Exhibit 20.xls HIP Individual ON Exhibit 20.pdf
Item Status:	
Status Date:	

State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HIP HMO INDIVIDUAL EXCHANGE
Project Name/Number: /

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	HIP Individual ON Exhibit 22.xls HIP Individual ON Exhibit 22.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	HIP Individual ON Exhibit 23.xls HIP Individual ON Exhibit 23.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	EMB_MB_LTR_19850_OnExchangeNYCLIBasic.pdf EMB_MB_LTR_19850_OnExchangeNYCLIBronze.pdf EMB_MB_LTR_19850_OnExchangeNYCLIGold.pdf EMB_MB_LTR_19850_OnExchangeNYCLIPlatinum.pdf EMB_MB_LTR_19850_OnExchangeNYCLISilver.pdf EMB_MB_LTR_19850_OnExchangeNYCLISilverCSR1.pdf EMB_MB_LTR_19850_OnExchangeOrangeBasic.pdf EMB_MB_LTR_19850_OnExchangeOrangeBronze.pdf EMB_MB_LTR_19850_OnExchangeOrangeGold.pdf EMB_MB_LTR_19850_OnExchangeOrangePlatinum.pdf EMB_MB_LTR_19850_OnExchangeOrangeSilverCSR1.pdf EMB_MB_LTR_19850_OnExchangeOrangeSilver.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	HIP Individual On Draft Final Notice 2015.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	

State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HIP HMO INDIVIDUAL EXCHANGE
Project Name/Number: /

Attachment(s):	Act Memo HIP Individual ON - REDACTED.pdf Act Memo Appendices HIP Individual ON.pdf 2015 HHS AV Calculator Print Outs HIP IND On.pdf HIP Individual ON Exhibit 13.pdf HIP Individual ON Exhibit 14A.pdf HIP Individual ON Exhibit 15A.pdf HIP Individual ON Exhibit 16.pdf HIP Individual ON Exhibit 17.pdf HIP Individual ON Exhibit 18.pdf HIP Individual ON Exhibit 19.pdf HIP Individual ON Exhibit 20.pdf HIP Individual ON Exhibit 21A - REDACTED.pdf HIP Individual ON Exhibit 21B - REDACTED.pdf HIP Individual ON Exhibit 22 - REDACTED.pdf HIP Individual ON Exhibit 23.pdf HIP Individual ON URRT.pdf Rate Manual - HIP Individual On Exchange 2015.pdf EMB_MB_LTR_19850_OnExchangeNYCLIBasic.pdf EMB_MB_LTR_19850_OnExchangeNYCLIBronze.pdf EMB_MB_LTR_19850_OnExchangeNYCLIGold.pdf EMB_MB_LTR_19850_OnExchangeNYCLIPlatinum.pdf EMB_MB_LTR_19850_OnExchangeNYCLISilver.pdf EMB_MB_LTR_19850_OnExchangeNYCLISilverCSR1.pdf EMB_MB_LTR_19850_OnExchangeOrangeSilverCSR1.pdf EMB_MB_LTR_19850_OnExchangeOrangeSilver.pdf EMB_MB_LTR_19850_OnExchangeOrangePlatinum.pdf EMB_MB_LTR_19850_OnExchangeOrangeGold.pdf EMB_MB_LTR_19850_OnExchangeOrangeBronze.pdf EMB_MB_LTR_19850_OnExchangeOrangeBasic.pdf HIP Individual On Draft Final Notice 2015.pdf HIP Individual ON Exhibit 11 - REDACTED.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	HIP Individual ON URRT.xlsm HIP Individual ON URRT.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memo Appendices and Supporting Exhibits
Comments:	
Attachment(s):	Act Memo Appendices HIP Individual ON.pdf

State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: HIP HMO INDIVIDUAL EXCHANGE
Project Name/Number: /

Item Status:	
Status Date:	

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Attachment HIP Individual ON URRT.xlsm is not a PDF document and cannot be reproduced here.

Health Insurance Plan of Greater New York (HIP)
HIOS Issuer ID #88582, NAIC #55247

SERFF #HPHP-129572092 for INDIVIDUAL ON EXCHANGE PLANS
SERFF #HPHP-129572415 for INDIVIDUAL OFF EXCHANGE PLANS

ACTUARIAL MEMORANDUM

The purpose of this actuarial memorandum is to provide the details required for HIP's 2015 premium rate filing for Individual HMO products to be sold inside and outside of New York's Health Benefit Exchange. The proposed premium rates are based on a non-rolling rate structure with effective dates of January 2015 – December 2015 (CY15) and will be available to individuals residing in the New York City region, the Long Island region and select counties in the Mid-Hudson, Albany, Syracuse and Utica regions.

Product Listing

HIP's products follow New York State's Standard Benefit Designs:

Metal Level	Standard Plan / Non Standard Plan	Product Name	On Exchange	Metal AV Value
Individual Exchange Plans				
Platinum	Standard	Select Care Platinum	On Exchange	0.881
Gold	Standard	Select Care Gold	On Exchange	0.790
Silver	Standard	Select Care Silver	On Exchange	0.707
Silver CSR 250-250% FPL	Standard	Select Care Silver	On Exchange	0.740
Silver CSR 150-200% FPL	Standard	Select Care Silver	On Exchange	0.867
Silver CSR 100-150% FPL	Standard	Select Care Silver	On Exchange	0.934
Bronze	Standard	Select Care Bronze	On Exchange	0.620
Catastrophic	Standard	Select Care Basic	On Exchange	
Individual Off Exchange Plans				
Platinum	Standard	Select Care Platinum D	Off Exchange	0.881
Gold	Standard	Select Care Gold D	Off Exchange	0.790
Silver	Standard	Select Care Silver D	Off Exchange	0.707
Bronze	Standard	Select Care Bronze D	Off Exchange	0.620
Catastrophic	Standard	Select Care Catastrophic D	Off Exchange	

- A listing of all plans in the Individual Risk Pool (including both On and Off Exchange plans) is attached as **Appendix A.**
- A listing of all plan cost sharing features and benefits are included in **Appendix B.**
- Printouts of the HHS AV Calculator pages for each plan design are provided in **Appendix C.**

- Descriptions of the quality improvement and cost containment programs that will impact these plans are in **Appendix D.**

We are requesting a composite 2015 rate increase of **9.5%** over January 2014 rates for Individual products. The proposed increases for existing products vary by product and by region and can be found in Exhibit 14A. The proposed rates for existing products can be found in the Individual On Exchange and Individual Off Exchange Rate Manuals.

This memo and its supporting exhibits outline the pricing methodology used to derive the proposed increases and rates.

Index Rate Determination

The new HIP Individual Exchange and Off Exchange standard plans will comprise HIP's single risk pool in the individual market. All HIP pre-ACA Individual and sole proprietor plans were discontinued effective January 1, 2014.

HIP has determined an index rate and adjusted index rate for the individual risk pool using permissible market wide adjustments. HIP then used plan level adjustments to develop plan specific rates which conform to the New York State's standardized census tiers. All plan specific rates will be based on the same standard population with no differences in rates due to age, sex occupation or health status except for the catastrophic plan, which is permitted by Federal ACA regulation to reflect the age eligibility difference between the catastrophic plan and the metal level plans.

Experience Period Index Rate

As directed by the New York State Department Financial Services, HIP currently participates in the small group market and must use its small group claims experience as a starting point to determine the premiums rates for the 2015 Individual plans. We have supplemented the small group experience with small group experience from HIP's affiliated company, HIP Insurance Company of New York (HIPIC). A portion of the current Individual 2014 block is membership that has been retained from both HIP and HIPIC 2013 products, so the experience will be a reasonable starting point for pricing the EmblemHealth Select Care Individual On Exchange and Off Exchange products.

Inpatient, outpatient, professional and prescription drug paid claim experience for HIP and HIPIC's fee for service members (excluding the impact of the current Regulation 146 and Stop Loss pools) was compiled by product and neighborhood cohort for claims incurred from January 2013 through December 2013 paid through February 2014. Claims were completed using completion factors provided by the EmblemHealth Valuation Unit.

Also included in the base experience were:

- HCRA surcharge – this accounted for **9.4%** of facility claims in 2013.
- Prescription drugs - A portion of HIP's existing small group and direct pay members do not have prescription drug coverage or have generic only drug coverage. The adjustments to bring

drug coverage up to the EHB levels were determined using HIP's individual and small group experience was **16.4**% of Pharmacy expense.

- Rx rebates – rebates reduced Rx drug claims by **7.4%** in 2013.
- Ancillary capitations – includes 2013 capitations covering certain ancillary services incurred by HIP's fee for service members.

The resulting un-trended Small Group PMPM is **$393.81** per row 10 of **Appendix E**.

Exhibit 18: Index Rate Worksheet: The Average PMPM Incurred Claims (Line 10C) is equal to this un-trended Small Group PMPM.

Exhibit 17: Historical Data: displays the Department's template completed for HIP's small group products. Note that this data includes only HIP Small Group experience (where the claims base data discussed above includes HIP and HIPIC Small Group experience). Also, this data encompasses experience for HIP's fee for service, Medical Group, and Global Risk members (where the claims base data above includes only fee for service experience).

For purposes of this rate filing, we have used the following experience periods:

Most Recent Experience Period – The source data for this filing is experience from January 2013 through December 2013 with recast adjustments to reflect claims run out through February 2013.

First Prior Experience Period – The first prior experience period is January 2012 through December 2012 with recast adjustments through February 2013.

Second Prior Experience Period – The prior experience period is January 2011 through December 2011 with recast adjustments through April 2012.

Standardized Premium

Appendices F-1 and F-2 provide two examples for the development of standardized premiums for the three experience periods, which are displayed in Exhibit 17. We are showing the standardized premium development for CompreHealth HMO which was on a rolling rate structure and Small Group Healthy New York which was on a non-rolling rate structure.

For the second prior experience period, factors for each policy form and market segment grouping were developed to determine the relationship between base earned premiums and 4th quarter 2013 standardized premiums. All rates used in this development were from the 2010 through 2013 HIP Rate Manuals.

In this development, January 2011 – December 2011 average weighted individual employee rates were used as a proxy for the prior base period earned premium PMPMs. These were developed first by calculating a blended base rate for each month of renewal. For example, for a February 2011 renewal, the average prior period rate reflects one month of the 1st Quarter 2010 rate and 11 months of the 1st quarter 2011 rate as displayed below:

February 2011 Average Rate = [(1 * Q1 2010 Rate) + (11 * Q1 2011 Rate)] / 12

Once the blended base rate premium was developed for each renewal month, these were assigned weights based upon the proportion of total premiums received by renewal month. This weighting of the blended base rates resulted in the prior period average weighted rate.

The 4th quarter 2013 rates were then divided by the 2011 average weighted rates to develop factors at the policy form and market segment level of detail described above. These factors were multiplied by the prior base period earned premium in order to calculate the standardized premium at the same level of detail and which are summarized in the prior experience period section of the summary template.

The same approach was used to develop factors measuring the relationship between 4th quarter 2013 rates and the first prior period average weighted individual employee rates and the most recent period average weighted individual employee rates. These factors were similarly applied to the January 2012 – December 2012 and January 2013 – December 2013 earned premiums in order to develop the standardized premium in the summary template.

Note that the standardized premium calculation does not reflect shifts in membership or changes in underlying benefits experienced over the last several years.

Credibility of Experience

The small group pool is partially credible under NAIC guidelines. However, this pool is fully credible under HIP's filed experience-rated methodology.

Trends

The components of HIP's medical trend factors for our fee for service providers are shown in **Appendix G** and exclude any changes included as part of the market wide adjustments described later in this Actuarial Memorandum.

- Medical Unit Cost – the unit cost trend has been updated to reflect expected contracted increases for our most frequently utilized facilities and mix of services. Per DFS' instructions, Exhibit 21 shows facility level increases using only HIP Small Group allowed claims data. Note that our assumed pricing trend included HIP and HIPIC Small Group, Direct Pay, and Sole Proprietor 2013 allowed claims data.
    - Note that Exhibit 21 only projects standard contracted cost trend and does not include such changes as changes in outlier provisions, changes in carve outs, changes in severity of admissions or services, and changes in hospital or provider mix.
- Rx Unit Cost – the Rx unit cost trend reflects historical cost trend that we are observing for our Large Group HMO business.
- Leveraging – leveraging trends were developed using the methodology and factors in the 2013 Milliman Commercial Rating Structures manual.
- Utilization - This assumption represents "pure" utilization independent of changes in underlying demographics and risk of the population and there are no changes from HIP's 2013 Prior Approval rate filing except for inpatient facility utilization. Inpatient facility utilization

projections have been updated to reflect the underlying trends for a stable population with consistent risk characteristics over time. To develop these projections, we look at long term utilization trend for our Large Group HMO business, other large group business, and hospital association statistics from the American Hospital Association, health care trend surveys and reports, and federal government data including MedPac reports at www.medpac.gov, in addition to conversations with our clinicians.

  - Note that we show utilization statistics in Exhibit 22 for HIP Small Group. We have included HIP responsible claims for fee-for-service members only, which is consistent with how the base claims experience was developed. Due to tremendous shifts (as a result of product discontinuances and downgrades) in the Small Group business, the trends in Exhibit 22 are skewed and as such, were not used as a basis for the Utilization trend assumption.

- Risk Score - The risk score component was largely based upon historical trends in prospective DCG risk scores. DCG Prospective risk scores are an industry standard indicator of a population's future costs. The SOA Risk Score Study (http://www.soa.org/research/research-projects/health/hlth-risk-assement.aspx) contains information on the accuracy of risk models.

We are anticipating no change in the 2013 HCRA surcharge percentage on claims subject to the surcharge for 2015. We are also anticipating no change in the 2013 Rx rebate percentage.

Expected ancillary capitation increases (of 3.4% annually overall) for HIP Commercial business were applied to the 2013 ancillary capitations. Any changes to the expected 2015 cost of these ancillary services due to changes in covered benefits are reflected in the market-wide adjustments described below.

Medical trends in **Appendix G** and the ancillary capitation trend were applied using the following formula to derive the average 2015 claims PMPM projections.

2015 claims PMPM = [2013 PMPM]*
[(1+ 2014 trend %)]*[(1 + 2015 trend %)]

The resulting trended, but unadjusted, small group PMPM is **$460.00** per row 29 of **Appendix E**.

Adjustments to the Projection Period Claims

The following market wide adjustments were applied to the projected 2015 claims PMPMs:

Compliance with Essential Health Benefits (EHB) – We are assuming that benefits related to the Women's Health and Autism mandates are included in the 2013 base experience. Total EHB excluding Women's Health and Autism were projected to be $1.91 PMPM in 2014 which we have trended forward to a 2015 PMPM of $2.10.

All other benefit adjustments to comply with EHB have a minimal impact to claims costs.

Product/Neighborhood/Market Adjustment: A portion of our Individual business contains members who had prior coverage with HIP or HIPIC Small Group, Sole P, or Direct Pay plans during the 4th Quarter of 2013. We have re-weighted the 2013 Small Group PMPMs to account for regional differences in our current 2014 Individual population. We have also re-weighted the product-level Small Group Fee-for-service PMPMs to account for the 2014 distribution by pre-ACA Small Group, Sole P, and Direct Pay product of these retained members. The resulting adjustment is **1.728** (see **Appendix H**).

MG/GR Risk -
As described above, our initial claim cost is based on HIP/HPIC Fee-For-Service membership. Members utilizing HIP's Traditional Medical Groups (e.g., AdvantageCare Physicians (ACP)) and HIP's Global Risk Entities (e.g., Montefiore) have lower risk scores than Fee-For-Service members based on data used for the DFS Risk Adjustment simulation. We reduced the projected claim cost to take this into account per **Appendix I**.

Provider Network Changes – Starting in 2014, HIP is using a new network called the Select Care network which will have fewer facilities and physicians than HIP's 2013 networks. We expect this network will achieve additional savings of **11.3%** due to shifts in services to more efficient facilities and providers**.**

Pent Up Demand - For 2014 pricing, we assumed that pent up demand for the uninsured would add **6.2**% in additional cost. For 2015, we assumed Pent Up Demand will be reduced by about half.

New Member Morbidity – As discussed above, we started with HIP/HIPIC Small Group 2013 trended experience and re-weight the product level PMPMs based upon the members that we are retaining from the pre-ACA 2013 HIP/HIPIC block of business. We make a further adjustment of **0.810** based upon the relative morbidity of the anticipated 2015 members that will be new to HIP/HIPIC. We assumed the average age of population that was new to HIP Individual in 2014 would stay the same 2015. The morbidity factors for former HIP/HIPIC members and new members were derived from the following SOA study: "Health Care Costs – From Birth to Death" (http://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx).

Pricing Actuarial Value (AV) Adjustments - Actuarial value (AV) pricing values were determined using a benefit pricing model based on HIP and HIPIC 's claims experience incurred January 2013 through December 2013 paid through February 2014 plus completion factors to account for claim incurred but not reported. The AV pricing values identify the relative value between plans due to changes in cost sharing and do not reflect induced demand which is the differences in spending pattern attributable to the richness of the plan design.

The AV of the current HIP/HIPIC experience described above is **85.9**%. The AV of HIP's Individual membership is expected to be **80.4**%. The AV of **80.4**% was calculated based on actual 2014 membership distribution by plan design and the Pricing AV that was calculated for each plan design. The development of the Pricing AV for each plan design is described below. The resulting ratio of 80.4%/85.9% **(0.936**) was applied to the projected costs to take into account the higher cost sharing anticipated in the HIP Individual On and Off Exchange membership.

Induced Demand Adjustments
For our current HIP/HIPIC experience, we used the following induced demand factors based on the Induced Demand factors included in the HHS final rules re Risk Adjustment:

- 1.00 for Bronze Metal Products
- 1.03 for Silver Metal Products
- 1.08 for Gold Metal Products
- 1.15 for Platinum Metal Products

Induced demand was demonstrated and quantified in the Rand Health Insurance Experiment. These adjustments for induced demand do not reflect differences in the health status of our members.

Note that we interpolated Induced Demand factors based on the AV of the pre-ACA plan designs. The resulting composite induced demand factor based on our current HIP/HIPIC experience was **1.118.**

We then calculated expected Induced Demand for HIP's Individual membership based on expected membership distribution by On and Off Exchange product (including the Silver CSR plans) and the HHS' induced demand factors above. The result is an expected Induced Demand factor of **1.053**.

We then incorporated the additional Induced Demand factors for the Silver CSR plans (e.g., 1.12 for the 87% AV and 94% AV options) into the Induced Demand projections. This resulted in an additional expected Induced Demand factor of **1.040.**

The composite HIP Individual Induced Demand factor is **1.095**. The resulting ratio of 1.095/1.118 (**0.980**) was applied to projected claim costs to take into account the lower induced demand anticipated in the HIP Individual membership.

Adjustment for Catastrophic membership
An adjustment is needed to adjust for the reduced premium due to members choosing the Catastrophic option. We calculated an adjustment of **0.5**% for this item.

Index Rate
The resulting HIP Individual Index rate is **$521.77** PMPM per row 45 of **Appendix E.**

Adjustments to Index Rate

Federal Risk Adjustment Program – We based the risk adjustment PMPM solely upon the initial DFS membership survey. (Note that there was a second survey, but results did not change significantly and we did not update this assumption). Based upon the modeling, we assumed a Risk Adjustment receipt of **$9.10**.

Federal Transitional Reinsurance Program – HIP's January through December 2013 experience period claims were trended to 2015 and adjusted to reflect the changes assumed in the HIP Individual population including experience based on members retained from prior HIP/HIPIC coverage, provider

network savings, and anticipated morbidity of the new population. We are using the updated 2015 Reinsurance parameters that were released on May 16, 2014:

- Attachment point of $45,000
- Reinsurance cap of $250,000
- Coinsurance rate of 50%

Per **Appendix E**, the resulting projected Reinsurance payment is $**73.61** PMPM.

The resulting HIP Individual Adjusted Index Rate is $**439.06** PMPM per row 48 of **Appendix E.**

Plan-Design Level Rate Adjustments

The following adjustments were made to develop plan-specific PMPM rates from the adjusted index rate.

Pricing AV by plan design

To develop Pricing AV, we took the projected HIP/HIPIC experience described above, but used allowed claim expenses. We then adjusted these projected allowed claim expenses to take into account the improved morbidity and Select Care network savings described above. Depending on the plan design, continuance tables were then built to determine a Paid/Allowed ratio for each of the standardized plan designs. The Pricing AV was applied to the unadjusted Index Rate described above, since the Reinsurance and Risk Adjustment PMPMs were applied separately per below.

The Pricing AV for each plan design was then divided by the average Pricing AV included in the adjusted index rate described above.

Induced Demand

The induced demand for each plan design was calculated using HHS' induced demand factors described above. The induced demand for each plan design was divided by the average induced demand included in the adjusted rate described above.

Catastrophic Adjustment

Premium rates for the Catastrophic plan were further adjusted based on the anticipated lower claim costs due to the demographic makeup of the Catastrophic members. We are using the same factor that was derived in the 2014 HIP Individual Exchange rate filing.

Note that we also adjusted the Reinsurance PMPM for the Catastrophic plan as well, using the same factor of **0.6508** to reduce the expected Reinsurance PMPM for Catastrophic. The Reinsurance PMPM for other products was increased so that the aggregate expected Reinsurance PMPM equals the Reinsurance PMPM used in the development of the adjusted index rate described above.

Reinsurance PMPM

The Reinsurance PMPM described above was applied to each plan design to determine the plan-specific PMPM cost. Note that per above, the Reinsurance PMPM was adjusted to take into account the expected lower Reinsurance payment for Catastrophic members.

Risk Adjustment PMPM
The Risk Adjustment PMPM described above was applied to each plan design to determine the plan-specific PMPM cost.

Plan-Specific PMPM costs
The resulting plan-specific PMPM costs are shown in row 77 of **Appendix E**.

Other Adjustments to Plan-Specific PMPM costs

Covered Lives Assessment (CLA)
Covered Lives Assessment was then added to the PMPM costs. The CLA is based on current 2014 Individual membership. We assumed a **2**% trend from 2014 to 2015 for CLA.

Regulation 146 Adjustments
Emblem companies have $13.5 Million in Regulation 146 disbursements related to pool years 2007 – 2013 to be credited to future Individual premium rates. We will credit half of these disbursements to lower 2015 premium rates and the disbursements that are remaining (including those monies related to pre-2007 pool years) will lower future premium rates (see **Appendix J**).

ACA Fees
The derivation of ACA fees is as follows:

- Insurer Fee: This nation-wide fee associated with PPACA of $11.3 Billion will be spread to all eligible carriers based upon earned 2014 premiums with some exclusions. This fee is anticipated to cost **0.95%** of 2015 premium and is included in the "Other state and federal taxes and assessments" column of the standard Exhibit 19.
- Reinsurance Assessment: This assessment is expected to add $**3.67** PMPM to 2015 earned premium and is included in the "Other state and federal taxes and assessments" column of the standard Exhibit 19.
- PCORI Fee: This fee is anticipated to cost about $**2.00** PMPY, or $**0**.**17** PMPM for 2015 and is included in the "Other state and federal taxes and assessments" column of the standard Exhibit 19.
- Exchange User Fee: the New York Executive Budget has not included any Exchange User Fees so no adjustment is permitted to be included in the 2015 rates.
- Federal Risk Adjustment Program Fee: Plans will be charged a **$0.96** PMPMY fee, or $.**08** PMPM fee for the Federal Risk Adjustment Fee and has been included the "Other state and federal taxes and assessments" column of the standard Exhibit 19.

Administrative Expenses and Margin –
Please refer to Standard Exhibit 19, which contains the projected 2015 administrative expense components for each of the 2014 plan designs.

The derivation of expenses are discussed below:

- Section 332 Assessments: This is expected to be **0.75%** of 2015 premiums.

- Activities that Improve Health Care Quality (as defined in the NAIC Annual Statement Supplement Health Care Exhibit): This is expected to be **2.37**% of 2015 premiums. Please refer to **Appendix D** for a description of these activities.
    - Note that this item has increased significantly from what was filed in 2014. We have highlighted the additional items reflected in this expense in **Appendix D**.
- Commissions and broker fees: Our current commission rate is **0%**.
- Premium Taxes: HIP is not subject to premium taxes
- Other administrative expenses: This is expected to be **8.00**%.
- Margin: We include a **1**% margin in the development of our premium rates.

PMPM rates
The resulting plan specific PMPM premium rates are shown in row 91 of **Appendix E**.

Calculating Premium Rates by Tier and Region

Regional rate adjustments

New York and Long Island Regions (Downstate)
New York and Long Island regional factors are the same in 2015 as they were in 2014.

Mid-Hudson, Albany, Utica, and Buffalo Regions (Upstate)
The HIP Individual service area will be expanding into additional counties in the Mid-Hudson, Albany, Syracuse, and Utica rating regions. We have based the regional factors upon our HIP Large Group Upstate Regional Factor filing (SERFF # HPHP-129446343) with two major differences:

- The Large Group filing combines the New York and Long Island regions into one rating region. Recognizing the differences in unit cost between New York and Long Island, we have based the Mid-Hudson, Albany, Utica, and Buffalo unit cost relativities off of the New York region excluding Long Island.
- We have recognized additional unit cost savings in New York due to the Select Care narrow network that was created in Downstate only. We do not expect to achieve the same level of savings in our Upstate networks.

The work up for the Upstate regional rating factors is in **Appendix K**.

PMPM to Individual rate conversion factor and Family Rate tiers

We calculated the PMPM to Individual (or single person) rate conversion factor based upon current family tier distribution as shown in **Appendix L.**

A premium rate manual has been included which conforms to the New York State's standardized census tiers.

Age 29 Rider

All metal level plans include an optional age 29 rider which extends coverage to unmarried, uninsured adult children up through age 29. The age 29 rider was priced using the adjustment factor of **3**% in our HIP Large HMO Prior Approval Rate Filing approved in SERFF # HPHP – 128543139.

Loss Ratio

The requested premium rates result in an **86.1**% target loss ratio based on the above assumptions.

Uniform Rate Review Template

Worksheet 1 of the Unified Rate Review Template (URRT): Worksheet 1 does not demonstrate the process used to develop the rates. It represents 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 Experience Period in the URRT contains incurred 2013 claims. These claims were derived from allowed claims, incurred from January 2013 through December 2013 paid through February 2014 (plus appropriate completion factors). Trend, market wide factors and expense loads as previously described in this actuarial memorandum were applied to the experience period claims to project 2015 experience. Note that these factors have been adjusted to reflect the differences in URRT base period data.

As previously stated, this exhibit provides information required by Federal regulation and does not demonstrate the process to develop rates.

Worksheet 2 of the URRT:

- The percentage of premium and allowed claims in Sections IV of the URRT removes .01% of cost for termination of pregnancy services since QHP's offered in the Exchange should not be included in the EHB percentage.
- Portion of the total dollars that are attributable to HHS during the projection period (cost sharing reduction subsidies) in Section IV of the URRT equals: Monthly Expected Allowed Claims Costs for Silver Plan Variation * Induced Utilization Factor * (Silver Plan Variation AV - Standard Plan AV).

Form Filings

The Form filing will be submitted under SERFF # HPHP-129574453 for Individual On Exchange plans and SERFF # HPHP-129571818 for Individual Off Exchange plans.

Actuarial Certification

I am a Member of the Society of Actuaries and member of the American Academy of Actuaries; and meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.

I further certify that to the best of my knowledge:

1. This filing, including the projected index rate, is in compliance with all applicable New York State and Federal laws and regulations (45 CFR 156.80(d)(1)).
2. The filing is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 41, Actuarial Communications
3. The expected loss ration incorporated into the proposed rate tables meets the minimum requirement of the State of New York.
4. The benefits are reasonable in relation to the premiums charged.
5. The rates are not unfairly discriminatory.

Appendix C

User Inputs for Plan Parameters

********EH SelectCare Platinum ***********

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)	☐	☑	96.280%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	93.750%		☑	☑		
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):	

*******EH SelectCare PLATINUM PLAN*******

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.1%
Metal Tier:	Platinum

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Gold**********

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)	☑	☑	96.120%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.220%		☑	☑		
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):	☐

*****EH SelectCare GOLD PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Silver **********

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

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

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

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)	☑	☑	95.570%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	92.340%		☑	☑		
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):	☐

*****EH SelectCare SILVER PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.7%
Metal Tier:	Silver

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

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	☑	☑			☑	☑		
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

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,200.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$5,200.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$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:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.99%
Metal Tier:	Silver

Appendix C

User Inputs for Plan Parameters

*****EH SelectCare Silver CSR 150-200% FPL PLAN *****

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	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 ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☑	☐		$75.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$250.00	☑	☑		
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	☑	☐		$250.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.830%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	94.600%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$9.00	☑	☑		
Preferred Brand Drugs	☐	☐		$20.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$40.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☑	☑		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation resolved without matching metal tiers.
Actuarial Value:	86.7%
Metal Tier:	Platinum

*****EH SelectCare SilverCSR 150-200% FPL PLAN *****
The 150-200% FPL plan must use the GOLD tables,
any error message is to be ignored, per AV methodology reg.

Appendix C

User Inputs for Plan Parameters

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

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

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

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

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	☐	☐		$50.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$100.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑		
Specialist Visit	☐	☐		$20.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$20.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$15.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$15.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$20.00	☑	☑		
Skilled Nursing Facility	☐	☐		$100.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	98.480%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	97.760%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$6.00	☑	☑		
Preferred Brand Drugs	☐	☐		$15.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$30.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$30.00	☑	☑		

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):	☐

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	93.4%
Metal Tier:	Platinum

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: Health Insurance Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

A. Insurer Information:

Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code
Health Insurance Plan of Greater New York	Not-For-Profit - 43	Not-for-Profit	55247

Company mailing address: 55 Water St. New York, NY, 10041

B. Contact Person:

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

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address

D. New Rate Information:

New rate applicability period	New rate effective date	SERFF Tracking Number
1/1/2015-12/31/2015	1/1/2015	HPHP-129572092

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

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	No
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	No
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	No
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.	Yes, HPHP-129570011

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 Name: Health Insurance Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

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

A. Average 2014 and 2015 Premium Rates:

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

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	$579.43	$488.53	$402.84	$348.03	$212.05
2015 Premium Rates	$687.44	$563.86	$465.88	$405.28	$229.57

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	9.5%

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	12.6%	8.1%
Expense Ratios	N/A	11.9%	13.1%
Pre Tax Profit Ratios	N/A	1.0%	1.0%

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

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

-- for Individual Medical Plans

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.

2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.

3) Market segment refers to Individual plans.

4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of metal level, rating region, and product name.

5) The product name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with DFS). A separate row is to be used for each combination of metal level, rating region and product name.

6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).

7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).

8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.

9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes plan designs included in this rate filing which have no actual members.

10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.

11) This exhibit must be submitted as an Excel file and as a PDF file.

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	New	New	New
Individual	01/01/15	Gold	1 - Albany Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	New	New	New
Individual	01/01/15	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	New	New	New
Individual	01/01/15	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	New	New	New
Individual	01/01/15	Catastrophic	1 - Albany Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	New	New	New
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	33.8%	33.8%	33.8%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	31.9%	31.9%	31.9%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	30.4%	30.4%	30.4%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	31.3%	31.3%	31.3%
Individual	01/01/15	Catastrophic	3 - Mid Hudson Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	22.0%	22.0%	22.0%
Individual	01/01/15	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	4 - New York City Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	10.1%	10.1%	10.1%
Individual	01/01/15	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	4 - New York City Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	1.8%	1.8%	1.8%
Individual	01/01/15	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	New	New	New
Individual	01/01/15	Gold	6 - Syracuse Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	New	New	New
Individual	01/01/15	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	New	New	New
Individual	01/01/15	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	New	New	New
Individual	01/01/15	Catastrophic	6 - Syracuse Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	New	New	New
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	New	New	New
Individual	01/01/15	Gold	7 - Utica/Watertown Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	New	New	New

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	New	New	New
Individual	01/01/15	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	New	New	New
Individual	01/01/15	Catastrophic	7 - Utica/Watertown Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	New	New	New
Individual	01/01/15	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	8 - Long Island Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	10.1%	10.1%	10.1%
Individual	01/01/15	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	8 - Long Island Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	1.8%	1.8%	1.8%
Individual	01/01/15	Platinum	1 - Albany Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	New	New	New
Individual	01/01/15	Gold	1 - Albany Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	New	New	New
Individual	01/01/15	Silver	1 - Albany Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	New	New	New
Individual	01/01/15	Bronze	1 - Albany Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	New	New	New
Individual	01/01/15	Catastrophic	1 - Albany Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	New	New	New
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	33.8%	33.8%	33.8%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	28.4%	28.4%	28.4%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	30.4%	30.4%	30.4%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	31.3%	31.3%	31.3%
Individual	01/01/15	Catastrophic	3 - Mid Hudson Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	22.0%	22.0%	22.0%
Individual	01/01/15	Platinum	4 - New York City Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	4 - New York City Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	7.1%	7.1%	7.1%
Individual	01/01/15	Silver	4 - New York City Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	4 - New York City Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	4 - New York City Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	1.8%	1.8%	1.8%
Individual	01/01/15	Platinum	6 - Syracuse Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	New	New	New
Individual	01/01/15	Gold	6 - Syracuse Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	New	New	New
Individual	01/01/15	Silver	6 - Syracuse Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	New	New	New
Individual	01/01/15	Bronze	6 - Syracuse Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	New	New	New
Individual	01/01/15	Catastrophic	6 - Syracuse Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	New	New	New
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	New	New	New
Individual	01/01/15	Gold	7 - Utica/Watertown Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	New	New	New
Individual	01/01/15	Silver	7 - Utica/Watertown Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	New	New	New
Individual	01/01/15	Bronze	7 - Utica/Watertown Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	New	New	New
Individual	01/01/15	Catastrophic	7 - Utica/Watertown Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	New	New	New
Individual	01/01/15	Platinum	8 - Long Island Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	8 - Long Island Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	7.1%	7.1%	7.1%
Individual	01/01/15	Silver	8 - Long Island Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	8 - Long Island Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	8 - Long Island Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	1.8%	1.8%	1.8%

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

Instructions:

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

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level (or Catastrophic)	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of Members with Requested Percentage Rate Change at Renewal										
					5/31/2014			Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Individual	1/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	3 - Mid Hudson Area	33.8%	303,802	49	34	0	0	0	0	0	0	0	0	49	0	0
Individual	1/1/2015	Gold	3 - Mid Hudson Area	30.9%	344,363	69	48	0	0	0	0	0	0	0	20	49	0	0
Individual	1/1/2015	Silver	3 - Mid Hudson Area	30.4%	1,086,149	244	182	0	0	0	0	0	0	0	0	244	0	0
Individual	1/1/2015	Bronze	3 - Mid Hudson Area	31.3%	109,226	31	26	0	0	0	0	0	0	0	0	31	0	0
Individual	1/1/2015	Catastrophic	3 - Mid Hudson Area	22.0%	2,434	1	1	0	0	0	0	0	0	1	0	0	0	0
Individual	1/1/2015	Platinum	4 - New York City Area	11.6%	21,907,025	3,441	2,651	0	0	0	0	3,441	0	0	0	0	0	0
Individual	1/1/2015	Gold	4 - New York City Area	9.4%	18,544,467	3,630	2,724	0	0	0	811	2,819	0	0	0	0	0	0
Individual	1/1/2015	Silver	4 - New York City Area	8.8%	78,465,253	17,413	13,592	0	0	0	17,413	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	4 - New York City Area	9.5%	12,071,890	3,162	2,656	0	0	0	3,162	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	4 - New York City Area	1.8%	854,320	351	347	0	0	351	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	8 - Long Island Area	11.6%	5,276,624	759	483	0	0	0	0	759	0	0	0	0	0	0
Individual	1/1/2015	Gold	8 - Long Island Area	8.9%	4,636,719	921	563	0	0	0	370	551	0	0	0	0	0	0
Individual	1/1/2015	Silver	8 - Long Island Area	8.8%	11,202,384	2,256	1,578	0	0	0	2,256	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	8 - Long Island Area	9.5%	897,612	231	165	0	0	0	231	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	8 - Long Island Area	1.8%	41,490	15	14	0	0	15	0	0	0	0	0	0	0	0
Market Segment Total:				**9.5%**	**155,743,759**	**32,573**	**25,064**	**0**	**0**	**366**	**24,243**	**7,570**	**0**	**1**	**20**	**373**	**0**	**0**

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Health Insurance Plan of Greater New York

NAIC Code: 55247

SERFF Number: HPHP-129572092

Market Segment: Individual

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
				NONE			

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

Company Name: Health Plan of Greater New York (HIP)
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individual 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?	7. Is base medical policy form open (new sales allowed) or closed (no	8. Number of policyholders affected by rate change. (For group business this is number of	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	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation	14.10 Administrative expenses for experience period (including commissions and premium	
155-23-grphmo	HMO Prime	HMO Prime	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	38,866	26,127,011	28,146,702	25,207,494	25,146,065	0	710,341	5,115,514	XX
155-23-grpoahmo	Access 1	Access 1	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	11	3,832	NA	334,831	32,723	0	(532)	750	XX
155-23-hmocont	Classic	Classic	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	9,533	4,429,114	4,712,240	4,006,527	3,876,492	0	(60,325)	867,194	XX
155-23-emhmocont	CompreHealth	CompreHealt	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	317,899	110,948,200	114,518,397	99,047,817	98,816,767	0	7,873,113	21,723,002	XX
(155-23-grphmo, 200-23-grppol)	POS Prime	POS Prime	SG HMO	N/A	SG	HMO based	Yes	Closed	0	0	XX	01/01/13	12/31/13	22	7,130	NA	438,708	34,279	0	(265)	1,396	XX
(155-23-grpoahmo, 200-23-	Access II	Access II	SG HMO	N/A	SG	HMO based	Yes	Closed	0	0	XX	01/01/13	12/31/13	0	0	NA	95,651	14,484	0	0	0	XX
155-23-HNYGRPHMO (1/07), 155	Healthy New York	Healthy New	HNY	N/A	SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	9,923	4,184,153	4,264,400	4,161,168	4,324,846	(536,548)	0	819,232	XX
(1/07), 155-23-HNYDIRCONT(1/07	Healthy New York	Healthy New	HNY	N/A	SP	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	2,752	1,207,411	1,230,698	1,459,329	1,412,753	(203,653)	0	236,404	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	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation	15.10 Administrative expenses for experience period (including commissions and premium		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	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation	16.10 Administrative expenses for experience period (including commissions and premium
XX	01/01/12	12/31/12	44,391	29,957,278	35,414,449	24,552,054	24,231,160	0	710,341	6,550,083	XX	1/1/2011	12/31/2011	74,416	43,769,198	53,891,962	36,138,943	35,958,703	0	1,119,723	5,287,220
XX	01/01/12	12/31/12	3,416	1,724,020	NA	2,732,654	2,639,625	0	(532)	376,953	XX	1/1/2011	12/31/2011	6,730	4,139,778	NA	3,949,815	3,799,143	0	253,597	511,098
XX	01/01/12	12/31/12	11,635	5,069,400	5,750,323	4,882,012	4,699,763	0	(60,325)	1,108,411	XX	1/1/2011	12/31/2011	16,064	6,389,782	7,940,568	5,356,261	5,858,619	0	(66,578)	792,121
XX	01/01/12	12/31/12	267,661	85,457,329	98,789,762	73,636,367	74,151,055	0	7,873,113	18,685,030	XX	1/1/2011	12/31/2011	191,208	54,653,467	68,879,844	48,902,252	51,584,662	0	2,695,952	9,969,263
XX	01/01/12	12/31/12	4,731	4,407,330	NA	3,101,510	3,425,256	0	(265)	963,652	XX	1/1/2011	12/31/2011	6,685	4,483,366	NA	3,784,694	3,591,274	0	(34,461)	659,913
XX	01/01/12	12/31/12	1,951	1,601,661	NA	1,989,471	2,085,732	0	0	350,199	XX	1/1/2011	12/31/2011	2,753	2,027,148	NA	2,301,421	2,172,254	0	(302,242)	262,980
XX	01/01/12	12/31/12	11,591	4,434,404	5,146,360	3,842,113	3,796,317	(646,894)	0	969,571	XX	1/1/2011	12/31/2011	13,616	4,561,010	5,851,464	4,470,686	4,560,583	(1,163,164)	0	691,595
XX	01/01/12	12/31/12	3,296	1,321,576	1,521,404	1,395,038	1,491,339	(319,106)	0	288,959	XX	1/1/2011	12/31/2011	4,157	1,447,859	1,859,016	1,565,676	1,504,689	(436,843)	0	177,609

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Select Care Platinum	Select Care Gold	Select Care Silver	Select Care Bronze	Select Care Basic
8	HIOS Plan ID*	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001
9	Exchange Plan?*	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	148,171,410				
10B	Member-Months for Latest Experience Period	376,254				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	393.81				
11	Average Pricing Actuarial Value reflected in experience period	0.859				
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**458.62**	**458.62**	**458.62**	**458.62**	**458.62**

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
13	Impact of adjusting experience period data to EHB benefit level	1.005				
14	Market wide adjustment for changes in provider network **	0.887				
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 ****	0.799				
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.728**				
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,	0.980				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.859				
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)	1.168				
25	Expected/Current Induced Demand	0.980				
26	Required Revenue for Catastrophic	1.005				

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
27	Expected Pricing AV	0.804				
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.957**	**0.957**	**0.957**	**0.957**	**0.957**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments					
29	Pricing actuarial value (without induced demand factor) #	0.904	0.810	0.723	0.664	0.595
30	Pricing actuarial value (only the induced demand factor) #	1.050	0.986	0.940	0.913	0.913
31	HCRA CLA	1.027	1.033	1.041	1.047	1.087
32	SMCP Credits	0.982	0.978	0.973	0.969	0.944
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.147	1.149	1.151	1.153	1.164
37	Profit/Contribution to surplus margins	1.010	1.010	1.010	1.010	1.010

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	0.651
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
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000
41	1 / Expected Pricing AV	1.244	1.244	1.244	1.244	1.244
42	Adj for Reinsurance/Risk Adjustment	1.028	0.998	0.965	0.938	0.893
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.418**	**1.163**	**0.961**	**0.836**	**0.474**

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)**	**622.62**	**510.69**	**421.95**	**367.06**	**207.92**

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 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 05/31/2014		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	4,226	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	1.58%	8.00%	12.69%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.69%	XX
Gold	On Std	3,419	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	1.71%	8.00%	12.83%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.83%	XX
Silver	On Std	19,456	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	1.88%	8.00%	12.99%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.99%	XX
Bronze	On Std	3,234	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	2.01%	8.00%	13.13%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.13%	XX
Catastrophic	On Std	367	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	2.83%	8.00%	13.95%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.95%	XX
			XX										0.00%							0.00%	XX
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			XX										0.00%							0.00%	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 05/31/2014		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	4,226	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	1.62%	8.00%	11.27%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.27%
Gold	On Std	3,419	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	1.83%	8.00%	11.48%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.48%
Silver	On Std	19,456	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	2.07%	8.00%	11.72%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.72%
Bronze	On Std	3,234	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	2.30%	8.00%	11.95%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.95%
Catastrophic	On Std	367	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	3.39%	8.00%	13.04%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.04%
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EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
88582NY0140001	Select Care Platinum	Platinum	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0290001	Select Care Platinum	Platinum	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0300001	Select Care Platinum CO	Platinum	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0160001	Select Care Silver	Silver	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0230001	Select Care Silver	Silver	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0240001	Select Care Silver CO	Silver	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0170001	Select Care Bronze	Bronze	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0200001	Select Care Bronze	Bronze	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0210001	Select Care Bronze CO	Bronze	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0180001	Select Care Basic	Catastrophic	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0150001	Select Care Gold	Gold	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0260001	Select Care Gold	Gold	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0270001	Select Care Gold CO	Gold	ON	YES	26	YES	INCLUDED	NO	NO	YES

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Inpatient Hospital	556	$ 15,425,267	13,166	$ 27,733.63	0.04	$ 1,171.60	470	$ 13,851,974	12,086	$ 29,455.32	0.04	$ 1,146.12	474	$ 19,249,445	10,458	$ 40,599.47	0.05	$ 1,840.57
Inpatient Mental Health	4	$ 59,396	13,166	$ 16,402.14	0.00	$ 4.51	1	$ 28,304	12,086	$ 21,494.48	0.00	$ 2.34	4	$ 50,093	10,458	$ 11,568.99	0.00	$ 4.79
Inpatient Alcohol and Sub. Abuse	1	$ 18,758	13,166	$ 18,992.93	0.00	$ 1.42	-	$ 4,163	12,086	$ 12,646.00	0.00	$ 0.34	3	$ 32,552	10,458	$ 9,397.34	0.00	$ 3.11
Newborn Birth Services	246	$ 1,698,312	13,166	$ 6,906.13	0.02	$ 128.99	222	$ 1,734,756	12,086	$ 7,806.79	0.02	$ 143.53	313	$ 1,640,299	10,458	$ 5,246.89	0.03	$ 156.84
Primary Care	74,714	$ 5,879,673	13,166	$ 78.70	5.67	$ 446.58	71,021	$ 5,039,791	12,086	$ 70.96	5.88	$ 416.99	70,893	$ 4,245,132	10,458	$ 59.88	6.78	$ 405.91
Physician Specialty Services	78,466	$ 8,669,911	13,166	$ 110.49	5.96	$ 658.51	77,201	$ 7,895,525	12,086	$ 102.27	6.39	$ 653.28	82,292	$ 8,634,880	10,458	$ 104.93	7.87	$ 825.64
Ambulatory Surgery	447	$ 3,321,725	13,166	$ 7,431.15	0.03	$ 252.30	384	$ 3,350,248	12,086	$ 8,728.03	0.03	$ 277.20	474	$ 3,486,740	10,458	$ 7,353.97	0.05	$ 333.39
Other Professional Services	899	$ 1,844,230	13,166	$ 2,051.42	0.07	$ 140.08	757	$ 1,823,494	12,086	$ 2,407.27	0.06	$ 150.88	1,345	$ 2,034,126	10,458	$ 1,512.49	0.13	$ 194.50
Special Therapies	165	$ 1,733,089	13,166	$ 10,503.57	0.01	$ 131.63	87	$ 1,050,799	12,086	$ 12,045.14	0.01	$ 86.94	134	$ 1,405,812	10,458	$ 10,473.26	0.01	$ 134.42
Out-of-Area Other	-	$ -	13,166		-	$ -	-	$ -	12,086		-	$ -	-	$ -	10,458		-	$ -
Emergency Room	3,198	$ 4,821,869	13,166	$ 1,507.92	0.24	$ 366.24	1,874	$ 4,009,395	12,086	$ 2,139.72	0.16	$ 331.74	2,664	$ 3,843,832	10,458	$ 1,442.99	0.25	$ 367.53
Outpatient Mental Health	5	$ 3,483	13,166	$ 696.53	0.00	$ 0.26	14	$ 3,024	12,086	$ 213.60	0.00	$ 0.25	3,226	$ 561,755	10,458	$ 174.14	0.31	$ 53.71
Outpatient Drug & Alcohol Treatment	8	$ 1,586	13,166	$ 198.23	0.00	$ 0.12	4	$ 836	12,086	$ 211.53	0.00	$ 0.07	603	$ 109,169	10,458	$ 181.12	0.06	$ 10.44
Dental (excluding Orthodontia)	2	$ 738	13,166	$ 368.93	0.00	$ 0.06	1	$ 401	12,086	$ 608.89	0.00	$ 0.03	-	$ -	10,458		-	$ -
Pharmacy (Prescription Drugs)	123,118	$ 9,819,720	13,166	$ 79.76	9.35	$ 745.84	99,472	$ 9,313,943	12,086	$ 93.63	8.23	$ 770.64	91,839	$ 7,039,065	10,458	$ 76.65	8.78	$ 673.05
Durable Medical Equipment	6,931	$ 385,816	13,166	$ 55.67	0.53	$ 29.30	4,251	$ 279,475	12,086	$ 65.74	0.35	$ 23.12	7,913	$ 301,870	10,458	$ 38.15	0.76	$ 28.86
Home Health Care	160	$ 280,121	13,166	$ 1,750.76	0.01	$ 21.28	101	$ 70,732	12,086	$ 700.16	0.01	$ 5.85	132	$ 84,356	10,458	$ 640.86	0.01	$ 8.07
Transportation -Emergency	634	$ 257,497	13,166	$ 406.15	0.05	$ 19.56	669	$ 286,911	12,086	$ 428.69	0.06	$ 23.74	809	$ 251,320	10,458	$ 310.72	0.08	$ 24.03
Diagnostic Testing, Lab & X-Ray	43,030	$ 4,931,968	13,166	$ 114.62	3.27	$ 374.60	41,020	$ 5,261,600	12,086	$ 128.27	3.39	$ 435.35	46,332	$ 5,437,823	10,458	$ 117.37	4.43	$ 519.95
Family Planning	-	$ -	13,166		-	$ -	-	$ -	12,086		-	$ -	-	$ -	10,458		-	$ -
Vision Care (incl. eyeglasses)	94	$ 8,756	13,166	$ 93.15	0.01	$ 0.67	83	$ 9,025	12,086	$ 108.36	0.01	$ 0.75	97	$ 10,160	10,458	$ 105.23	0.01	$ 0.97
Pharmacy((Non Prescription Drugs)	-	$ -	13,166		-	$ -	-	$ -	12,086		-	$ -	-	$ -	10,458		-	$ -
Speech & Hearing	-	$ -	13,166		-	$ -	-	$ -	12,086		-	$ -	-	$ -	10,458		-	$ -
Other Medical	148	$ 212,881	13,166	$ 1,441.54	0.01	$ 16.17	34	$ 92,730	12,086	$ 2,708.47	0.00	$ 7.67	157	$ 145,814	10,458	$ 930.26	0.01	$ 13.94
Total Medical & Hospital	332,824	$ 59,374,795	13,166	$ 178.40	25.28	$ 4,509.71	297,669	$ 54,107,125	12,086	$ 181.77	24.63	$ 4,476.84	309,703	$ 58,564,245	10,458	$ 189.10	29.61	$ 5,599.72

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
						Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
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]	Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
88582NY0290001	Platinum	IND	On	Standard	No	$ 763.21		$ 763.55	$ 636.91		$ 763.21	$ 763.21	$ 723.82
88582NY0230001	Silver	IND	On	Standard	No	$ 517.22		$ 517.45	$ 431.63		$ 517.22	$ 517.22	$ 490.54
88582NY0200001	Bronze	IND	On	Standard	No	$ 449.95		$ 450.14	$ 375.49		$ 449.95	$ 449.95	$ 426.72
88582NY0260001	Gold	IND	On	Standard	No	$ 626.00		$ 626.28	$ 522.41		$ 626.00	$ 626.00	$ 593.70

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Number 88582NY0180001

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York, an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **1.8**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

In addition to the increase to be filed with the NYSDFS, your total premium rate that will go into effect on **January 1, 2015** will also include the following adjustments:

Please see other side

EMB_MB_LTR_19850_OnExchangeNYCLIBasic

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EmblemHealth

- The annual plan deductible will increase to $6,600 (from $6,350) for individuals and $13,200 (from $12,700) for families.
- The maximum out-of-pocket cost will increase to $6,600 (individual) and $13,200 (family).

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 us or DFS for additional information at:

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

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

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0180001

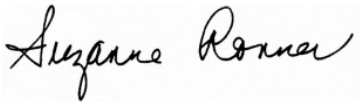
Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

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:

EmblemHealth website: **emblemhealth.com/2015_Rates**
DFS website: **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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **9.5**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

Please see other side

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EmblemHealth

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

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

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) or 88582NY0210001 (child only)

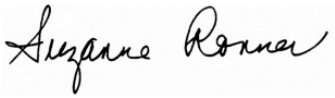
Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

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:

EmblemHealth website: **emblemhealth.com/2015_Rates**
DFS website: **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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) and 88582NY0270001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **10.1**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

Please see other side

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EmblemHealth

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

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

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) or 88582NY0270001 (child only)

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

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

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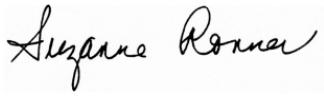
DFS website: **dfs.ny.gov/healthinsurancepremiums**

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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0140001 (dependent coverage to age 26 end-of-month), 88582NY0290001 (dependent coverage to age 30 end-of-month) and 88582NY0300001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **11.6**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

Please see other side

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EmblemHealth

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Attn: Premium Rate Filings
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DFS Website: dfs.ny.gov/healthinsurancepremiums

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1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0140001 (dependent coverage to age 26 end-of-month), 88582NY0290001 (dependent coverage to age 30 end-of-month) or 88582NY0300001 (child only)

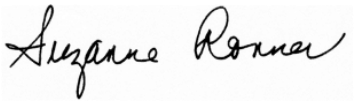
Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

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:

EmblemHealth website: **emblemhealth.com/2015_Rates**
DFS website: **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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **8.8**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

Please see other side

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EmblemHealth

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

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

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2. The name of your plan: <<**Plan Name**>>
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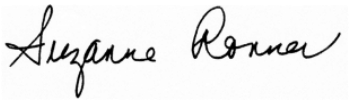

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June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

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We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

In addition to the increase to be filed with the NYSDFS, the following changes to your plan deductibles and maximum out-of-pocket costs will also become effective on **January 1, 2015**:

Please see other side

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EmblemHealth

- The annual plan deductible will be reduced to from $1,750 to $1,200 for individuals and from $3,500 to $2,400 for families.
- The maximum out-of-pocket cost will increase $5,200 (individual) and $10,400 (family).

These changes will have no effect on the premium that you pay for coverage in 2015.

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

EmblemHealth
Attn: Premium Rate Filings
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New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY 10004
E-mail: PremiumRateIncreases@dfs.ny.gov
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If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
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4. Your plan's HIOS identification number: 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) or 88582NY0240001 (child only)

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Plain English Summary of Rate Change
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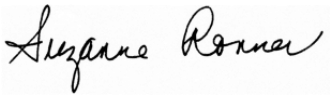

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Number 88582NY0180001

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York, an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **22**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

In addition to the increase to be filed with the NYSDFS, your total premium rate that will go into effect on **January 1, 2015** will also include the following adjustments:

Please see other side

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EmblemHealth

- The annual plan deductible will increase to $6,600 (from $6,350) for individuals and $13,200 (from $12,700) for families.
- The maximum out-of-pocket cost will increase to $6,600 (individual) and $13,200 (family).

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 us or DFS for additional information at:

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New York, NY 10117-2087
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NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
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New York, NY 10004
E-mail: PremiumRateIncreases@dfs.ny.gov
DFS Website: dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0180001

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

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

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

Notice of Approved Premium Rate
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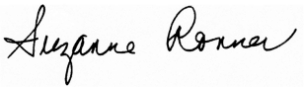
Sincerely,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **31.3**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

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EmblemHealth

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New York, NY 10117-2087
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NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY 10004
E-mail: PremiumRateIncreases@dfs.ny.gov
DFS Website: dfs.ny.gov/healthinsurancepremiums

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

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2. The name of your plan: <<**Plan Name**>>
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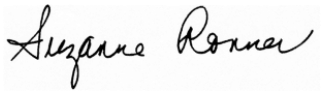

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) and 88582NY0270001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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Proposed Premium Rate Change
If approved, your current premium rate will increase by **31.9**%.

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

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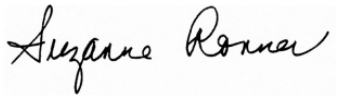

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
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<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
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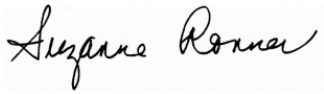

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Vice President, Customer Experience

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June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
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<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

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Proposed Premium Rate Change
If approved, your current premium rate will increase by **30.4**%.

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

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In addition to the increase to be filed with the NYSDFS, the following changes to your plan deductibles and maximum out-of-pocket costs will also become effective on **January 1, 2015**:

Please see other side

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- The annual plan deductible will be reduced to from $1,750 to $1,200 for individuals and from $3,500 to $2,400 for families.
- The maximum out-of-pocket cost will increase $5,200 (individual) and $10,400 (family).

These changes will have no effect on the premium that you pay for coverage in 2015.

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

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

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

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) or 88582NY0240001 (child only)

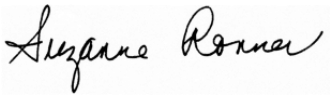
Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

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:

EmblemHealth website: **emblemhealth.com/2015_Rates**
DFS website: **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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **30.4**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

Please see other side

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EmblemHealth

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
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NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY 10004
E-mail: PremiumRateIncreases@dfs.ny.gov
DFS Website: dfs.ny.gov/healthinsurancepremiums

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1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) or 88582NY0240001 (child only)

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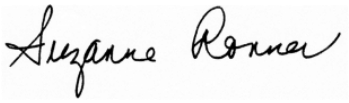
DFS website: **dfs.ny.gov/healthinsurancepremiums**

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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

Important Information About Your Renewal Rates <Date>

<Fname> <Lname>
<Address 1>
<Address 2>
<City>, <State> <ZIP Code + 4>

Dear <Fname><Lname>:

New York State law requires us to notify you approximately 60 days in advance of certain health plan premium rate changes. The renewal premium rates for your EmblemHealth «PLAN NAME» plan, underwritten by HIP Health Plan of Greater New York (HIP) effective «**Rate_Eff_Date**» will be:

Tier Type: «ratetiercd»	**Current Monthly Rate**	**Renewal Monthly Rate**
Single	**«INDIVIDUAL»**	**«INDIVIDUAL»**
Employee + Child(ren)	**«EMPLOYEE_AND_CHILDREN»**	**«EMPLOYEE_AND_CHILDREN»**
Employee + Spouse	**«EMPLOYEE_AND_SPOUSE»**	**«EMPLOYEE_AND_SPOUSE»**
Family	**«FAMILY»**	**«FAMILY»**
Child Only	**<<INDIVIDUAL>>**	**<<INDIVIDUAL>>**

The premium rates above reflect an adjustment to your premium rate that was approved by the New York State Department of Financial Services (NYSDFS). This is the rate that we will charge you for your coverage.

For additional information about your premium rates, please visit us online at **emblemhealth.com**. If you have any questions about your benefits, please call Customer Service at **1-XXX-XXXX**, Monday through Friday, 8 am to 6 pm.

We value our relationship with you and are committed to providing you with quality health care coverage. We look forward to continuing to meet your health coverage needs.

Sincerely,

Suzanne Ronner
Vice President, Customer Experience

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Health Insurance Plan of Greater New York (HIP)
HIOS Issuer ID #88582, NAIC #55247

SERFF #HPHP-129572092 for INDIVIDUAL ON EXCHANGE PLANS
SERFF #HPHP-129572415 for INDIVIDUAL OFF EXCHANGE PLANS

ACTUARIAL MEMORANDUM

The purpose of this actuarial memorandum is to provide the details required for HIP's 2015 premium rate filing for Individual HMO products to be sold inside and outside of New York's Health Benefit Exchange. The proposed premium rates are based on a non-rolling rate structure with effective dates of January 2015 – December 2015 (CY15) and will be available to individuals residing in the New York City region, the Long Island region and select counties in the Mid-Hudson, Albany, Syracuse and Utica regions.

Product Listing

HIP's products follow New York State's Standard Benefit Designs:

Metal Level	Standard Plan / Non Standard Plan	Product Name	On Exchange	Metal AV Value
Individual Exchange Plans				
Platinum	Standard	Select Care Platinum	On Exchange	0.881
Gold	Standard	Select Care Gold	On Exchange	0.790
Silver	Standard	Select Care Silver	On Exchange	0.707
Silver CSR 250-250% FPL	Standard	Select Care Silver	On Exchange	0.740
Silver CSR 150-200% FPL	Standard	Select Care Silver	On Exchange	0.867
Silver CSR 100-150% FPL	Standard	Select Care Silver	On Exchange	0.934
Bronze	Standard	Select Care Bronze	On Exchange	0.620
Catastrophic	Standard	Select Care Basic	On Exchange	
Individual Off Exchange Plans				
Platinum	Standard	Select Care Platinum D	Off Exchange	0.881
Gold	Standard	Select Care Gold D	Off Exchange	0.790
Silver	Standard	Select Care Silver D	Off Exchange	0.707
Bronze	Standard	Select Care Bronze D	Off Exchange	0.620
Catastrophic	Standard	Select Care Catastrophic D	Off Exchange	

- A listing of all plans in the Individual Risk Pool (including both On and Off Exchange plans) is attached as **Appendix A.**
- A listing of all plan cost sharing features and benefits are included in **Appendix B.**
- Printouts of the HHS AV Calculator pages for each plan design are provided in **Appendix C.**

- Descriptions of the quality improvement and cost containment programs that will impact these plans are in **Appendix D.**

We are requesting a composite 2015 rate increase of **9.5%** over January 2014 rates for Individual products. The proposed increases for existing products vary by product and by region and can be found in Exhibit 14A. The proposed rates for existing products can be found in the Individual On Exchange and Individual Off Exchange Rate Manuals.

This memo and its supporting exhibits outline the pricing methodology used to derive the proposed increases and rates.

Index Rate Determination

The new HIP Individual Exchange and Off Exchange standard plans will comprise HIP's single risk pool in the individual market. All HIP pre-ACA Individual and sole proprietor plans were discontinued effective January 1, 2014.

HIP has determined an index rate and adjusted index rate for the individual risk pool using permissible market wide adjustments. HIP then used plan level adjustments to develop plan specific rates which conform to the New York State's standardized census tiers. All plan specific rates will be based on the same standard population with no differences in rates due to age, sex occupation or health status except for the catastrophic plan, which is permitted by Federal ACA regulation to reflect the age eligibility difference between the catastrophic plan and the metal level plans.

Experience Period Index Rate

As directed by the New York State Department Financial Services, HIP currently participates in the small group market and must use its small group claims experience as a starting point to determine the premiums rates for the 2015 Individual plans. We have supplemented the small group experience with small group experience from HIP's affiliated company, HIP Insurance Company of New York (HIPIC). A portion of the current Individual 2014 block is membership that has been retained from both HIP and HIPIC 2013 products, so the experience will be a reasonable starting point for pricing the EmblemHealth Select Care Individual On Exchange and Off Exchange products.

Inpatient, outpatient, professional and prescription drug paid claim experience for HIP and HIPIC's fee for service members (excluding the impact of the current Regulation 146 and Stop Loss pools) was compiled by product and neighborhood cohort for claims incurred from January 2013 through December 2013 paid through February 2014. Claims were completed using completion factors provided by the EmblemHealth Valuation Unit.

Also included in the base experience were:

- HCRA surcharge – this accounted for **9.4%** of facility claims in 2013.
- Prescription drugs - A portion of HIP's existing small group and direct pay members do not have prescription drug coverage or have generic only drug coverage. The adjustments to bring

drug coverage up to the EHB levels were determined using HIP's individual and small group experience was **16.4**% of Pharmacy expense.

- Rx rebates – rebates reduced Rx drug claims by **7.4%** in 2013.
- Ancillary capitations – includes 2013 capitations covering certain ancillary services incurred by HIP's fee for service members.

The resulting un-trended Small Group PMPM is **$393.81** per row 10 of **Appendix E**.

Exhibit 18: Index Rate Worksheet: The Average PMPM Incurred Claims (Line 10C) is equal to this un-trended Small Group PMPM.

Exhibit 17: Historical Data: displays the Department's template completed for HIP's small group products. Note that this data includes only HIP Small Group experience (where the claims base data discussed above includes HIP and HIPIC Small Group experience). Also, this data encompasses experience for HIP's fee for service, Medical Group, and Global Risk members (where the claims base data above includes only fee for service experience).

For purposes of this rate filing, we have used the following experience periods:

Most Recent Experience Period – The source data for this filing is experience from January 2013 through December 2013 with recast adjustments to reflect claims run out through February 2013.

First Prior Experience Period – The first prior experience period is January 2012 through December 2012 with recast adjustments through February 2013.

Second Prior Experience Period – The prior experience period is January 2011 through December 2011 with recast adjustments through April 2012.

Standardized Premium

Appendices F-1 and F-2 provide two examples for the development of standardized premiums for the three experience periods, which are displayed in Exhibit 17. We are showing the standardized premium development for CompreHealth HMO which was on a rolling rate structure and Small Group Healthy New York which was on a non-rolling rate structure.

For the second prior experience period, factors for each policy form and market segment grouping were developed to determine the relationship between base earned premiums and 4th quarter 2013 standardized premiums. All rates used in this development were from the 2010 through 2013 HIP Rate Manuals.

In this development, January 2011 – December 2011 average weighted individual employee rates were used as a proxy for the prior base period earned premium PMPMs. These were developed first by calculating a blended base rate for each month of renewal. For example, for a February 2011 renewal, the average prior period rate reflects one month of the 1st Quarter 2010 rate and 11 months of the 1st quarter 2011 rate as displayed below:

February 2011 Average Rate = [(1 * Q1 2010 Rate) + (11 * Q1 2011 Rate)] / 12

Once the blended base rate premium was developed for each renewal month, these were assigned weights based upon the proportion of total premiums received by renewal month. This weighting of the blended base rates resulted in the prior period average weighted rate.

The 4th quarter 2013 rates were then divided by the 2011 average weighted rates to develop factors at the policy form and market segment level of detail described above. These factors were multiplied by the prior base period earned premium in order to calculate the standardized premium at the same level of detail and which are summarized in the prior experience period section of the summary template.

The same approach was used to develop factors measuring the relationship between 4th quarter 2013 rates and the first prior period average weighted individual employee rates and the most recent period average weighted individual employee rates. These factors were similarly applied to the January 2012 – December 2012 and January 2013 – December 2013 earned premiums in order to develop the standardized premium in the summary template.

Note that the standardized premium calculation does not reflect shifts in membership or changes in underlying benefits experienced over the last several years.

Credibility of Experience

The small group pool is partially credible under NAIC guidelines. However, this pool is fully credible under HIP's filed experience-rated methodology.

Trends

The components of HIP's medical trend factors for our fee for service providers are shown in **Appendix G** and exclude any changes included as part of the market wide adjustments described later in this Actuarial Memorandum.

- Medical Unit Cost – the unit cost trend has been updated to reflect expected contracted increases for our most frequently utilized facilities and mix of services. Per DFS' instructions, Exhibit 21 shows facility level increases using only HIP Small Group allowed claims data. Note that our assumed pricing trend included HIP and HIPIC Small Group, Direct Pay, and Sole Proprietor 2013 allowed claims data.
    - Note that Exhibit 21 only projects standard contracted cost trend and does not include such changes as changes in outlier provisions, changes in carve outs, changes in severity of admissions or services, and changes in hospital or provider mix.
- Rx Unit Cost – the Rx unit cost trend reflects historical cost trend that we are observing for our Large Group HMO business.
- Leveraging – leveraging trends were developed using the methodology and factors in the 2013 Milliman Commercial Rating Structures manual.
- Utilization - This assumption represents "pure" utilization independent of changes in underlying demographics and risk of the population and there are no changes from HIP's 2013 Prior Approval rate filing except for inpatient facility utilization. Inpatient facility utilization

projections have been updated to reflect the underlying trends for a stable population with consistent risk characteristics over time. To develop these projections, we look at long term utilization trend for our Large Group HMO business, other large group business, and hospital association statistics from the American Hospital Association, health care trend surveys and reports, and federal government data including MedPac reports at www.medpac.gov, in addition to conversations with our clinicians.

  - Note that we show utilization statistics in Exhibit 22 for HIP Small Group. We have included HIP responsible claims for fee-for-service members only, which is consistent with how the base claims experience was developed. Due to tremendous shifts (as a result of product discontinuances and downgrades) in the Small Group business, the trends in Exhibit 22 are skewed and as such, were not used as a basis for the Utilization trend assumption.

- Risk Score - The risk score component was largely based upon historical trends in prospective DCG risk scores. DCG Prospective risk scores are an industry standard indicator of a population's future costs. The SOA Risk Score Study (http://www.soa.org/research/research-projects/health/hlth-risk-assement.aspx) contains information on the accuracy of risk models.

We are anticipating no change in the 2013 HCRA surcharge percentage on claims subject to the surcharge for 2015. We are also anticipating no change in the 2013 Rx rebate percentage.

Expected ancillary capitation increases (of 3.4% annually overall) for HIP Commercial business were applied to the 2013 ancillary capitations. Any changes to the expected 2015 cost of these ancillary services due to changes in covered benefits are reflected in the market-wide adjustments described below.

Medical trends in **Appendix G** and the ancillary capitation trend were applied using the following formula to derive the average 2015 claims PMPM projections.

2015 claims PMPM = [2013 PMPM]*
[(1+ 2014 trend %)]*[(1 + 2015 trend %)]

The resulting trended, but unadjusted, small group PMPM is **$460.00** per row 29 of **Appendix E**.

Adjustments to the Projection Period Claims

The following market wide adjustments were applied to the projected 2015 claims PMPMs:

Compliance with Essential Health Benefits (EHB) – We are assuming that benefits related to the Women's Health and Autism mandates are included in the 2013 base experience. Total EHB excluding Women's Health and Autism were projected to be $1.91 PMPM in 2014 which we have trended forward to a 2015 PMPM of $2.10.

All other benefit adjustments to comply with EHB have a minimal impact to claims costs.

Product/Neighborhood/Market Adjustment: A portion of our Individual business contains members who had prior coverage with HIP or HIPIC Small Group, Sole P, or Direct Pay plans during the 4th Quarter of 2013. We have re-weighted the 2013 Small Group PMPMs to account for regional differences in our current 2014 Individual population. We have also re-weighted the product-level Small Group Fee-for-service PMPMs to account for the 2014 distribution by pre-ACA Small Group, Sole P, and Direct Pay product of these retained members. The resulting adjustment is **1.728** (see **Appendix H**).

MG/GR Risk -
As described above, our initial claim cost is based on HIP/HPIC Fee-For-Service membership. Members utilizing HIP's Traditional Medical Groups (e.g., AdvantageCare Physicians (ACP)) and HIP's Global Risk Entities (e.g., Montefiore) have lower risk scores than Fee-For-Service members based on data used for the DFS Risk Adjustment simulation. We reduced the projected claim cost to take this into account per **Appendix I**.

Provider Network Changes – Starting in 2014, HIP is using a new network called the Select Care network which will have fewer facilities and physicians than HIP's 2013 networks. We expect this network will achieve additional savings of **11.3%** due to shifts in services to more efficient facilities and providers**.**

Pent Up Demand - For 2014 pricing, we assumed that pent up demand for the uninsured would add **6.2**% in additional cost. For 2015, we assumed Pent Up Demand will be reduced by about half.

New Member Morbidity – As discussed above, we started with HIP/HIPIC Small Group 2013 trended experience and re-weight the product level PMPMs based upon the members that we are retaining from the pre-ACA 2013 HIP/HIPIC block of business. We make a further adjustment of **0.810** based upon the relative morbidity of the anticipated 2015 members that will be new to HIP/HIPIC. We assumed the average age of population that was new to HIP Individual in 2014 would stay the same 2015. The morbidity factors for former HIP/HIPIC members and new members were derived from the following SOA study: "Health Care Costs – From Birth to Death" (http://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx).

Pricing Actuarial Value (AV) Adjustments - Actuarial value (AV) pricing values were determined using a benefit pricing model based on HIP and HIPIC 's claims experience incurred January 2013 through December 2013 paid through February 2014 plus completion factors to account for claim incurred but not reported. The AV pricing values identify the relative value between plans due to changes in cost sharing and do not reflect induced demand which is the differences in spending pattern attributable to the richness of the plan design.

The AV of the current HIP/HIPIC experience described above is **85.9**%. The AV of HIP's Individual membership is expected to be **80.4**%. The AV of **80.4**% was calculated based on actual 2014 membership distribution by plan design and the Pricing AV that was calculated for each plan design. The development of the Pricing AV for each plan design is described below. The resulting ratio of 80.4%/85.9% **(0.936**) was applied to the projected costs to take into account the higher cost sharing anticipated in the HIP Individual On and Off Exchange membership.

Induced Demand Adjustments
For our current HIP/HIPIC experience, we used the following induced demand factors based on the Induced Demand factors included in the HHS final rules re Risk Adjustment:

- 1.00 for Bronze Metal Products
- 1.03 for Silver Metal Products
- 1.08 for Gold Metal Products
- 1.15 for Platinum Metal Products

Induced demand was demonstrated and quantified in the Rand Health Insurance Experiment. These adjustments for induced demand do not reflect differences in the health status of our members.

Note that we interpolated Induced Demand factors based on the AV of the pre-ACA plan designs. The resulting composite induced demand factor based on our current HIP/HIPIC experience was **1.118.**

We then calculated expected Induced Demand for HIP's Individual membership based on expected membership distribution by On and Off Exchange product (including the Silver CSR plans) and the HHS' induced demand factors above. The result is an expected Induced Demand factor of **1.053**.

We then incorporated the additional Induced Demand factors for the Silver CSR plans (e.g., 1.12 for the 87% AV and 94% AV options) into the Induced Demand projections. This resulted in an additional expected Induced Demand factor of **1.040.**

The composite HIP Individual Induced Demand factor is **1.095**. The resulting ratio of 1.095/1.118 (**0.980**) was applied to projected claim costs to take into account the lower induced demand anticipated in the HIP Individual membership.

Adjustment for Catastrophic membership
An adjustment is needed to adjust for the reduced premium due to members choosing the Catastrophic option. We calculated an adjustment of **0.5**% for this item.

Index Rate
The resulting HIP Individual Index rate is **$521.77** PMPM per row 45 of **Appendix E.**

Adjustments to Index Rate

Federal Risk Adjustment Program – We based the risk adjustment PMPM solely upon the initial DFS membership survey. (Note that there was a second survey, but results did not change significantly and we did not update this assumption). Based upon the modeling, we assumed a Risk Adjustment receipt of **$9.10**.

Federal Transitional Reinsurance Program – HIP's January through December 2013 experience period claims were trended to 2015 and adjusted to reflect the changes assumed in the HIP Individual population including experience based on members retained from prior HIP/HIPIC coverage, provider

network savings, and anticipated morbidity of the new population. We are using the updated 2015 Reinsurance parameters that were released on May 16, 2014:

- Attachment point of $45,000
- Reinsurance cap of $250,000
- Coinsurance rate of 50%

Per **Appendix E**, the resulting projected Reinsurance payment is $**73.61** PMPM.

The resulting HIP Individual Adjusted Index Rate is $**439.06** PMPM per row 48 of **Appendix E.**

Plan-Design Level Rate Adjustments

The following adjustments were made to develop plan-specific PMPM rates from the adjusted index rate.

Pricing AV by plan design

To develop Pricing AV, we took the projected HIP/HIPIC experience described above, but used allowed claim expenses. We then adjusted these projected allowed claim expenses to take into account the improved morbidity and Select Care network savings described above. Depending on the plan design, continuance tables were then built to determine a Paid/Allowed ratio for each of the standardized plan designs. The Pricing AV was applied to the unadjusted Index Rate described above, since the Reinsurance and Risk Adjustment PMPMs were applied separately per below.

The Pricing AV for each plan design was then divided by the average Pricing AV included in the adjusted index rate described above.

Induced Demand

The induced demand for each plan design was calculated using HHS' induced demand factors described above. The induced demand for each plan design was divided by the average induced demand included in the adjusted rate described above.

Catastrophic Adjustment

Premium rates for the Catastrophic plan were further adjusted based on the anticipated lower claim costs due to the demographic makeup of the Catastrophic members. We are using the same factor that was derived in the 2014 HIP Individual Exchange rate filing.

Note that we also adjusted the Reinsurance PMPM for the Catastrophic plan as well, using the same factor of **0.6508** to reduce the expected Reinsurance PMPM for Catastrophic. The Reinsurance PMPM for other products was increased so that the aggregate expected Reinsurance PMPM equals the Reinsurance PMPM used in the development of the adjusted index rate described above.

Reinsurance PMPM

The Reinsurance PMPM described above was applied to each plan design to determine the plan-specific PMPM cost. Note that per above, the Reinsurance PMPM was adjusted to take into account the expected lower Reinsurance payment for Catastrophic members.

Risk Adjustment PMPM
The Risk Adjustment PMPM described above was applied to each plan design to determine the plan-specific PMPM cost.

Plan-Specific PMPM costs
The resulting plan-specific PMPM costs are shown in row 77 of **Appendix E**.

Other Adjustments to Plan-Specific PMPM costs

Covered Lives Assessment (CLA)
Covered Lives Assessment was then added to the PMPM costs. The CLA is based on current 2014 Individual membership. We assumed a **2**% trend from 2014 to 2015 for CLA.

Regulation 146 Adjustments
Emblem companies have $13.5 Million in Regulation 146 disbursements related to pool years 2007 – 2013 to be credited to future Individual premium rates. We will credit half of these disbursements to lower 2015 premium rates and the disbursements that are remaining (including those monies related to pre-2007 pool years) will lower future premium rates (see **Appendix J**).

ACA Fees
The derivation of ACA fees is as follows:

- Insurer Fee: This nation-wide fee associated with PPACA of $11.3 Billion will be spread to all eligible carriers based upon earned 2014 premiums with some exclusions. This fee is anticipated to cost **0.95%** of 2015 premium and is included in the "Other state and federal taxes and assessments" column of the standard Exhibit 19.
- Reinsurance Assessment: This assessment is expected to add $**3.67** PMPM to 2015 earned premium and is included in the "Other state and federal taxes and assessments" column of the standard Exhibit 19.
- PCORI Fee: This fee is anticipated to cost about $**2.00** PMPY, or $**0**.**17** PMPM for 2015 and is included in the "Other state and federal taxes and assessments" column of the standard Exhibit 19.
- Exchange User Fee: the New York Executive Budget has not included any Exchange User Fees so no adjustment is permitted to be included in the 2015 rates.
- Federal Risk Adjustment Program Fee: Plans will be charged a **$0.96** PMPMY fee, or $.**08** PMPM fee for the Federal Risk Adjustment Fee and has been included the "Other state and federal taxes and assessments" column of the standard Exhibit 19.

Administrative Expenses and Margin –
Please refer to Standard Exhibit 19, which contains the projected 2015 administrative expense components for each of the 2014 plan designs.

The derivation of expenses are discussed below:

- Section 332 Assessments: This is expected to be **0.75%** of 2015 premiums.

- Activities that Improve Health Care Quality (as defined in the NAIC Annual Statement Supplement Health Care Exhibit): This is expected to be **2.37**% of 2015 premiums. Please refer to **Appendix D** for a description of these activities.
    - Note that this item has increased significantly from what was filed in 2014. We have highlighted the additional items reflected in this expense in **Appendix D**.
- Commissions and broker fees: Our current commission rate is **0%**.
- Premium Taxes: HIP is not subject to premium taxes
- Other administrative expenses: This is expected to be **8.00**%.
- Margin: We include a **1**% margin in the development of our premium rates.

PMPM rates
The resulting plan specific PMPM premium rates are shown in row 91 of **Appendix E**.

Calculating Premium Rates by Tier and Region

Regional rate adjustments

New York and Long Island Regions (Downstate)
New York and Long Island regional factors are the same in 2015 as they were in 2014.

Mid-Hudson, Albany, Utica, and Buffalo Regions (Upstate)
The HIP Individual service area will be expanding into additional counties in the Mid-Hudson, Albany, Syracuse, and Utica rating regions. We have based the regional factors upon our HIP Large Group Upstate Regional Factor filing (SERFF # HPHP-129446343) with two major differences:

- The Large Group filing combines the New York and Long Island regions into one rating region. Recognizing the differences in unit cost between New York and Long Island, we have based the Mid-Hudson, Albany, Utica, and Buffalo unit cost relativities off of the New York region excluding Long Island.
- We have recognized additional unit cost savings in New York due to the Select Care narrow network that was created in Downstate only. We do not expect to achieve the same level of savings in our Upstate networks.

The work up for the Upstate regional rating factors is in **Appendix K**.

PMPM to Individual rate conversion factor and Family Rate tiers

We calculated the PMPM to Individual (or single person) rate conversion factor based upon current family tier distribution as shown in **Appendix L.**

A premium rate manual has been included which conforms to the New York State's standardized census tiers.

Age 29 Rider

All metal level plans include an optional age 29 rider which extends coverage to unmarried, uninsured adult children up through age 29. The age 29 rider was priced using the adjustment factor of **3**% in our HIP Large HMO Prior Approval Rate Filing approved in SERFF # HPHP – 128543139.

Loss Ratio

The requested premium rates result in an **86.1**% target loss ratio based on the above assumptions.

Uniform Rate Review Template

Worksheet 1 of the Unified Rate Review Template (URRT): Worksheet 1 does not demonstrate the process used to develop the rates. It represents 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 Experience Period in the URRT contains incurred 2013 claims. These claims were derived from allowed claims, incurred from January 2013 through December 2013 paid through February 2014 (plus appropriate completion factors). Trend, market wide factors and expense loads as previously described in this actuarial memorandum were applied to the experience period claims to project 2015 experience. Note that these factors have been adjusted to reflect the differences in URRT base period data.

As previously stated, this exhibit provides information required by Federal regulation and does not demonstrate the process to develop rates.

Worksheet 2 of the URRT:

- The percentage of premium and allowed claims in Sections IV of the URRT removes .01% of cost for termination of pregnancy services since QHP's offered in the Exchange should not be included in the EHB percentage.
- Portion of the total dollars that are attributable to HHS during the projection period (cost sharing reduction subsidies) in Section IV of the URRT equals: Monthly Expected Allowed Claims Costs for Silver Plan Variation * Induced Utilization Factor * (Silver Plan Variation AV - Standard Plan AV).

Form Filings

The Form filing will be submitted under SERFF # HPHP-129574453 for Individual On Exchange plans and SERFF # HPHP-129571818 for Individual Off Exchange plans.

Actuarial Certification

I am a Member of the Society of Actuaries and member of the American Academy of Actuaries; and meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.

I further certify that to the best of my knowledge:

1. This filing, including the projected index rate, is in compliance with all applicable New York State and Federal laws and regulations (45 CFR 156.80(d)(1)).
2. The filing is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 41, Actuarial Communications
3. The expected loss ration incorporated into the proposed rate tables meets the minimum requirement of the State of New York.
4. The benefits are reasonable in relation to the premiums charged.
5. The rates are not unfairly discriminatory.

Appendix A

Health Insurance Plan of Greater New York

Metal Level	Standard Plan / Non Standard Plan	Product Name	On Exchange	Metal AV Value
		Individual Exchange Plans		
Platinum	Standard	Select Care Platinum	On Exchange	0.881
Gold	Standard	Select Care Gold	On Exchange	0.790
Silver	Standard	Select Care Silver	On Exchange	0.707
Silver CSR 250-250% FPL	Standard	Select Care Silver	On Exchange	0.740
Silver CSR 150-200% FPL	Standard	Select Care Silver	On Exchange	0.867
Silver CSR 100-150% FPL	Standard	Select Care Silver	On Exchange	0.934
Bronze	Standard	Select Care Bronze	On Exchange	0.620
Catastrophic	Standard	Select Care Basic	On Exchange	
		Individual Off Exchange Plans		
Platinum	Standard	Select Care Platinum D	Off Exchange	0.881
Gold	Standard	Select Care Gold D	Off Exchange	0.790
Silver	Standard	Select Care Silver D	Off Exchange	0.707
Bronze	Standard	Select Care Bronze D	Off Exchange	0.620
Catastrophic	Standard	Select Care Catastrophic D	Off Exchange	

APPENDIX B
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART

HIX Standards - On Marketplace

NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Feb 2013 final versions) and NYS laws/regulations.

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

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions: 200 - 250 % FPL (AV = 0.72 to 0.74)	Silver - CSR Versions: 150 - 200% FPL (AV = 0.86 to 0.88)	Silver - CSR Versions: 100 - 150% FPL (AV = 0.93 to 0.95)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Native American Cost-Sharing variation: Less than or equal to 300% FPL
DEDUCTIBLE (single)	$0	$600	$2,000	$1,200	$250	$0	$3,000	$6,600	$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000	$4,000	$5,500	$5,200	$2,000	$1,000	$6,350	$6,600	$0
COST SHARING - MEDICAL SERVICES									
Inpatient Facility/SNF/Hospice	$500 per admission	$1,000 per admission	$1,500 per admission	$1,500 per admission	$250 per admission	$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	$15	$25	$30	$30	$15	$10	50% cost sharing	0% cost sharing	0% cost sharing
Telemedicine	$10	$10	$10	$10	$10	$10	$10	$10	$10
Telemedicine Dietician	$5	$5	$5	$5	$5	$5	$5	$5	$5
Specialist	$35	$40	$50	$50	$35	$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	$25	$30	$30	$30	$25	$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	$55	$60	$70	$70	$50	$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
INPATIENT HOSPITAL SERVICES									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility						50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility						50% cost sharing	0% cost sharing	0% cost sharing
EMERGENCY MEDICAL SERVICES									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case						50% cost sharing	0% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing	$0 copay						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hospice	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PREVENTIVE & PRIMARY CARE SERVICES									
Bone density testing Cervical cytology Colonoscopy screening Gynecological exams Immunizations Mammography Prenatal maternity care Prostate cancer screening Routine exams Women's preventive health services	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category. PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing

PHYSICIAN/PROFESSIONAL SERVICES				
Inpatient hospital surgery - surgeon	Surgeon copay per case	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case	50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)	50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	$0 copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
ADDITIONAL BENEFITS/SERVICES				
ABA treatment for Autism Specturm Disorder	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device	50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply	50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. $200/$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.			
PEDIATRIC DENTAL SERVICES				
Dental office visit	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES				
Eye exam visit	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames	50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing

PRESCRIPTION DRUGS									
Generic or Tier 1	$10	$10	$10	$10	$9	$6	$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	$30	$35	$35	$35	$20	$15	$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	$60	$70	$70	$70	$40	$30	$70	0% cost sharing	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply									

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The maximum out of pocket limit for calendar year 2014 is $6,600 for self only coverage, and $13,200 for family coverage.
Plans will need to amend the individual rate filing to reflect the revised catastrophic plan design.
Plans that submitted any plan design with a maximum out of pocket limit exceeding the official maximums will need to submit an amendment to the filing to revise such out of pocket limit.

Appendix C

User Inputs for Plan Parameters

********EH SelectCare Platinum ***********

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)	☐	☑	96.280%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	93.750%		☑	☑		
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):	

*******EH SelectCare PLATINUM PLAN*******

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.1%
Metal Tier:	Platinum

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Gold**********

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)	☑	☑	96.120%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.220%		☑	☑		
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):	☐

*****EH SelectCare GOLD PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Silver **********

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

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

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

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)	☑	☑	95.570%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	92.340%		☑	☑		
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):	☐

*****EH SelectCare SILVER PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.7%
Metal Tier:	Silver

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

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	☑	☑			☑	☑		
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

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,200.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$5,200.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$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:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.99%
Metal Tier:	Silver

Appendix C

User Inputs for Plan Parameters

*****EH SelectCare Silver CSR 150-200% FPL PLAN *****

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	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 ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☑	☐		$75.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$250.00	☑	☑		
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	☑	☐		$250.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.830%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	94.600%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$9.00	☑	☑		
Preferred Brand Drugs	☐	☐		$20.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$40.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☑	☑		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation resolved without matching metal tiers.
Actuarial Value:	86.7%
Metal Tier:	Platinum

*****EH SelectCare SilverCSR 150-200% FPL PLAN *****
The 150-200% FPL plan must use the GOLD tables,
any error message is to be ignored, per AV methodology reg.

Appendix C

User Inputs for Plan Parameters

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

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

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

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

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	☐	☐		$50.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$100.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑		
Specialist Visit	☐	☐		$20.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$20.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$15.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$15.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$20.00	☑	☑		
Skilled Nursing Facility	☐	☐		$100.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	98.480%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	97.760%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$6.00	☑	☑		
Preferred Brand Drugs	☐	☐		$15.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$30.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$30.00	☑	☑		

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):	☐

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	93.4%
Metal Tier:	Platinum

Appendix D

Quality Improvement and Cost Containment Programs

Expense Type	Detailed Description of Expense
1. Improve Health Outcomes	
A. Disease Management	Expenses related to providing – Rare Disease Management with unlimited access to specialty nurses, Disease specific and personalized health assessments, On going monitoring and care coordination, Collaboration with Member's personal physician and care team, Disease-specific information, educational brochures and quarterly news letters. Education, health support and disease management services to reduce limb amputations and hospitalizations and improve outcomes for members in poorest health with Diabetes as well as Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Asthma or chronic obstructive pulmonary disease (COPD) as co morbid conditions. Enhance the quality of life for members with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) and educate them on options such as kidney transplantation. Members may receive educational materials, HRA and telephonic nurse support. Emblem's Positive Action Toward Health (PATH) program which provides an opportunity to work one on one with a professional nurse health coach by telephone, who provides counseling to elicit change in behavior; Educational materials about symptom management, health risks and treatment for members with asthma, diabetes, CHF, COPD and CAD.
B. Case Management	Expenses related to providing – A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes Case Management Nursing model that supports members with a focus on the home based fragile members with multiple conditions and several needs. Behavioral Health case and disease management services to members with depression, severe psychiatric conditions and multiple hospitalizations. Management of members with CHF by providing information to member's doctors through in home monitoring devices and nurse monitoring services.
C. Late Stage Cancer Program	This program lends support, guidance and education to members with late stage cancer, their caregivers and family during critical times of cancer care.
D. Interactive Voice Response based calling	Phone calls to members in support of various HEDIS and QARR initiatives.
E. Quality Improvement Committee Physician Fees	Physicians are paid to be part of a committee to review and provide feedback on the Company's quality improvement strategies and to review and provide input on quality of care complaints received.
F. New member surveys and health risk assessments	In order to determine the health status of new members and identify needs for complex case management and disease management programs, surveys and health risk assessments are performed on new members.
G. Patient satisfaction surveys	These surveys serve as a consumer assessment of healthcare providers and systems. The results are used to assess the patient-centeredness of care, compare and report on performance and improve the quality of care.

H. The New York Presbyterian Hospital Quality Program	This program was designed to improve healthcare quality and increase the likelihood of desired outcomes. The program in concept is centered on Patient Safety Goals, specifically medication safety, infection prevention and control, and creating a culture of safety within the facilities. The New York Presbyterian system is a broad, encompassing multiple facilities. This program addresses patient centric goals in a consistent way across the system.
I. Social Work & Care Coordination SinglePoint	Vendor provides Care Coordination and Assessment services for its MLTC plan.
J. Care Management – Shared Services Institute for Family Health	Provides care management services to the Institute for Family Health patients.
2. Activities to prevent Hospital Readmissions.	
End of Life/Palliative Care	This program is targeted at members with advanced/terminal illness no longer seeking curative treatment and helps members and family transition to end of life care.
4. Wellness and Health Promotion Activities	
Healthy Beginnings	The Healthy Beginnings Program provides incentives for expecting moms if they get post partum check up and complete a post partum depression surveys. It also provides health risk assessments, access to a 24 hour babyline staffed by nurses and stratification and education materials to members.
Weight Watchers	The Company subsidizes the Weight Watchers membership fees of our members.
Smoking Cessation Programs	A tobacco free program in partnership with the American Cancer Society.
Healthy Roads	This program provides coaching for weight management, physical activity and stress.
Arthritis classes	Classes are provided to members and teaches them exercises that make them stronger, increase flexibility and reduce pain.
Biometrics Screenings	Biometrics screenings provided to members.
Flu Vaccines	Flu Vaccines provided to members.
Member Health and Fitness	Fitness facility for members and incentives for members who participate in health and wellness programs.
Neighborhood Care "Care Cafes"	The Neighborhood Care Program was established with the vision to improve health care and health status in the neighborhoods by implementing a new community based utility infrastructure in two New York City neighborhoods. The Neighborhood Care concept is based on the “consumer retail” model, in which plan members are invited to visit the Neighborhood Care store in person for insurance and health issue resolutions. The Neighborhood Care Program houses both a customer service team and a clinical team. The service team is staffed by customer service employees whose main role is to address a broad spectrum of member needs such as administrative issue resolution, benefit education, physician referral assistance and plan enrollment. The clinical team consists of a multidisciplinary clinically-based team that includes a registered nurse, a social worker, two care navigators, and a pharmacist. In addition, each Neighborhood Care site has a site manager and a community liaison, whose responsibility is to act as the link between the community, Neighborhood Care, and EmblemHealth.

5. HIT Expenses for Health Care Quality Improvement	
A. Disease and Case Management software	Software license and maintenance expense for applications that support Disease and Case management programs.
B. HIT expenses in support of HEDIS	Hosting, data mapping and software license fees associated with HEDIS reporting initiatives.
C. Wellness and Health Promotion electronic tools	Expenses for member website tools such as personal health records, health risk assessments, self-guided Action Plans. The health risk assessment and personal health records provide triggered messaging related to disease management, weight loss and reminders for medical exams.
D. Treatment cost calculators	Web based tool that provides members with treatment choices and cost estimates for nearly 300 common treatments.
E. Data analysis tools	Tools used improve the effectiveness of case management by identifying gaps in care and identifying high impact populations.
F. Preauthorization and referral system	This system enables and expedites the referral and authorization process to direct appropriate care.
G. Data Warehouse	Warehouses used to house all clinical information used for disease management. This includes the cost of integrating data from third party administrators.

Appendix E

2015 Rate Development

Row		
1	Average Starting Small Group Members	41,542
	Untrended - Small Group Paid PMPMs - CY 2013	
2	Inpatient	$95.43
3	Outpatient	$63.01
4	Professional	$128.73
5	Pharmacy	$56.35
6	HCRA Surcharge	$14.85
7	No Rx Coverage Adjustment	$9.24
8	Rx Rebates	($4.15)
9	Ancillary Caps	$30.34
10	**Total**	**$393.81**
	Annual Trends	
11	Months of Trend	24
12	Inpatient	9.8%
13	Outpatient	11.9%
14	Professional	6.0%
15	Pharmacy	7.3%
16	HCRA Surcharge	10.6%
17	No Rx Coverage Adjustment	7.3%
18	Rx Rebates	7.3%
19	Ancillary Caps	3.4%
20	**Total**	**8.1%**
	Trended - Small Group Paid PMPMs - CY 2015	
21	Inpatient	$115.11
22	Outpatient	$78.83
23	Professional	$144.69
24	Pharmacy	$64.88
25	HCRA Surcharge	$18.18
26	No Rx Coverage Adjustment	$10.64
27	Rx Rebates	($4.77)
28	Ancillary Caps	$32.44
29	**Total**	**$460.00**
30	EHB Adjustment	$2.10
31	Product/Neighborhood/Market Adjustment	1.728
32	Include MG/GR members	0.957
33	SelectCare Network Savings	0.887
34	Uninsured Pent-Up Demand	1.031
35	New Member Morbidity Factor	0.810
36	Current Pricing AV	0.859
37	Expected Pricing AV	0.804
38	Expected/Current Pricing AV	0.936
39	Current Induced Demand	1.118
40	Expected Induced Demand	1.053
41	CSR Induced Demand Factor	1.040
42	Composite Expected and CSR Induced Demand	1.095
43	Expected/Current Induced Demand	0.980
44	Required Revenue due to Catastrophic	1.005
45	**Index Rate**	**$521.77**
46	Risk Adjustment	($9.10)
47	Reinsurance	($73.61)
48	**Adjusted Index Rate**	**$439.06**

Appendix E

2015 Rate Development

		On Exchange					Off Exchange				
49		**Platinum**	**Gold**	**Silver**	**Bronze**	**Catastrophic**	**Platinum**	**Gold**	**Silver**	**Bronze**	**Catastrophic**
50	Deductible	$0	$600	$2,000	$3,000	$6,600	$0	$600	$2,000	$3,000	$6,600
51	Coinsurance Max	$2,000	$3,400	$3,500	$3,350	0%	$2,000	$3,400	$3,500	$3,350	0%
52	IP Copay	$500	$1,000	$1,500	50%	0%	$500	$1,000	$1,500	50%	0%
53	OP Facility/Surgery	$100	$100	$100	50%	0%	$100	$100	$100	50%	0%
54	PCP	$15	$25	$30	50%	0%	$15	$25	$30	50%	0%
55	SPC	$35	$40	$50	50%	0%	$35	$40	$50	50%	0%
56	PT/OT/ST	$25	$30	$30	50%	0%	$25	$30	$30	50%	0%
57	ER	$100	$150	$150	50%	0%	$100	$150	$150	50%	0%
58	Ambulance	$100	$150	$150	50%	0%	$100	$150	$150	50%	0%
59	Urgent Care	$55	$60	$70	50%	0%	$55	$60	$70	50%	0%
60	DME	10%	20%	30%	50%	0%	10%	20%	30%	50%	0%
61	Rx	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70	$0/$0/$0	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70	$0/$0/$0
62	Bottoms Up Model PMPM	$364.57	$326.86	$291.74	$268.01	$239.96	$364.57	$326.86	$291.74	$268.01	$239.96
63	Pricing Actuarial Value (Paid/Allowed ratio)	0.9038	0.8103	0.7232	0.6644	0.5949	0.9038	0.8103	0.7232	0.6644	0.5949
64	Expected Pricing AV	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040
65	Composite Pricing AV	1.1241	1.0078	0.8995	0.8264	0.7399	1.1241	1.0078	0.8995	0.8264	0.7399
66	Induced Demand Factor	1.1500	1.0800	1.0300	1.0000	1.0000	1.1500	1.0800	1.0300	1.0000	1.0000
67	Expected Induced Demand	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953
68	Composite Induced Demand	1.0500	0.9861	0.9404	0.9130	0.9130	1.0500	0.9861	0.9404	0.9130	0.9130
69	Age/Sex Factor for Castastrophic	1.0000	1.0000	1.0000	1.0000	0.6508	1.0000	1.0000	1.0000	1.0000	0.6508
70	**Top Down Adjusted PMPM - Adjusted for Plan Specific**	**$615.84**	**$518.54**	**$441.39**	**$393.67**	**$229.38**	**$615.84**	**$518.54**	**$441.39**	**$393.67**	**$229.38**
71	Reinsurance Adjustment	100.3%	100.3%	100.3%	100.3%	65.1%	100.3%	100.3%	100.3%	100.3%	65.1%
72	Reinsurance Adjustment PMPM	($73.85)	($73.85)	($73.85)	($73.85)	($47.90)	($73.85)	($73.85)	($73.85)	($73.85)	($47.90)
73	Risk Adjustment PMPM	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)
74	**Top Down Adjusted PMPM - Total**	**$532.90**	**$435.59**	**$358.44**	**$310.73**	**$172.37**	**$532.90**	**$435.59**	**$358.44**	**$310.73**	**$172.37**
75	HCRA CLA	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15
76	SMCP Credits	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)
77	**Top Down Adjusted PMPM w HCRA**	**$537.36**	**$440.06**	**$362.91**	**$315.19**	**$176.84**	**$537.36**	**$440.06**	**$362.91**	**$315.19**	**$176.84**
78	PCORI	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17
79	Exchange Fee	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
80	Reinsurance Fee	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67
81	Insurance Fee	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%
82	Risk Adjustment Fee	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08
83	**Total ACA Fees - Based off Total PMPM**	**$9.81**	**$8.75**	**$7.91**	**$7.39**	**$5.89**	**$9.81**	**$8.75**	**$7.91**	**$7.39**	**$5.89**
84	Admin That Improves Health Care Quality	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%
85	332 Assessments	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%
86	Commissions	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	GA Payments	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	0.00%	0.00%	0.00%	$0.00
87	All Other Admin	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
88	**Total Admin**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**
89	**Margin for Adverse Results**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**
90	**2014 Premium PMPMs**	**$527.15**	**$438.34**	**$366.49**	**$316.63**	**$192.92**	**$527.15**	**$450.56**	**$366.49**	**$316.63**	
91	**2015 Premium PMPMs**	**$622.62**	**$510.69**	**$421.95**	**$367.06**	**$207.92**	**$622.62**	**$510.69**	**$421.95**	**$367.06**	**$207.92**
92	**2014 Premium PEPM**	**$579.97**	**$482.26**	**$403.21**	**$348.36**	**$212.25**	**$579.97**	**$495.71**	**$403.21**	**$348.36**	
93	**2015 Premium PEPM**	**$647.09**	**$530.76**	**$438.53**	**$381.49**	**$216.09**	**$647.09**	**$530.76**	**$438.53**	**$381.49**	**$216.09**
94	**Rate Increase**	**11.6%**	**10.1%**	**8.8%**	**9.5%**	**1.8%**	**11.6%**	**7.1%**	**8.8%**	**9.5%**	**N/A**

Appendix E

2015 Rate Development

	Regional Factors										
95	New York City Area			0.956				0.956			
96	Long Island Area			1.086				1.086			
97	Mid-Hudson Area			1.146				1.146			
98	Albany Area			1.145				1.145			
99	Syracuse Area			1.145				1.145			
100	Utica/Watertown Area			1.145				1.145			
101	**Final PMPM - New York City Area**	**$594.98**	**$488.02**	**$403.22**	**$350.76**	**$198.69**	**$594.98**	**$488.02**	**$403.22**	**$350.76**	**$198.69**
102	**Final PMPM - Long Island Area**	**$676.17**	**$554.61**	**$458.24**	**$398.63**	**$225.80**	**$676.17**	**$554.61**	**$458.24**	**$398.63**	**$225.80**
103	**Final PMPM - Mid-Hudson Area**	**$713.27**	**$585.05**	**$483.39**	**$420.50**	**$238.19**	**$713.27**	**$585.05**	**$483.39**	**$420.50**	**$238.19**
104	**Final PMPM - Albany Area**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**
105	**Final PMPM - Syracuse Area**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**
106	**Final PMPM - Utica/Watertown Area**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**
107	PEPM Adjustment	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393
	New York City Area										
108	**Individual**	**$618.36**	**$507.19**	**$419.06**	**$364.55**	**$206.50**	**$618.36**	**$507.19**	**$419.06**	**$364.55**	**$206.50**
109	**Individual + Spouse**	**$1,236.72**	**$1,014.38**	**$838.12**	**$729.10**	**$413.00**	**$1,236.72**	**$1,014.38**	**$838.12**	**$729.10**	**$413.00**
110	**Individual + Child(ren)**	**$1,051.21**	**$862.22**	**$712.40**	**$619.74**	**$351.05**	**$1,051.21**	**$862.22**	**$712.40**	**$619.74**	**$351.05**
111	**Family**	**$1,762.33**	**$1,445.49**	**$1,194.32**	**$1,038.97**	**$588.53**	**$1,762.33**	**$1,445.49**	**$1,194.32**	**$1,038.97**	**$588.53**
112	**Child Only**	**$254.76**	**$208.96**	**$172.65**	**$150.19**		**$254.76**	**$208.96**	**$172.65**	**$150.19**	
	Long Island Area										
113	**Individual**	**$702.74**	**$576.41**	**$476.25**	**$414.29**	**$234.68**	**$702.74**	**$576.41**	**$476.25**	**$414.29**	**$234.68**
114	**Individual + Spouse**	**$1,405.48**	**$1,152.82**	**$952.50**	**$828.58**	**$469.36**	**$1,405.48**	**$1,152.82**	**$952.50**	**$828.58**	**$469.36**
115	**Individual + Child(ren)**	**$1,194.66**	**$979.90**	**$809.63**	**$704.29**	**$398.96**	**$1,194.66**	**$979.90**	**$809.63**	**$704.29**	**$398.96**
116	**Family**	**$2,002.81**	**$1,642.77**	**$1,357.31**	**$1,180.73**	**$668.84**	**$2,002.81**	**$1,642.77**	**$1,357.31**	**$1,180.73**	**$668.84**
117	**Child Only**	**$289.53**	**$237.48**	**$196.22**	**$170.69**		**$289.53**	**$237.48**	**$196.22**	**$170.69**	
	Mid-Hudson Area										
118	**Individual**	**$741.31**	**$608.04**	**$502.38**	**$437.03**	**$247.55**	**$741.31**	**$608.04**	**$502.38**	**$437.03**	**$247.55**
119	**Individual + Spouse**	**$1,482.62**	**$1,216.08**	**$1,004.76**	**$874.06**	**$495.10**	**$1,482.62**	**$1,216.08**	**$1,004.76**	**$874.06**	**$495.10**
120	**Individual + Child(ren)**	**$1,260.23**	**$1,033.67**	**$854.05**	**$742.95**	**$420.84**	**$1,260.23**	**$1,033.67**	**$854.05**	**$742.95**	**$420.84**
121	**Family**	**$2,112.73**	**$1,732.91**	**$1,431.78**	**$1,245.54**	**$705.52**	**$2,112.73**	**$1,732.91**	**$1,431.78**	**$1,245.54**	**$705.52**
122	**Child Only**	**$305.42**	**$250.51**	**$206.98**	**$180.06**		**$305.42**	**$250.51**	**$206.98**	**$180.06**	
	Albany Area										
123	**Individual**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**
124	**Individual + Spouse**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**
125	**Individual + Child(ren)**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**
126	**Family**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**
127	**Child Only**	**$305.28**	**$250.40**	**$206.89**	**$179.98**		**$305.28**	**$250.40**	**$206.89**	**$179.98**	
	Syracuse Area										
128	**Individual**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**
129	**Individual + Spouse**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**
130	**Individual + Child(ren)**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**
131	**Family**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**
132	**Child Only**	**$305.28**	**$250.40**	**$206.89**	**$179.98**		**$305.28**	**$250.40**	**$206.89**	**$179.98**	
	Utica/Watertown Area										
133	**Individual**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**
134	**Individual + Spouse**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**
135	**Individual + Child(ren)**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**
136	**Family**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**
137	**Child Only**	**$305.28**	**$250.40**	**$206.89**	**$179.98**		**$305.28**	**$250.40**	**$206.89**	**$179.98**	

Appendix F-1 - Rolling Rate Example
STANDARDIZED PREMIUM

Small Group CompreHealth HMO

2011 Earned Premium PMPM	285.83
2012 Earned Premium PMPM	319.27
2013 Earned Premium PMPM	349.00

Rate Ratios

1Q 2010	1.000
2Q 2010	1.000
3Q 2010	1.030
4Q 2010	1.054
1Q 2011	1.068
2Q 2011	1.112
3Q 2011	1.145
4Q 2011	1.180
1Q 2012	1.158
2Q 2012	1.274
3Q 2012	1.312
4Q 2012	1.352
1Q 2013	1.352
2Q 2013	1.352
3Q 2013	1.365
4Q 2013	1.379

Renewal Distribution		**Average 2011 Rate by Renewal Month**		**Average 2012 Rate by Renewal Month**		**Average 2013 Rate by Renewal Month**	
Jan	10.1%	Jan	1.068	Jan	1.158	Jan	1.352
Feb	8.3%	Feb	1.062	Feb	1.151	Feb	1.335
Mar	13.4%	Mar	1.057	Mar	1.143	Mar	1.319
Apr	8.8%	Apr	1.084	Apr	1.233	Apr	1.332
May	6.8%	May	1.075	May	1.220	May	1.326
Jun	11.8%	Jun	1.065	Jun	1.206	Jun	1.319
Jul	5.3%	Jul	1.088	Jul	1.229	Jul	1.339
Aug	6.4%	Aug	1.078	Aug	1.215	Aug	1.334
Sep	8.8%	Sep	1.068	Sep	1.201	Sep	1.330
Oct	4.9%	Oct	1.085	Oct	1.223	Oct	1.358
Nov	5.9%	Nov	1.075	Nov	1.208	Nov	1.356
Dec	9.5%	Dec	1.064	Dec	1.194	Dec	1.354
		Average 2012 Rate Ratio	**1.070**	**Average 2012 Rate Ratio**	**1.193**	**Average 2013 Rate Ratio**	**1.336**

2011 Standardized Premium		**2012 Standardized Premium**		**2013 Standardized Premium**	
Average 2012 Rate Ratio	1.070	Average 2012 Rate Ratio	1.193	Average 2013 Rate Ratio	1.336
4Q 2013 Rate Ratio	1.379	4Q 2013 Rate Ratio	1.379	4Q 2013 Rate Ratio	1.379
% Change	1.288	% Change	1.156	% Change	1.032
Standardized Premium PMPM	**368.25**	Standardized Premium PMPM	**369.09**	Standardized Premium PMPM	**360.24**

Appendix F-2 - Non-Rolling Rate Example
STANDARDIZED PREMIUM

Small Group Healthy New York

2011 Earned Premium PMPM	334.97
2012 Earned Premium PMPM	382.57
2013 Earned Premium PMPM	316.46

Rate Ratios

1Q 2010	1.000
2Q 2010	1.000
3Q 2010	1.000
4Q 2010	1.043
1Q 2011	1.111
2Q 2011	1.111
3Q 2011	1.111
4Q 2011	1.111
1Q 2012	1.198
2Q 2012	1.331
3Q 2012	1.331
4Q 2012	1.331
1Q 2013	1.389
2Q 2013	1.389
3Q 2013	1.389
4Q 2013	1.389

Renewal Distribution		**Average 2011 Rate by Renewal Month**		**Average 2012 Rate by Renewal Month**		**Average 2013 Rate by Renewal Month**	
Jan	18.5%	Jan	1.111	Jan	1.198	Jan	1.389
Feb	10.7%	Feb	1.102	Feb	1.191	Feb	1.373
Mar	4.8%	Mar	1.093	Mar	1.184	Mar	1.357
Apr	3.4%	Apr	1.083	Apr	1.276	Apr	1.374
May	6.1%	May	1.074	May	1.258	May	1.369
Jun	6.3%	Jun	1.065	Jun	1.240	Jun	1.365
Jul	10.4%	Jul	1.056	Jul	1.221	Jul	1.360
Aug	1.9%	Aug	1.046	Aug	1.203	Aug	1.355
Sep	19.4%	Sep	1.037	Sep	1.185	Sep	1.350
Oct	7.9%	Oct	1.060	Oct	1.166	Oct	1.346
Nov	4.6%	Nov	1.055	Nov	1.148	Nov	1.341
Dec	6.0%	Dec	1.049	Dec	1.130	Dec	1.336
		Average 2012 Rate Ratio	**1.071**	**Average 2012 Rate Ratio**	**1.196**	**Average 2013 Rate Ratio**	**1.362**

2011 Standardized Premium		**2012 Standardized Premium**		**2013 Standardized Premium**	
Average 2012 Rate Ratio	1.071	Average 2012 Rate Ratio	1.196	Average 2013 Rate Ratio	1.362
4Q 2013 Rate Ratio	1.389	4Q 2013 Rate Ratio	1.389	4Q 2013 Rate Ratio	1.389
% Change	1.296	% Change	1.161	% Change	1.019
Standardized Premium PMPM	**434.10**	Standardized Premium PMPM	**444.00**	Standardized Premium PMPM	**322.53**

Appendix G
HIP's Medical Trend Factors

			CY 2014					CY 2015 - CY 2016				
LOB	Product	Plan	Unit Cost	Leveraging	Utilization	Risk Score	Total Trend	Unit Cost	Leveraging	Utilization	Risk Score	Total Trend
			Inpatient Facility FFS					**Inpatient Facility FFS**				
HMO	Individual On Exchange	Platinum	5.9%	0.2%	2.0%	1.0%	9.3%	5.9%	0.2%	2.0%	1.0%	9.3%
HMO	Individual On Exchange	Gold	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
HMO	Individual On Exchange	Silver	5.9%	0.8%	2.0%	1.0%	10.0%	5.9%	0.8%	2.0%	1.0%	10.0%
HMO	Individual On Exchange	Bronze	5.9%	1.0%	2.0%	1.0%	10.2%	5.9%	1.0%	2.0%	1.0%	10.2%
HMO	Individual On Exchange	Catastrophic	5.9%	1.3%	2.0%	1.0%	10.6%	5.9%	1.3%	2.0%	1.0%	10.5%
HMO	Individual Off Exchange	Gold	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
HMO	Individual Off Exchange	Silver	5.9%	0.8%	2.0%	1.0%	10.0%	5.9%	0.8%	2.0%	1.0%	10.0%
HMO	Individual Off Exchange	Bronze	5.9%	1.0%	2.0%	1.0%	10.2%	5.9%	1.0%	2.0%	1.0%	10.2%
		Total Individual	5.9%	0.7%	2.0%	1.0%	9.9%	5.9%	0.7%	2.0%	1.0%	9.8%
HMO	Small Group Off Exchange	Gold	5.9%	0.2%	2.0%	1.0%	9.3%	5.9%	0.2%	2.0%	1.0%	9.3%
HMO	Small Group Off Exchange	Silver	5.9%	0.8%	2.0%	1.0%	10.0%	5.9%	0.8%	2.0%	1.0%	10.0%
HMO	Small Group Off Exchange	Bronze	5.9%	1.3%	2.0%	1.0%	10.6%	5.9%	1.3%	2.0%	1.0%	10.5%
HMO	Small Group Off Exchange	HNY Gold	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
		Total Small Group	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
			OP Facility FFS					**OP Facility FFS**				
HMO	Individual On Exchange	Platinum	6.8%	0.3%	3.0%	1.0%	11.4%	6.6%	0.2%	3.0%	1.0%	11.2%
HMO	Individual On Exchange	Gold	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
HMO	Individual On Exchange	Silver	6.8%	1.0%	3.0%	1.0%	12.1%	6.6%	0.9%	3.0%	1.0%	11.9%
HMO	Individual On Exchange	Bronze	6.8%	1.2%	3.0%	1.0%	12.4%	6.6%	1.1%	3.0%	1.0%	12.2%
HMO	Individual On Exchange	Catastrophic	6.8%	1.5%	3.0%	1.0%	12.8%	6.6%	1.5%	3.0%	1.0%	12.6%
HMO	Individual Off Exchange	Gold	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
HMO	Individual Off Exchange	Silver	6.8%	1.0%	3.0%	1.0%	12.1%	6.6%	0.9%	3.0%	1.0%	11.9%
HMO	Individual Off Exchange	Bronze	6.8%	1.2%	3.0%	1.0%	12.4%	6.6%	1.1%	3.0%	1.0%	12.2%
		Total Individual	6.8%	0.8%	3.0%	1.0%	12.0%	6.6%	0.8%	3.0%	1.0%	11.8%
HMO	Small Group Off Exchange	Gold	6.8%	0.3%	3.0%	1.0%	11.4%	6.6%	0.2%	3.0%	1.0%	11.2%
HMO	Small Group Off Exchange	Silver	6.8%	1.0%	3.0%	1.0%	12.1%	6.6%	0.9%	3.0%	1.0%	11.9%
HMO	Small Group Off Exchange	Bronze	6.8%	1.5%	3.0%	1.0%	12.8%	6.6%	1.5%	3.0%	1.0%	12.6%
HMO	Small Group Off Exchange	HNY Gold	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
		Total Small Group	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
			Professional FFS					**Professional FFS**				
HMO	Individual On Exchange	Platinum	1.7%	0.1%	3.0%	1.0%	5.9%	1.7%	0.1%	3.0%	1.0%	5.9%
HMO	Individual On Exchange	Gold	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
HMO	Individual On Exchange	Silver	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Individual On Exchange	Bronze	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Individual On Exchange	Catastrophic	1.7%	0.4%	3.0%	1.0%	6.2%	1.7%	0.4%	3.0%	1.0%	6.2%
HMO	Individual Off Exchange	Gold	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
HMO	Individual Off Exchange	Silver	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Individual Off Exchange	Bronze	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
		Total Individual	1.7%	0.2%	3.0%	1.0%	6.0%	1.7%	0.2%	3.0%	1.0%	6.0%
HMO	Small Group Off Exchange	Gold	1.7%	0.1%	3.0%	1.0%	5.9%	1.7%	0.1%	3.0%	1.0%	5.9%
HMO	Small Group Off Exchange	Silver	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Small Group Off Exchange	Bronze	1.7%	0.4%	3.0%	1.0%	6.2%	1.7%	0.4%	3.0%	1.0%	6.2%
HMO	Small Group Off Exchange	HNY Gold	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
		Total Small Group	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
			RX					**RX**				
HMO	Individual On Exchange	Platinum	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual On Exchange	Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual On Exchange	Silver	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual On Exchange	Bronze	5.0%	1.7%	1.0%	1.0%	8.9%	5.0%	1.7%	1.0%	1.0%	8.9%
HMO	Individual On Exchange	Catastrophic	5.0%	2.2%	1.0%	1.0%	9.4%	5.0%	2.2%	1.0%	1.0%	9.4%
HMO	Individual Off Exchange	Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual Off Exchange	Silver	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual Off Exchange	Bronze	5.0%	1.7%	1.0%	1.0%	8.9%	5.0%	1.7%	1.0%	1.0%	8.9%
		Total Individual	5.0%	0.2%	1.0%	1.0%	7.3%	5.0%	0.2%	1.0%	1.0%	7.3%
HMO	Small Group Off Exchange	Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Small Group Off Exchange	Silver	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Small Group Off Exchange	Bronze	5.0%	2.2%	1.0%	1.0%	9.4%	5.0%	2.2%	1.0%	1.0%	9.4%
HMO	Small Group Off Exchange	HNY Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
		Total Small Group	5.0%	0.1%	1.0%	1.0%	7.2%	5.0%	0.1%	1.0%	1.0%	7.2%

Appendix H

2013 PMPMs Reweighted by HIP Retained Member Product/Neighborhood/Market Distribution

Medical + Rx Claims - Small Group Only	Product / Neighborhood / Market Adjusted	Factor
$343.52	$593.70	1.728

Appendix I

Medical Group / Global Risk Adjustment

	Risk Score
Fee-for-Service/Unassigned	2.587
Medical Group	1.614
Global Risk	2.042
Total	2.475
Factor	**0.957**

Appendix J

SMCP Credits

Market	Year	Amount Distributed	Projected 2015 Members	Premium Distribution PMPM	Expected MER	Claims Impact
Individual	2015	$6,757,625	50,000	$11.26	86.0%	$9.69
Individual	Future Filings	$8,366,300				

Appendix K
Albany, Syracuse, and Utica - Downstate Cost and Utilization Relativities to NYC

	Distribution of Costs	Utilization			Unit Cost			Total Cost (Util & Unit Cost)
		Albany	Downstate	Relativity	Albany	Downstate	Relativity	
Inpatient Facility (Util in Days)	**25.3%**	**1.22**	**1.33**	0.915	**1.16**	**1.00**	1.157	1.058
Outpatient	**17.3%**	**0.97**	**0.91**	1.067	**1.96**	**1.00**	1.959	2.090
Professional	**39.0%**	**1.02**	**1.10**	0.930	**1.11**	**1.00**	1.108	1.031
Rx	**16.0%**	**1.00**	**1.00**	1.000	**1.00**	**1.00**	1.000	1.000
Covered Lives Assessment (CLA)	**2.4%**	**NA**	**NA**	NA	**38.89**	**131.15**	0.297	0.297
Total Relativity - Claims + CLA	**100.0%**						**1.23**	**1.198**

Mid-Hudson - Downstate Cost and Utilization Relativities to NYC

	Distribution of Costs	Utilization			Unit Cost			Total Cost (Util & Unit Cost)
		Mid-Hudson	Downstate	Relativity	Mid-Hudson	Downstate	Relativity	
Inpatient Facility (Util in Days)	**25.3%**	**1.16**	**1.33**	0.866	**1.51**	**1.00**	1.506	1.304
Outpatient	**17.3%**	**0.93**	**0.91**	1.015	**1.62**	**1.00**	1.615	1.640
Professional	**39.0%**	**1.04**	**1.10**	0.946	**1.14**	**1.00**	1.137	1.076
Rx	**16.0%**	**1.00**	**1.00**	1.000	**1.00**	**1.00**	1.000	1.000
Covered Lives Assessment (CLA)	**2.4%**	**NA**	**NA**	NA	**33.13**	**131.15**	0.253	0.253
Total Relativity - Claims + CLA	**100.0%**						**1.27**	**1.199**

Appendix L

PMPM to Individual Premium Rate Conversion Factor - Individual

Subscriber distribution	% Distribution	Census Tiers (a)	Avg Contract Size (b)
Individual	74.6%	1.000	1.00
Husband Wife	18.4%	2.000	2.00
Parent Child 1	1.8%	1.700	2.36
Family 1	4.5%	2.850	3.61
Child Only	0.7%	0.412	1.00
Total	100.0%	1.275	1.325

Proposed Conversion Factor (b)/(a)	1.039

Appendix C

User Inputs for Plan Parameters

********EH SelectCare Platinum ***********

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)	☐	☑	96.280%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	93.750%		☑	☑		
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):	

*******EH SelectCare PLATINUM PLAN*******

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.1%
Metal Tier:	Platinum

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Gold**********

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)	☑	☑	96.120%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.220%		☑	☑		
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):	☐

*****EH SelectCare GOLD PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Silver **********

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

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

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

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)	☑	☑	95.570%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	92.340%		☑	☑		
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):	☐

*****EH SelectCare SILVER PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.7%
Metal Tier:	Silver

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

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	☑	☑			☑	☑		
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

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,200.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$5,200.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$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:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.99%
Metal Tier:	Silver

Appendix C

User Inputs for Plan Parameters

*****EH SelectCare Silver CSR 150-200% FPL PLAN *****

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	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 ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☑	☐		$75.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$250.00	☑	☑		
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	☑	☐		$250.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.830%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	94.600%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$9.00	☑	☑		
Preferred Brand Drugs	☐	☐		$20.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$40.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☑	☑		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation resolved without matching metal tiers.
Actuarial Value:	86.7%
Metal Tier:	Platinum

*****EH SelectCare SilverCSR 150-200% FPL PLAN *****
The 150-200% FPL plan must use the GOLD tables,
any error message is to be ignored, per AV methodology reg.

Appendix C

User Inputs for Plan Parameters

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

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

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

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

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	☐	☐		$50.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$100.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑		
Specialist Visit	☐	☐		$20.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$20.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$15.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$15.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$20.00	☑	☑		
Skilled Nursing Facility	☐	☐		$100.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	98.480%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	97.760%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$6.00	☑	☑		
Preferred Brand Drugs	☐	☐		$15.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$30.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$30.00	☑	☑		

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):	☐

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	93.4%
Metal Tier:	Platinum

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Name: Health Insurance Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

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

A. Average 2014 and 2015 Premium Rates:

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

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	$579.43	$488.53	$402.84	$348.03	$212.05
2015 Premium Rates	$687.44	$563.86	$465.88	$405.28	$229.57

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	9.5%

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	12.6%	8.1%
Expense Ratios	N/A	11.9%	13.1%
Pre Tax Profit Ratios	N/A	1.0%	1.0%

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

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

-- for Individual Medical Plans

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.

2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.

3) Market segment refers to Individual plans.

4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of metal level, rating region, and product name.

5) The product name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with DFS). A separate row is to be used for each combination of metal level, rating region and product name.

6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).

7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).

8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.

9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes plan designs included in this rate filing which have no actual members.

10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.

11) This exhibit must be submitted as an Excel file and as a PDF file.

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	New	New	New
Individual	01/01/15	Gold	1 - Albany Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	New	New	New
Individual	01/01/15	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	New	New	New
Individual	01/01/15	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	New	New	New
Individual	01/01/15	Catastrophic	1 - Albany Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	New	New	New
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	33.8%	33.8%	33.8%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	31.9%	31.9%	31.9%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	30.4%	30.4%	30.4%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	31.3%	31.3%	31.3%
Individual	01/01/15	Catastrophic	3 - Mid Hudson Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	22.0%	22.0%	22.0%
Individual	01/01/15	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	4 - New York City Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	10.1%	10.1%	10.1%
Individual	01/01/15	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	4 - New York City Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	1.8%	1.8%	1.8%
Individual	01/01/15	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	New	New	New
Individual	01/01/15	Gold	6 - Syracuse Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	New	New	New
Individual	01/01/15	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	New	New	New
Individual	01/01/15	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	New	New	New
Individual	01/01/15	Catastrophic	6 - Syracuse Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	New	New	New
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	New	New	New
Individual	01/01/15	Gold	7 - Utica/Watertown Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	New	New	New

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	New	New	New
Individual	01/01/15	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	New	New	New
Individual	01/01/15	Catastrophic	7 - Utica/Watertown Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	New	New	New
Individual	01/01/15	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Platinum	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	8 - Long Island Area	Select Care Gold , Gold, ST, INN, Dep25	Select Care Gold	10.1%	10.1%	10.1%
Individual	01/01/15	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Select Care Silver	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Bronze	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	8 - Long Island Area	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Basic	1.8%	1.8%	1.8%
Individual	01/01/15	Platinum	1 - Albany Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	New	New	New
Individual	01/01/15	Gold	1 - Albany Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	New	New	New
Individual	01/01/15	Silver	1 - Albany Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	New	New	New
Individual	01/01/15	Bronze	1 - Albany Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	New	New	New
Individual	01/01/15	Catastrophic	1 - Albany Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	New	New	New
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	33.8%	33.8%	33.8%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	28.4%	28.4%	28.4%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	30.4%	30.4%	30.4%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	31.3%	31.3%	31.3%
Individual	01/01/15	Catastrophic	3 - Mid Hudson Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	22.0%	22.0%	22.0%
Individual	01/01/15	Platinum	4 - New York City Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	4 - New York City Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	7.1%	7.1%	7.1%
Individual	01/01/15	Silver	4 - New York City Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	4 - New York City Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	4 - New York City Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	1.8%	1.8%	1.8%
Individual	01/01/15	Platinum	6 - Syracuse Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	New	New	New
Individual	01/01/15	Gold	6 - Syracuse Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	New	New	New
Individual	01/01/15	Silver	6 - Syracuse Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	New	New	New
Individual	01/01/15	Bronze	6 - Syracuse Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	New	New	New
Individual	01/01/15	Catastrophic	6 - Syracuse Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	New	New	New
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	New	New	New
Individual	01/01/15	Gold	7 - Utica/Watertown Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	New	New	New
Individual	01/01/15	Silver	7 - Utica/Watertown Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	New	New	New
Individual	01/01/15	Bronze	7 - Utica/Watertown Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	New	New	New
Individual	01/01/15	Catastrophic	7 - Utica/Watertown Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	New	New	New
Individual	01/01/15	Platinum	8 - Long Island Area	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Platinum D	11.6%	11.6%	11.6%
Individual	01/01/15	Gold	8 - Long Island Area	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Gold D	7.1%	7.1%	7.1%
Individual	01/01/15	Silver	8 - Long Island Area	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Silver D	8.8%	8.8%	8.8%
Individual	01/01/15	Bronze	8 - Long Island Area	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Bronze D	9.5%	9.5%	9.5%
Individual	01/01/15	Catastrophic	8 - Long Island Area	Select Care Basic, Catastrophic, ST, INN	Select Care Catastrophic D	1.8%	1.8%	1.8%

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

Instructions:

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

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level (or Catastrophic)	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of Members with Requested Percentage Rate Change at Renewal										
					5/31/2014			Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Individual	1/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	3 - Mid Hudson Area	33.8%	303,802	49	34	0	0	0	0	0	0	0	0	49	0	0
Individual	1/1/2015	Gold	3 - Mid Hudson Area	30.9%	344,363	69	48	0	0	0	0	0	0	0	20	49	0	0
Individual	1/1/2015	Silver	3 - Mid Hudson Area	30.4%	1,086,149	244	182	0	0	0	0	0	0	0	0	244	0	0
Individual	1/1/2015	Bronze	3 - Mid Hudson Area	31.3%	109,226	31	26	0	0	0	0	0	0	0	0	31	0	0
Individual	1/1/2015	Catastrophic	3 - Mid Hudson Area	22.0%	2,434	1	1	0	0	0	0	0	0	1	0	0	0	0
Individual	1/1/2015	Platinum	4 - New York City Area	11.6%	21,907,025	3,441	2,651	0	0	0	0	3,441	0	0	0	0	0	0
Individual	1/1/2015	Gold	4 - New York City Area	9.4%	18,544,467	3,630	2,724	0	0	0	811	2,819	0	0	0	0	0	0
Individual	1/1/2015	Silver	4 - New York City Area	8.8%	78,465,253	17,413	13,592	0	0	0	17,413	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	4 - New York City Area	9.5%	12,071,890	3,162	2,656	0	0	0	3,162	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	4 - New York City Area	1.8%	854,320	351	347	0	0	351	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	8 - Long Island Area	11.6%	5,276,624	759	483	0	0	0	0	759	0	0	0	0	0	0
Individual	1/1/2015	Gold	8 - Long Island Area	8.9%	4,636,719	921	563	0	0	0	370	551	0	0	0	0	0	0
Individual	1/1/2015	Silver	8 - Long Island Area	8.8%	11,202,384	2,256	1,578	0	0	0	2,256	0	0	0	0	0	0	0
Individual	1/1/2015	Bronze	8 - Long Island Area	9.5%	897,612	231	165	0	0	0	231	0	0	0	0	0	0	0
Individual	1/1/2015	Catastrophic	8 - Long Island Area	1.8%	41,490	15	14	0	0	15	0	0	0	0	0	0	0	0
Market Segment Total:				**9.5%**	**155,743,759**	**32,573**	**25,064**	**0**	**0**	**366**	**24,243**	**7,570**	**0**	**1**	**20**	**373**	**0**	**0**

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Health Insurance Plan of Greater New York

NAIC Code: 55247

SERFF Number: HPHP-129572092

Market Segment: Individual

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
				NONE			

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

Company Name: Health Plan of Greater New York (HIP)
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individual 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?	7. Is base medical policy form open (new sales allowed) or closed (no	8. Number of policyholders affected by rate change. (For group business this is number of	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	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation	14.10 Administrative expenses for experience period (including commissions and premium	
155-23-grphmo	HMO Prime	HMO Prime	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	38,866	26,127,011	28,146,702	25,207,494	25,146,065	0	710,341	5,115,514	XX
155-23-grpoahmo	Access 1	Access 1	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	11	3,832	NA	334,831	32,723	0	(532)	750	XX
155-23-hmocont	Classic	Classic	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	9,533	4,429,114	4,712,240	4,006,527	3,876,492	0	(60,325)	867,194	XX
155-23-emhmocont	CompreHealth	CompreHealt	SG HMO	N/A	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	317,899	110,948,200	114,518,397	99,047,817	98,816,767	0	7,873,113	21,723,002	XX
(155-23-grphmo, 200-23-grppol)	POS Prime	POS Prime	SG HMO	N/A	SG	HMO based	Yes	Closed	0	0	XX	01/01/13	12/31/13	22	7,130	NA	438,708	34,279	0	(265)	1,396	XX
(155-23-grpoahmo, 200-23-	Access II	Access II	SG HMO	N/A	SG	HMO based	Yes	Closed	0	0	XX	01/01/13	12/31/13	0	0	NA	95,651	14,484	0	0	0	XX
155-23-HNYGRPHMO (1/07), 155	Healthy New York	Healthy New	HNY	N/A	SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	9,923	4,184,153	4,264,400	4,161,168	4,324,846	(536,548)	0	819,232	XX
(1/07), 155-23-HNYDIRCONT(1/07	Healthy New York	Healthy New	HNY	N/A	SP	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	2,752	1,207,411	1,230,698	1,459,329	1,412,753	(203,653)	0	236,404	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	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation	15.10 Administrative expenses for experience period (including commissions and premium		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	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation	16.10 Administrative expenses for experience period (including commissions and premium
XX	01/01/12	12/31/12	44,391	29,957,278	35,414,449	24,552,054	24,231,160	0	710,341	6,550,083	XX	1/1/2011	12/31/2011	74,416	43,769,198	53,891,962	36,138,943	35,958,703	0	1,119,723	5,287,220
XX	01/01/12	12/31/12	3,416	1,724,020	NA	2,732,654	2,639,625	0	(532)	376,953	XX	1/1/2011	12/31/2011	6,730	4,139,778	NA	3,949,815	3,799,143	0	253,597	511,098
XX	01/01/12	12/31/12	11,635	5,069,400	5,750,323	4,882,012	4,699,763	0	(60,325)	1,108,411	XX	1/1/2011	12/31/2011	16,064	6,389,782	7,940,568	5,356,261	5,858,619	0	(66,578)	792,121
XX	01/01/12	12/31/12	267,661	85,457,329	98,789,762	73,636,367	74,151,055	0	7,873,113	18,685,030	XX	1/1/2011	12/31/2011	191,208	54,653,467	68,879,844	48,902,252	51,584,662	0	2,695,952	9,969,263
XX	01/01/12	12/31/12	4,731	4,407,330	NA	3,101,510	3,425,256	0	(265)	963,652	XX	1/1/2011	12/31/2011	6,685	4,483,366	NA	3,784,694	3,591,274	0	(34,461)	659,913
XX	01/01/12	12/31/12	1,951	1,601,661	NA	1,989,471	2,085,732	0	0	350,199	XX	1/1/2011	12/31/2011	2,753	2,027,148	NA	2,301,421	2,172,254	0	(302,242)	262,980
XX	01/01/12	12/31/12	11,591	4,434,404	5,146,360	3,842,113	3,796,317	(646,894)	0	969,571	XX	1/1/2011	12/31/2011	13,616	4,561,010	5,851,464	4,470,686	4,560,583	(1,163,164)	0	691,595
XX	01/01/12	12/31/12	3,296	1,321,576	1,521,404	1,395,038	1,491,339	(319,106)	0	288,959	XX	1/1/2011	12/31/2011	4,157	1,447,859	1,859,016	1,565,676	1,504,689	(436,843)	0	177,609

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Select Care Platinum	Select Care Gold	Select Care Silver	Select Care Bronze	Select Care Basic
8	HIOS Plan ID*	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001
9	Exchange Plan?*	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	148,171,410				
10B	Member-Months for Latest Experience Period	376,254				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	393.81				
11	Average Pricing Actuarial Value reflected in experience period	0.859				
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**458.62**	**458.62**	**458.62**	**458.62**	**458.62**

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
13	Impact of adjusting experience period data to EHB benefit level	1.005				
14	Market wide adjustment for changes in provider network **	0.887				
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 ****	0.799				
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.728**				
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,	0.980				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.859				
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)	1.168				
25	Expected/Current Induced Demand	0.980				
26	Required Revenue for Catastrophic	1.005				

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
27	Expected Pricing AV	0.804				
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.957**	**0.957**	**0.957**	**0.957**	**0.957**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments					
29	Pricing actuarial value (without induced demand factor) #	0.904	0.810	0.723	0.664	0.595
30	Pricing actuarial value (only the induced demand factor) #	1.050	0.986	0.940	0.913	0.913
31	HCRA CLA	1.027	1.033	1.041	1.047	1.087
32	SMCP Credits	0.982	0.978	0.973	0.969	0.944
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.147	1.149	1.151	1.153	1.164
37	Profit/Contribution to surplus margins	1.010	1.010	1.010	1.010	1.010

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment : Individuals On Exchange

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

Line #	General					
1	Product*	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25
2	Product ID*	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018
3	Metal Level (or catastrophic)*	Platinum	Gold	Silver	Bronze	Catastrophic
4	AV Metal Value (HHS Calculator)*	0.881	0.790	0.707	0.620	0.000
5	AV Pricing Value (total, risk pool experience based)*	0.904	0.810	0.723	0.664	0.595
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	0.651
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
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000
41	1 / Expected Pricing AV	1.244	1.244	1.244	1.244	1.244
42	Adj for Reinsurance/Risk Adjustment	1.028	0.998	0.965	0.938	0.893
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.418**	**1.163**	**0.961**	**0.836**	**0.474**

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)**	**622.62**	**510.69**	**421.95**	**367.06**	**207.92**

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 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 05/31/2014		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	4,226	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	1.58%	8.00%	12.69%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.69%	XX
Gold	On Std	3,419	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	1.71%	8.00%	12.83%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.83%	XX
Silver	On Std	19,456	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	1.88%	8.00%	12.99%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.99%	XX
Bronze	On Std	3,234	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	2.01%	8.00%	13.13%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.13%	XX
Catastrophic	On Std	367	XX	01/01/15	12/31/15	8.08%	0.75%	2.37%	0.00%	0.00%	2.83%	8.00%	13.95%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.95%	XX
			XX										0.00%							0.00%	XX
			XX										0.00%							0.00%	XX
			XX										0.00%							0.00%	XX
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			XX										0.00%							0.00%	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 05/31/2014		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	4,226	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	1.62%	8.00%	11.27%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.27%
Gold	On Std	3,419	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	1.83%	8.00%	11.48%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.48%
Silver	On Std	19,456	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	2.07%	8.00%	11.72%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.72%
Bronze	On Std	3,234	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	2.30%	8.00%	11.95%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.95%
Catastrophic	On Std	367	XX	01/01/14	12/31/14	12.57%	0.95%	0.70%	0.00%	0.00%	3.39%	8.00%	13.04%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.04%
			XX										0.00%							0.00%
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EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
88582NY0140001	Select Care Platinum	Platinum	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0290001	Select Care Platinum	Platinum	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0300001	Select Care Platinum CO	Platinum	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0160001	Select Care Silver	Silver	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0230001	Select Care Silver	Silver	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0240001	Select Care Silver CO	Silver	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0170001	Select Care Bronze	Bronze	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0200001	Select Care Bronze	Bronze	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0210001	Select Care Bronze CO	Bronze	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0180001	Select Care Basic	Catastrophic	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0150001	Select Care Gold	Gold	ON	YES	26	YES	INCLUDED	NO	NO	YES
88582NY0260001	Select Care Gold	Gold	ON	YES	30	YES	INCLUDED	NO	NO	YES
88582NY0270001	Select Care Gold CO	Gold	ON	YES	26	YES	INCLUDED	NO	NO	YES

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: Health Plan of Greater New York (HIP)
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals 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.

include other list provider names SG only

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
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: Health Plan of Greater New York (HIP)
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals 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
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

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

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572092
Market Segment: Individuals On Exchange

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

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
						Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
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]	Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
88582NY0290001	Platinum	IND	On	Standard	No	$ 763.21		$ 763.55	$ 636.91		$ 763.21	$ 763.21	$ 723.82
88582NY0230001	Silver	IND	On	Standard	No	$ 517.22		$ 517.45	$ 431.63		$ 517.22	$ 517.22	$ 490.54
88582NY0200001	Bronze	IND	On	Standard	No	$ 449.95		$ 450.14	$ 375.49		$ 449.95	$ 449.95	$ 426.72
88582NY0260001	Gold	IND	On	Standard	No	$ 626.00		$ 626.28	$ 522.41		$ 626.00	$ 626.00	$ 593.70

Unified Rate Review v2.0.2

Company Legal Name: **Health Plan of Greater New Y** State: **NY**
HIOS Issuer ID: **88582** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

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

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$145,699,440	$387.24	100.00%
Incurred Claims in Experience Period	$132,245,656	351.48	90.77%
Allowed Claims:	$154,009,301	409.32	105.70%
Index Rate of Experience Period		$461.00	
Experience Period Member Months	376,254		

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	65.97	$20,214.95	$111.14	1.381	0.873	1.066	1.030	96.72	$20,056.73	$161.65	0.00	$0.00	$0.00
Outpatient Hospital	Services	695.10	1,266.74	73.38	1.381	0.873	1.075	1.040	1,039.12	1,278.56	110.71	0.00	0.00	0.00
Professional	Services	15,517.35	115.94	149.92	1.381	0.873	1.019	1.040	23,197.19	105.12	203.20	0.00	0.00	0.00
Other Medical	Other	12,000.00	19.29	19.29	1.381	0.873	1.106	1.000	16,576.08	20.62	28.48	0.00	0.00	0.00
Capitation	Other	12,000.00	35.34	35.34	1.381	0.873	1.034	1.000	16,576.08	32.98	45.56	0.00	0.00	0.00
Prescription Drug	Prescriptions	10,043.24	85.50	71.55	1.381	0.873	1.052	1.020	14,436.43	82.59	99.36	0.00	0.00	0.00
Total				$460.61							$648.97			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$648.97	$389,379,179
Paid to Allowed Average Factor in Projection Period			0.804	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$521.77	$313,061,511
Projected Risk Adjustments PMPM			9.10	5,460,134
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$512.67	$307,601,377
Projected ACA reinsurance recoveries, net of rein prem, PMPM			73.61	44,166,265
Projected Incurred Claims			$439.06	$263,435,112
Administrative Expense Load		10.37%	52.91	31,747,418
Profit & Risk Load		1.00%	5.10	3,061,149
Taxes & Fees		2.57%	13.12	7,871,216
Single Risk Pool Gross Premium Avg. Rate, PMPM			$510.19	$306,114,894
Index Rate for Projection Period			$648.97	
% increase over Experience Period			31.75%	
% Increase, annualized:			14.78%	
Projected Member Months				600,000

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 Plan of Greater New York** State: **NY**
HIOS Issuer ID: **88582** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2015**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Products	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN
Product ID:		88582NY999	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018	88582NY108	88582NY114	88582NY037	88582NY035	88582NY181
Metal:		Catastrophic	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Catastrophic
AV Metal Value		0.859	0.881	0.790	0.707	0.620	0.000	0.881	0.790	0.707	0.620	0.000
AV Pricing Value		0.859	0.904	0.810	0.723	0.664	0.595	0.904	0.810	0.723	0.664	0.595
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Products	Select Care Platinum	Select Care Gold	Select Care Silver	Select Care Bronze	Select Care Basic	Select Care Platinum D	Select Care Gold D	Select Care Silver D	Select Care Bronze D	Select Care Catastrophic D
Plan ID (Standard Component ID):		88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Exchange Plan?		No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Historical Rate Increase - Calendar Year - 1		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Historical Rate Increase - Calendar Year 0		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Effective Date of Proposed Rates		1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)		0.00%	11.57%	10.05%	8.76%	9.51%	1.81%	11.57%	7.07%	8.76%	9.51%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	11.57%	10.05%	8.76%	9.51%	1.81%	11.57%	7.07%	8.76%	9.51%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!	11.56%	10.05%	8.75%	9.50%	1.80%	11.56%	7.06%	8.75%	9.50%	#DIV/0!

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

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Inpatient	$0.00	$0.00	$18.74	$14.11	$10.77	$9.90	$2.75	$18.74	$11.40	$10.77	$9.90	$0.00
Outpatient	$0.00	$0.00	$12.83	$9.67	$7.37	$6.78	$1.89	$12.83	$7.81	$7.37	$6.78	$0.00
Professional	$0.00	$0.00	$23.56	$17.74	$13.53	$12.44	$3.46	$23.56	$14.33	$13.53	$12.44	$0.00
Prescription Drug	$0.00	$0.00	$11.52	$8.68	$6.62	$6.08	$1.69	$11.52	$7.01	$6.62	$6.08	$0.00
Other	$0.00	$0.00	$2.96	$2.23	$1.70	$1.56	$0.43	$2.96	$1.80	$1.70	$1.56	$0.00
Capitation	$0.00	$0.00	$5.28	$3.98	$3.03	$2.79	$0.78	$5.28	$3.21	$3.03	$2.79	$0.00
Administration	$0.00	$0.00	$18.71	$14.83	$11.88	$10.52	$4.78	$18.71	$13.77	$11.88	$10.52	$0.00
Taxes & Fees	$0.00	$0.00	$0.78	$0.26	-$0.13	-$0.28	-$1.06	$0.78	$0.07	-$0.13	-$0.28	$0.00
Risk & Profit Charge	$0.00	$0.00	$1.09	$0.85	$0.68	$0.64	$0.28	$1.09	$0.73	$0.68	$0.64	$0.00
Total Rate Increase	$0.00	$0.00	$95.47	$72.35	$55.46	$50.43	$15.00	$95.47	$60.13	$55.46	$50.43	$0.00
Member Cost Share Increase	$0.00	$0.00	$7.17	$17.06	$24.12	$23.65	$23.87	$7.17	$28.17	$24.12	$23.65	$0.00

Average Current Rate PMPM	$396.59	$0.00	$527.15	$438.34	$366.49	$316.63	$192.92	$527.15	$450.56	$366.49	$316.63	$0.00
Projected Member Months	599,430	0	88,892	69,723	345,153	49,096	5,493	46	27,716	9,664	3,647	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Average Rate PMPM	$387.24	$387.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	376,254	376,254	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	$145,699,440	$145,699,440	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$154,009,301	$154,009,301	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	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:	$21,763,645	$21,763,645	$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
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	#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	$132,245,656	$132,245,656	$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
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
Incurred Claims PMPM	$351.48	$351.48	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$409.32	$409.32	#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	$409.32	$409.32	#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	88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Plan Adjusted Index Rate	$459.36	$0.00	$622.62	$510.69	$421.95	$367.06	$207.92	$622.62	$510.69	$421.95	$367.06	$207.92
Member Months	599,430	-	88,892	69,723	345,153	49,096	5,493	46	27,716	9,664	3,647	-
Total Premium (TP)	$275,352,406	$0	$55,345,630	$35,606,837	$145,637,188	$18,021,328	$1,142,099	$28,640	$14,154,283	$4,077,721	$1,338,679	$0
EHB Percent of TP, [see instructions]	99.99%	100.00%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%
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%
Other benefits portion of TP	0.01%	0.00%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
Total Allowed Claims (TAC)	$323,291,315	$0	$53,197,764	$38,834,133	$182,016,877	$25,018,125	$1,804,956	$27,529	$15,437,185	$5,096,323	$1,858,422	$0
EHB Percent of TAC, [see instructions]	99.99%	100.00%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%
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%
Other benefits portion of TAC	0.01%	0.00%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
Allowed Claims which are not the issuer's obligation	$65,076,199	$0	$5,430,703	$8,152,091	$35,574,935	$9,543,414	$833,576	$2,810	$3,240,586	$1,589,170	$708,914	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$21,182,791	$0	$0	$0	$21,182,791	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	32.55%	#DIV/0!	0.00%	0.00%	59.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	$258,215,116	$0	$47,767,061	$30,682,043	$146,441,942	$15,474,711	$971,380	$24,719	$12,196,599	$3,507,153	$1,149,509	$0
Net Amt of Rein	$44,123,003	$0	$6,564,318	$5,148,764	$25,488,167	$3,625,543	$263,134	$3,397	$2,046,716	$713,648	$269,316	$0
Net Amt of Risk Adj	$5,454,947	$0	$808,937	$634,495	$3,140,970	$446,785	$49,988	$419	$252,222	$87,945	$33,189	$0

Incurred Claims PMPM	$430.77	#DIV/0!	$537.36	$440.06	$424.28	$315.19	$176.84	$537.36	$440.06	$362.91	$315.19	#DIV/0!
Allowed Claims PMPM	$539.33	#DIV/0!	$598.45	$556.98	$527.35	$509.58	$328.59	$598.45	$556.98	$527.35	$509.58	#DIV/0!
EHB portion of Allowed Claims, PMPM	$539.29	#DIV/0!	$598.41	$556.94	$527.31	$509.54	$328.57	$598.41	$556.94	$527.31	$509.54	#DIV/0!

Health Insurance Plan of Greater New York
New York City
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$554.22	$618.36
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$1,108.44	$1,236.72
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$942.17	$1,051.21
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$1,579.53	$1,762.33
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$228.34	$254.76
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$570.85	$636.91
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$1,141.70	$1,273.82
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$970.45	$1,082.75
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$1,626.92	$1,815.19
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$460.85	$507.19
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$921.70	$1,014.38
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$783.45	$862.22
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$1,313.42	$1,445.49
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$189.87	$208.96
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$474.68	$522.41
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$949.36	$1,044.82
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$806.96	$888.10
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$1,352.84	$1,488.87
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$385.31	$419.06
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$770.62	$838.12
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$655.03	$712.40
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$1,098.13	$1,194.32
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$158.75	$172.65
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$396.87	$431.63
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$793.74	$863.26
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$674.68	$733.77
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$1,131.08	$1,230.15
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$332.89	$364.55
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$665.78	$729.10
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$565.91	$619.74
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$948.74	$1,038.97
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$137.15	$150.19
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$342.88	$375.49
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$685.76	$750.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$582.90	$638.33
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$977.21	$1,070.15
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$202.83	$206.50
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$405.66	$413.00
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$344.81	$351.05
Catastrophic	Standard	Base	Select Care Basic	On		Family	$578.07	$588.53

Health Insurance Plan of Greater New York
Long Island
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$629.85	$702.74
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$1,259.70	$1,405.48
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$1,070.75	$1,194.66
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$1,795.07	$2,002.81
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$259.50	$289.53
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Ind	$648.75	$723.82
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Ind + Sp	$1,297.50	$1,447.64
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Parent + Chld(rn)	$1,102.88	$1,230.49
Platinum	Standard	Age 29	EH Select Care Platinum 29	On	0.881	Family	$1,848.94	$2,062.89
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$523.74	$576.41
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$1,047.48	$1,152.82
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$890.36	$979.90
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$1,492.66	$1,642.77
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$215.78	$237.48
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$539.45	$593.70
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$1,078.90	$1,187.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$917.07	$1,009.29
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$1,537.43	$1,692.05
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$437.89	$476.25
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$875.78	$952.50
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$744.41	$809.63
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$1,247.99	$1,357.31
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$180.41	$196.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$451.03	$490.54
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$902.06	$981.08
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$766.75	$833.92
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$1,285.44	$1,398.04
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$378.31	$414.29
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$756.62	$828.58
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$643.13	$704.29
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$1,078.18	$1,180.73
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$155.86	$170.69
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$389.66	$426.72
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$779.32	$853.44
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$662.42	$725.42
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$1,110.53	$1,216.15
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$230.50	$234.68
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$461.00	$469.36
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$391.85	$398.96
Catastrophic	Standard	Base	Select Care Basic	On		Family	$656.93	$668.84

Health Insurance Plan of Greater New York
Mid-Hudson
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$554.22	$741.31
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$1,108.44	$1,482.62
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$942.17	$1,260.23
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$1,579.53	$2,112.73
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$228.34	$305.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$570.85	$763.55
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$1,141.70	$1,527.10
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$970.45	$1,298.04
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$1,626.92	$2,176.12
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$460.85	$608.04
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$921.70	$1,216.08
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$783.45	$1,033.67
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$1,313.42	$1,732.91
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$189.87	$250.51
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$474.68	$626.28
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$949.36	$1,252.56
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$806.96	$1,064.68
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$1,352.84	$1,784.90
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$385.31	$502.38
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$770.62	$1,004.76
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$655.03	$854.05
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$1,098.13	$1,431.78
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$158.75	$206.98
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$396.87	$517.45
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$793.74	$1,034.90
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$674.68	$879.67
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$1,131.08	$1,474.73
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$332.89	$437.03
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$665.78	$874.06
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$565.91	$742.95
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$948.74	$1,245.54
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$137.15	$180.06
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$342.88	$450.14
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$685.76	$900.28
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$582.90	$765.24
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$977.21	$1,282.90
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$202.83	$247.55
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$405.66	$495.10
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$344.81	$420.84
Catastrophic	Standard	Base	Select Care Basic	On		Family	$578.07	$705.52

Health Insurance Plan of Greater New York
Albany
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$0.00	$740.98
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,481.96
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,259.67
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$0.00	$2,111.79
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$0.00	$305.28
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$0.00	$763.21
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,526.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,297.46
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$0.00	$2,175.15
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$0.00	$607.77
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,215.54
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,033.21
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$0.00	$1,732.14
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$0.00	$250.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$0.00	$626.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,252.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,064.20
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$0.00	$1,784.10
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$0.00	$502.16
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,004.32
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$853.67
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$0.00	$1,431.16
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$0.00	$206.89
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$0.00	$517.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,034.44
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$879.27
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$0.00	$1,474.08
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$0.00	$436.84
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$873.68
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$742.63
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$0.00	$1,244.99
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$0.00	$179.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$0.00	$449.95
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$899.90
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$764.92
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$0.00	$1,282.36
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$0.00	$247.45
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$0.00	$494.90
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$0.00	$420.67
Catastrophic	Standard	Base	Select Care Basic	On		Family	$0.00	$705.23

Health Insurance Plan of Greater New York
Syracuse
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$0.00	$740.98
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,481.96
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,259.67
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$0.00	$2,111.79
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$0.00	$305.28
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$0.00	$763.21
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,526.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,297.46
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$0.00	$2,175.15
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$0.00	$607.77
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,215.54
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,033.21
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$0.00	$1,732.14
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$0.00	$250.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$0.00	$626.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,252.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,064.20
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$0.00	$1,784.10
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$0.00	$502.16
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,004.32
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$853.67
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$0.00	$1,431.16
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$0.00	$206.89
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$0.00	$517.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,034.44
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$879.27
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$0.00	$1,474.08
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$0.00	$436.84
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$873.68
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$742.63
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$0.00	$1,244.99
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$0.00	$179.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$0.00	$449.95
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$899.90
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$764.92
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$0.00	$1,282.36
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$0.00	$247.45
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$0.00	$494.90
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$0.00	$420.67
Catastrophic	Standard	Base	Select Care Basic	On		Family	$0.00	$705.23

Health Insurance Plan of Greater New York
Utica/Watertown
Rates Effective 1/1/2015
Individual Exchange Premium Rates (Excluding Pediatric Dental Coverage)

Metal Level	Standard / Non-Standard	Base or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014 Rates	2015 Rates
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind	$0.00	$740.98
Platinum	Standard	Base	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,481.96
Platinum	Standard	Base	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,259.67
Platinum	Standard	Base	Select Care Platinum	On	0.881	Family	$0.00	$2,111.79
Platinum	Standard	Base	Select Care Platinum CO	On	0.881	Child Only	$0.00	$305.28
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind	$0.00	$763.21
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Ind + Sp	$0.00	$1,526.42
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Parent + Chld(rn)	$0.00	$1,297.46
Platinum	Standard	Age 29	Select Care Platinum	On	0.881	Family	$0.00	$2,175.15
Gold	Standard	Base	Select Care Gold	On	0.790	Ind	$0.00	$607.77
Gold	Standard	Base	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,215.54
Gold	Standard	Base	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,033.21
Gold	Standard	Base	Select Care Gold	On	0.790	Family	$0.00	$1,732.14
Gold	Standard	Base	Select Care Gold CO	On	0.790	Child Only	$0.00	$250.40
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind	$0.00	$626.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Ind + Sp	$0.00	$1,252.00
Gold	Standard	Age 29	Select Care Gold	On	0.790	Parent + Chld(rn)	$0.00	$1,064.20
Gold	Standard	Age 29	Select Care Gold	On	0.790	Family	$0.00	$1,784.10
Silver	Standard	Base	Select Care Silver	On	0.707	Ind	$0.00	$502.16
Silver	Standard	Base	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,004.32
Silver	Standard	Base	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$853.67
Silver	Standard	Base	Select Care Silver	On	0.707	Family	$0.00	$1,431.16
Silver	Standard	Base	Select Care Silver CO	On	0.707	Child Only	$0.00	$206.89
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind	$0.00	$517.22
Silver	Standard	Age 29	Select Care Silver	On	0.707	Ind + Sp	$0.00	$1,034.44
Silver	Standard	Age 29	Select Care Silver	On	0.707	Parent + Chld(rn)	$0.00	$879.27
Silver	Standard	Age 29	Select Care Silver	On	0.707	Family	$0.00	$1,474.08
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind	$0.00	$436.84
Bronze	Standard	Base	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$873.68
Bronze	Standard	Base	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$742.63
Bronze	Standard	Base	Select Care Bronze	On	0.620	Family	$0.00	$1,244.99
Bronze	Standard	Base	Select Care Bronze CO	On	0.620	Child Only	$0.00	$179.98
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind	$0.00	$449.95
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Ind + Sp	$0.00	$899.90
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Parent + Chld(rn)	$0.00	$764.92
Bronze	Standard	Age 29	Select Care Bronze	On	0.620	Family	$0.00	$1,282.36
Catastrophic	Standard	Base	Select Care Basic	On		Ind	$0.00	$247.45
Catastrophic	Standard	Base	Select Care Basic	On		Ind + Sp	$0.00	$494.90
Catastrophic	Standard	Base	Select Care Basic	On		Parent + Chld(rn)	$0.00	$420.67
Catastrophic	Standard	Base	Select Care Basic	On		Family	$0.00	$705.23

Health Insurance Plan of Greater New York
Individual Exchange Products
Form Name and Number

Form Name	Form Number	Product Name
Individual Base Contract	155-23-IONHIXHMO(04/14)	Select Care
Individual Child Only Contract	155-23-ICOHIXHMO (04/14)	Select Care
Individual Bronze Schedule	155-23-IONHIXBSchedule(04/14)	Select Care
Individual Catastrophic Schedule	155-23-IONHIXCSchedule (04/14)	Select Care
Individual Gold Schedule	155-23-IONHIXGSchedule (04/14)	Select Care
Individual Platinum Schedule	155-23-IONHIXPSchedule (04/14	Select Care
Individual Silver Schedule	155-23-IONHIXSSchedule (04/14	Select Care
Individual Silver 100 Schedule	155-23-IONHIXS100Schedule(04/14)	Select Care
Individual Silver 150 Schedule	155-23-IONHIXS150Schedule(04/14)	Select Care
Individual Silver 200 Schedule	155-23-IONHIXS200Schedule(04/14)	Select Care
Individual Rider to Extend	155-23-IHIXD29 (04/14)	Select Care

Health Insurance Plan of Greater New York
Individual Exchange Products
Region and Area Factors

County	Region	Area Factor
Bronx	New York City	0.9556
Kings	New York City	0.9556
New York	New York City	0.9556
Queens	New York City	0.9556
Richmond	New York City	0.9556
Rockland	New York City	0.9556
Westchester	New York City	0.9556
Nassau	Long Island	1.0860
Suffolk	Long Island	1.0860
Orange	Mid-Hudson	1.1456
Albany	Albany	1.1451
Columbia	Albany	1.1451
Fulton	Albany	1.1451
Greene	Albany	1.1451
Montgomery	Albany	1.1451
Renssellar	Albany	1.1451
Saratoga	Albany	1.1451
Schenectady	Albany	1.1451
Schoharie	Albany	1.1451
Warren	Albany	1.1451
Washington	Albany	1.1451
Broome	Syracuse	1.1451
Ostego	Utica/Watertown	1.1451

Health Insurance Plan of Greater New York
Individual Exchange Products
Expected Loss Ratios

HIP Individual on Exchange Expected Loss Ratio	**86.1%**

Health Insurance Plan of Greater New York
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART

HIX Standards - On Marketplace

NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Feb 2013 final versions) and NYS laws/regulations.

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

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions 200 - 250 % FPL (AV = 0.72 to 0.74)	Silver - CSR Versions 150 - 200% FPL (AV = 0.86 to 0.88)	Silver - CSR Versions 100 - 150% FPL (AV = 0.93 to 0.95)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Native American Cost-Sharing variation Less than or equal to 300% FPL
DEDUCTIBLE (single)	$0	$600	$2,000	$1,200	$250	$0	$3,000	$6,600	$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000	$4,000	$5,500	$5,200	$2,000	$1,000	$6,350	$6,600	$0
COST SHARING - MEDICAL SERVICES									
Inpatient Facility/SNF/Hospice	$500 per admission	$1,000 per admission	$1,500 per admission	$1,500 per admission	$250 per admission	$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	$15	$25	$30	$30	$15	$10	50% cost sharing	0% cost sharing	0% cost sharing
Telemedicine	$10	$10	$10	$10	$10	$10	$10	$10	$10
Telemedicine Dietician	$5	$5	$5	$5	$5	$5	$5	$5	$5
Specialist	$35	$40	$50	$50	$35	$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	$25	$30	$30	$30	$25	$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	$55	$60	$70	$70	$50	$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
INPATIENT HOSPITAL SERVICES									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility						50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility						50% cost sharing	0% cost sharing	0% cost sharing
EMERGENCY MEDICAL SERVICES									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case						50% cost sharing	0% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing	$0 copay						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hospice	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PREVENTIVE & PRIMARY CARE SERVICES									
Bone density testing	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.								
Cervical cytology									
Colonoscopy screening									
Gynecological exams									
Immunizations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mammography									
Prenatal maternity care									
Prostate cancer screening									
Routine exams									
Women's preventive health services									

PHYSICIAN/PROFESSIONAL SERVICES									
Inpatient hospital surgery - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)						50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
ADDITIONAL BENEFITS/SERVICES									
ABA treatment for Autism Specturm Disorder	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device						50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. $200/$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.								
PEDIATRIC DENTAL SERVICES									
Dental office visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES									
Eye exam visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames						50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
PRESCRIPTION DRUGS									
Generic or Tier 1	$10	$10	$10	$10	$9	$6	$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	$30	$35	$35	$35	$20	$15	$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	$60	$70	$70	$70	$40	$30	$70	0% cost sharing	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply									

The following applies to the Platinum, Gold, Silver and Silver-CSR Plans:
For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.
There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.
For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn.
The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

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

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

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

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products.
For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.
For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).

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

Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply.
These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply.
These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

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

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

The maximum out of pocket limit for calendar year 2014 is $6,600 for self only coverage, and $13,200 for family coverage.
Plans will need to amend the individual rate filing to reflect the revised catastrophic plan design.
Plans that submitted any plan design with a maximum out of pocket limit exceeding the official maximums will need to submit an amendment to the filing to revise such out of pocket limit.

Family verification

- EmblemHealth will request a Federal 1040 form and/or a marriage certificate to verify the marriage of two individuals with different last names. In addition, EmblemHealth will

require a birth certificate and/or Federal 1040 Form as proof that a dependent is eligible for coverage if the dependent has a last name different from the subscriber.

Domestic Partners

Domestic partner coverage is available with EmblemHealth.

- A domestic partner will be treated as a dependent.
- Eligible dependents of the domestic partner may be added.
- Domestic partners are not recognized by the IRS and may not receive tax benefits afforded to non-domestic partners (e.g., Health Savings Accounts).
- Domestic partners must submit the following form to EmblemHealth. This form must be notarized.

EmblemHealth's Declaration of Cohabitation & Financial Interdependence Form (DCFIF). In addition, the partners must also provide three documents showing a similar residence and financial interdependence. The specific list of acceptable documents is shown on the Declaration of Cohabitation & Financial Interdependence Form.

High Deductible Health Plans

- The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product.
- EmblemHealth will require a signed statement that the deductible is not being funded by the employer or any other first dollar coverage plan.

Health Insurance Plan of Greater New York
Individual Exchange Products
Commission Schedule and Fees

HIP Individual on Exchange Commission	**0% of premium**

Health Insurance Plan of Greater New York
Individual Exchange Products
Effective January 1, 2015 - December 31, 2015

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EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Number 88582NY0180001

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York, an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **1.8**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

In addition to the increase to be filed with the NYSDFS, your total premium rate that will go into effect on **January 1, 2015** will also include the following adjustments:

Please see other side

EMB_MB_LTR_19850_OnExchangeNYCLIBasic

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EmblemHealth

- The annual plan deductible will increase to $6,600 (from $6,350) for individuals and $13,200 (from $12,700) for families.
- The maximum out-of-pocket cost will increase to $6,600 (individual) and $13,200 (family).

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 us or DFS for additional information at:

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

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

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0180001

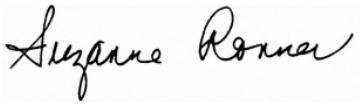
Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

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:

EmblemHealth website: **emblemhealth.com/2015_Rates**
DFS website: **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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **9.5**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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 us or DFS for additional information at:

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) or 88582NY0210001 (child only)

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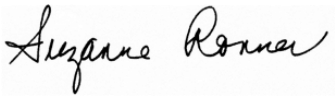

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

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June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) and 88582NY0270001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **10.1**%.

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

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EmblemHealth

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3. The fact that you have individual coverage
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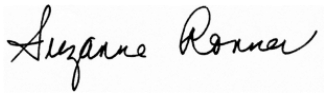

Suzanne Ronner
Vice President, Customer Experience

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June 13, 2014

<<Member Mailing ID>>
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Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0140001 (dependent coverage to age 26 end-of-month), 88582NY0290001 (dependent coverage to age 30 end-of-month) and 88582NY0300001 (child only)

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If approved, your current premium rate will increase by **11.6**%.

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

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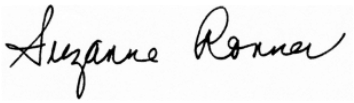

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

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3. The fact that you have individual coverage
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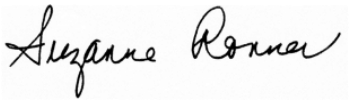

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
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EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

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Proposed Premium Rate Change
If approved, your current premium rate will increase by **8.8**%.

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

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

Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

In addition to the increase to be filed with the NYSDFS, the following changes to your plan deductibles and maximum out-of-pocket costs will also become effective on **January 1, 2015**:

Please see other side

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EmblemHealth

- The annual plan deductible will be reduced to from $1,750 to $1,200 for individuals and from $3,500 to $2,400 for families.
- The maximum out-of-pocket cost will increase $5,200 (individual) and $10,400 (family).

These changes will have no effect on the premium that you pay for coverage in 2015.

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

EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087
Phone: **1-800-447-8255**
Email: PremiumRateFilings@emblemhealth.com
EmblemHealth Website: emblemhealth.com

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

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) or 88582NY0240001 (child only)

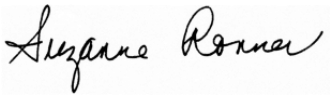
Written comments submitted to DFS will be posted on the DFS website with all of your personal information removed.

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:

EmblemHealth website: **emblemhealth.com/2015_Rates**
DFS website: **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,



Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **30.4**%.

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

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

Why We Are Requesting a Rate Change
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These changes will have no effect on the premium that you pay for coverage in 2015.

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NYS Department of Financial Services
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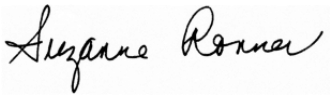

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0160001 (dependent coverage to age 26 end-of-month), 88582NY0230001 (dependent coverage to age 30 end-of-month) and 88582NY0240001 (child only)

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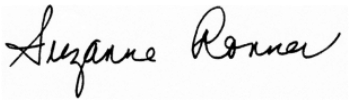

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0140001 (dependent coverage to age 26 end-of-month), 88582NY0290001 (dependent coverage to age 30 end-of-month) and 88582NY0300001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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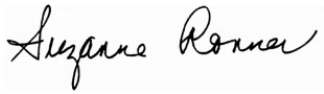

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) and 88582NY0270001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **31.9**%.

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

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We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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EmblemHealth

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DFS Website: dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: HIP, an EmblemHealth company
2. The name of your plan: <<**Plan Name**>>
3. The fact that you have individual coverage
4. Your plan's HIOS identification number: 88582NY0150001 (dependent coverage to age 26 end-of-month), 88582NY0260001 (dependent coverage to age 30 end-of-month) or 88582NY0270001 (child only)

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Plain English Summary of Rate Change
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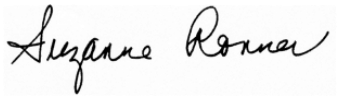

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth®

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Numbers 8858NY0170001 (dependent coverage to age 26 end-of-month), 88582NY0200001 (dependent coverage to age 30 end-of-month) and 88582NY0210001 (child only)

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York (HIP), an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **31.3**%.

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

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Why We Are Requesting a Rate Change
We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

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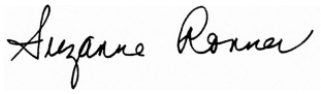

Suzanne Ronner
Vice President, Customer Experience

EmblemHealth

55 Water Street, New York, New York 10041-8190

June 13, 2014

<<Member Mailing ID>>
<<Fname>> <<Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth <<Plan Name>>
Health Insurance Oversight System (HIOS) Identification Number 88582NY0180001

Dear <<Fname>> <<Lname>>:

Health Insurance Plan of Greater New York, an EmblemHealth company, 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 rates changes to DFS.

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

Proposed Premium Rate Change
If approved, your current premium rate will increase by **22**%.

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

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We are requesting a rate increase because of the rising cost of providing our members' care. This includes increases in the rates that we pay our providers, the higher costs of new treatments and prescription drugs, and increased utilization in the medical services required by many of our members.

In addition to the increase to be filed with the NYSDFS, your total premium rate that will go into effect on **January 1, 2015** will also include the following adjustments:

Please see other side

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EmblemHealth

- The annual plan deductible will increase to $6,600 (from $6,350) for individuals and $13,200 (from $12,700) for families.
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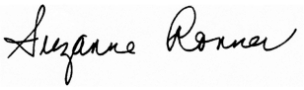

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EmblemHealth

55 Water Street, New York, New York 10041-8190

Important Information About Your Renewal Rates <Date>

<Fname> <Lname>
<Address 1>
<Address 2>
<City>, <State> <ZIP Code + 4>

Dear <Fname><Lname>:

New York State law requires us to notify you approximately 60 days in advance of certain health plan premium rate changes. The renewal premium rates for your EmblemHealth «PLAN NAME» plan, underwritten by HIP Health Plan of Greater New York (HIP) effective «**Rate_Eff_Date**» will be:

Tier Type: «ratetiercd»	**Current Monthly Rate**	**Renewal Monthly Rate**
Single	**«INDIVIDUAL»**	**«INDIVIDUAL»**
Employee + Child(ren)	**«EMPLOYEE_AND_CHILDREN»**	**«EMPLOYEE_AND_CHILDREN»**
Employee + Spouse	**«EMPLOYEE_AND_SPOUSE»**	**«EMPLOYEE_AND_SPOUSE»**
Family	**«FAMILY»**	**«FAMILY»**
Child Only	**<<INDIVIDUAL>>**	**<<INDIVIDUAL>>**

The premium rates above reflect an adjustment to your premium rate that was approved by the New York State Department of Financial Services (NYSDFS). This is the rate that we will charge you for your coverage.

For additional information about your premium rates, please visit us online at **emblemhealth.com**. If you have any questions about your benefits, please call Customer Service at **1-XXX-XXXX**, Monday through Friday, 8 am to 6 pm.

We value our relationship with you and are committed to providing you with quality health care coverage. We look forward to continuing to meet your health coverage needs.

Sincerely,

Suzanne Ronner
Vice President, Customer Experience

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: Health Insurance Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572092
Market Segment: Individuals On Exchange

A. Insurer Information:

Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code
Health Insurance Plan of Greater New York	Not-For-Profit - 43	Not-for-Profit	55247

Company mailing address: 55 Water St. New York, NY, 10041

B. Contact Person:

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

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address

D. New Rate Information:

New rate applicability period	New rate effective date	SERFF Tracking Number
1/1/2015-12/31/2015	1/1/2015	HPHP-129572092

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

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	No
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	No
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	No
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.	Yes, HPHP-129570011

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.

Unified Rate Review v2.0.2

Company Legal Name: **Health Plan of Greater New Y** State: **NY**
HIOS Issuer ID: **88582** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

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

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$145,699,440	$387.24	100.00%
Incurred Claims in Experience Period	$132,245,656	351.48	90.77%
Allowed Claims:	$154,009,301	409.32	105.70%
Index Rate of Experience Period		$461.00	
Experience Period Member Months	376,254		

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	65.97	$20,214.95	$111.14	1.381	0.873	1.066	1.030	96.72	$20,056.73	$161.65	0.00	$0.00	$0.00
Outpatient Hospital	Services	695.10	1,266.74	73.38	1.381	0.873	1.075	1.040	1,039.12	1,278.56	110.71	0.00	0.00	0.00
Professional	Services	15,517.35	115.94	149.92	1.381	0.873	1.019	1.040	23,197.19	105.12	203.20	0.00	0.00	0.00
Other Medical	Other	12,000.00	19.29	19.29	1.381	0.873	1.106	1.000	16,576.08	20.62	28.48	0.00	0.00	0.00
Capitation	Other	12,000.00	35.34	35.34	1.381	0.873	1.034	1.000	16,576.08	32.98	45.56	0.00	0.00	0.00
Prescription Drug	Prescriptions	10,043.24	85.50	71.55	1.381	0.873	1.052	1.020	14,436.43	82.59	99.36	0.00	0.00	0.00
Total				$460.61							$648.97			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$648.97	$389,379,179
Paid to Allowed Average Factor in Projection Period			0.804	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$521.77	$313,061,511
Projected Risk Adjustments PMPM			9.10	5,460,134
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$512.67	$307,601,377
Projected ACA reinsurance recoveries, net of rein prem, PMPM			73.61	44,166,265
Projected Incurred Claims			$439.06	$263,435,112
Administrative Expense Load		10.37%	52.91	31,747,418
Profit & Risk Load		1.00%	5.10	3,061,149
Taxes & Fees		2.57%	13.12	7,871,216
Single Risk Pool Gross Premium Avg. Rate, PMPM			$510.19	$306,114,894
Index Rate for Projection Period			$648.97	
% increase over Experience Period			31.75%	
% Increase, annualized:			14.78%	
Projected Member Months				600,000

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 Plan of Greater New York** State: **NY**
HIOS Issuer ID: **88582** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2015**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Products	Select Care Platinum, Platinum, ST, INN, Dep25	Select Care Gold , Gold, ST, INN, Dep25	Select Care Silver, Silver, ST, INN, Dep25	Select Care Bronze, Bronze, ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN, Dep25	Select Care Platinum D, Platinum, ST, INN, Dep25	Select Care Gold D, Gold, ST, INN, Dep25	Select Care Silver D, Silver , ST, INN, Dep25	Select Care Bronze D, Bronze , ST, INN, Dep25	Select Care Basic, Catastrophic, ST, INN
Product ID:		88582NY999	88582NY014	88582NY015	88582NY016	88582NY017	88582NY018	88582NY108	88582NY114	88582NY037	88582NY035	88582NY181
Metal:		Catastrophic	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Catastrophic
AV Metal Value		0.859	0.881	0.790	0.707	0.620	0.000	0.881	0.790	0.707	0.620	0.000
AV Pricing Value		0.859	0.904	0.810	0.723	0.664	0.595	0.904	0.810	0.723	0.664	0.595
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Products	Select Care Platinum	Select Care Gold	Select Care Silver	Select Care Bronze	Select Care Basic	Select Care Platinum D	Select Care Gold D	Select Care Silver D	Select Care Bronze D	Select Care Catastrophic D
Plan ID (Standard Component ID):		88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Exchange Plan?		No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Historical Rate Increase - Calendar Year - 1		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Historical Rate Increase - Calendar Year 0		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Effective Date of Proposed Rates		1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)		0.00%	11.57%	10.05%	8.76%	9.51%	1.81%	11.57%	7.07%	8.76%	9.51%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	11.57%	10.05%	8.76%	9.51%	1.81%	11.57%	7.07%	8.76%	9.51%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!	11.56%	10.05%	8.75%	9.50%	1.80%	11.56%	7.06%	8.75%	9.50%	#DIV/0!

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

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Inpatient	$0.00	$0.00	$18.74	$14.11	$10.77	$9.90	$2.75	$18.74	$11.40	$10.77	$9.90	$0.00
Outpatient	$0.00	$0.00	$12.83	$9.67	$7.37	$6.78	$1.89	$12.83	$7.81	$7.37	$6.78	$0.00
Professional	$0.00	$0.00	$23.56	$17.74	$13.53	$12.44	$3.46	$23.56	$14.33	$13.53	$12.44	$0.00
Prescription Drug	$0.00	$0.00	$11.52	$8.68	$6.62	$6.08	$1.69	$11.52	$7.01	$6.62	$6.08	$0.00
Other	$0.00	$0.00	$2.96	$2.23	$1.70	$1.56	$0.43	$2.96	$1.80	$1.70	$1.56	$0.00
Capitation	$0.00	$0.00	$5.28	$3.98	$3.03	$2.79	$0.78	$5.28	$3.21	$3.03	$2.79	$0.00
Administration	$0.00	$0.00	$18.71	$14.83	$11.88	$10.52	$4.78	$18.71	$13.77	$11.88	$10.52	$0.00
Taxes & Fees	$0.00	$0.00	$0.78	$0.26	-$0.13	-$0.28	-$1.06	$0.78	$0.07	-$0.13	-$0.28	$0.00
Risk & Profit Charge	$0.00	$0.00	$1.09	$0.85	$0.68	$0.64	$0.28	$1.09	$0.73	$0.68	$0.64	$0.00
Total Rate Increase	$0.00	$0.00	$95.47	$72.35	$55.46	$50.43	$15.00	$95.47	$60.13	$55.46	$50.43	$0.00
Member Cost Share Increase	$0.00	$0.00	$7.17	$17.06	$24.12	$23.65	$23.87	$7.17	$28.17	$24.12	$23.65	$0.00

Average Current Rate PMPM	$396.59	$0.00	$527.15	$438.34	$366.49	$316.63	$192.92	$527.15	$450.56	$366.49	$316.63	$0.00
Projected Member Months	599,430	0	88,892	69,723	345,153	49,096	5,493	46	27,716	9,664	3,647	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Average Rate PMPM	$387.24	$387.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Months	376,254	376,254	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	$145,699,440	$145,699,440	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$154,009,301	$154,009,301	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	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:	$21,763,645	$21,763,645	$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
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	#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	$132,245,656	$132,245,656	$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
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
Incurred Claims PMPM	$351.48	$351.48	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$409.32	$409.32	#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	$409.32	$409.32	#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	88582NY9999999	88582NY0140001	88582NY0150001	88582NY0160001	88582NY0170001	88582NY0180001	88582NY1080001	88582NY1140001	88582NY0370001	88582NY0350001	88582NY1810001
Plan Adjusted Index Rate	$459.36	$0.00	$622.62	$510.69	$421.95	$367.06	$207.92	$622.62	$510.69	$421.95	$367.06	$207.92
Member Months	599,430	-	88,892	69,723	345,153	49,096	5,493	46	27,716	9,664	3,647	-
Total Premium (TP)	$275,352,406	$0	$55,345,630	$35,606,837	$145,637,188	$18,021,328	$1,142,099	$28,640	$14,154,283	$4,077,721	$1,338,679	$0
EHB Percent of TP, [see instructions]	99.99%	100.00%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%
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%
Other benefits portion of TP	0.01%	0.00%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
Total Allowed Claims (TAC)	$323,291,315	$0	$53,197,764	$38,834,133	$182,016,877	$25,018,125	$1,804,956	$27,529	$15,437,185	$5,096,323	$1,858,422	$0
EHB Percent of TAC, [see instructions]	99.99%	100.00%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%
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%
Other benefits portion of TAC	0.01%	0.00%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
Allowed Claims which are not the issuer's obligation	$65,076,199	$0	$5,430,703	$8,152,091	$35,574,935	$9,543,414	$833,576	$2,810	$3,240,586	$1,589,170	$708,914	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$21,182,791	$0	$0	$0	$21,182,791	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	32.55%	#DIV/0!	0.00%	0.00%	59.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	$258,215,116	$0	$47,767,061	$30,682,043	$146,441,942	$15,474,711	$971,380	$24,719	$12,196,599	$3,507,153	$1,149,509	$0
Net Amt of Rein	$44,123,003	$0	$6,564,318	$5,148,764	$25,488,167	$3,625,543	$263,134	$3,397	$2,046,716	$713,648	$269,316	$0
Net Amt of Risk Adj	$5,454,947	$0	$808,937	$634,495	$3,140,970	$446,785	$49,988	$419	$252,222	$87,945	$33,189	$0

Incurred Claims PMPM	$430.77	#DIV/0!	$537.36	$440.06	$424.28	$315.19	$176.84	$537.36	$440.06	$362.91	$315.19	#DIV/0!
Allowed Claims PMPM	$539.33	#DIV/0!	$598.45	$556.98	$527.35	$509.58	$328.59	$598.45	$556.98	$527.35	$509.58	#DIV/0!
EHB portion of Allowed Claims, PMPM	$539.29	#DIV/0!	$598.41	$556.94	$527.31	$509.54	$328.57	$598.41	$556.94	$527.31	$509.54	#DIV/0!

Appendix A

Health Insurance Plan of Greater New York

Metal Level	Standard Plan / Non Standard Plan	Product Name	On Exchange	Metal AV Value
		Individual Exchange Plans		
Platinum	Standard	Select Care Platinum	On Exchange	0.881
Gold	Standard	Select Care Gold	On Exchange	0.790
Silver	Standard	Select Care Silver	On Exchange	0.707
Silver CSR 250-250% FPL	Standard	Select Care Silver	On Exchange	0.740
Silver CSR 150-200% FPL	Standard	Select Care Silver	On Exchange	0.867
Silver CSR 100-150% FPL	Standard	Select Care Silver	On Exchange	0.934
Bronze	Standard	Select Care Bronze	On Exchange	0.620
Catastrophic	Standard	Select Care Basic	On Exchange	
		Individual Off Exchange Plans		
Platinum	Standard	Select Care Platinum D	Off Exchange	0.881
Gold	Standard	Select Care Gold D	Off Exchange	0.790
Silver	Standard	Select Care Silver D	Off Exchange	0.707
Bronze	Standard	Select Care Bronze D	Off Exchange	0.620
Catastrophic	Standard	Select Care Catastrophic D	Off Exchange	

APPENDIX B
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART

HIX Standards - On Marketplace

NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Feb 2013 final versions) and NYS laws/regulations.

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

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions: 200 - 250 % FPL (AV = 0.72 to 0.74)	Silver - CSR Versions: 150 - 200% FPL (AV = 0.86 to 0.88)	Silver - CSR Versions: 100 - 150% FPL (AV = 0.93 to 0.95)	Bronze (AV = 0.58 to 0.62)	Catastrophic	Native American Cost-Sharing variation: Less than or equal to 300% FPL
DEDUCTIBLE (single)	$0	$600	$2,000	$1,200	$250	$0	$3,000	$6,600	$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000	$4,000	$5,500	$5,200	$2,000	$1,000	$6,350	$6,600	$0
COST SHARING - MEDICAL SERVICES									
Inpatient Facility/SNF/Hospice	$500 per admission	$1,000 per admission	$1,500 per admission	$1,500 per admission	$250 per admission	$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100	$100	$100	$100	$75	$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	$15	$25	$30	$30	$15	$10	50% cost sharing	0% cost sharing	0% cost sharing
Telemedicine	$10	$10	$10	$10	$10	$10	$10	$10	$10
Telemedicine Dietician	$5	$5	$5	$5	$5	$5	$5	$5	$5
Specialist	$35	$40	$50	$50	$35	$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	$25	$30	$30	$30	$25	$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	$100	$150	$150	$150	$75	$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	$55	$60	$70	$70	$50	$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
INPATIENT HOSPITAL SERVICES									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility						50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility						50% cost sharing	0% cost sharing	0% cost sharing
EMERGENCY MEDICAL SERVICES									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case						50% cost sharing	0% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing	$0 copay						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hospice	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PREVENTIVE & PRIMARY CARE SERVICES									
Bone density testing Cervical cytology Colonoscopy screening Gynecological exams Immunizations Mammography Prenatal maternity care Prostate cancer screening Routine exams Women's preventive health services	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category. PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing

PHYSICIAN/PROFESSIONAL SERVICES				
Inpatient hospital surgery - surgeon	Surgeon copay per case	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case	50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)	50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	$0 copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)	50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavorial health care	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
ADDITIONAL BENEFITS/SERVICES				
ABA treatment for Autism Specturm Disorder	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device	50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply	50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. $200/$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.			
PEDIATRIC DENTAL SERVICES				
Dental office visit	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES				
Eye exam visit	PCP copay per visit	50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames	50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies	50% cost sharing	0% cost sharing	0% cost sharing

PRESCRIPTION DRUGS									
Generic or Tier 1	$10	$10	$10	$10	$9	$6	$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	$30	$35	$35	$35	$20	$15	$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	$60	$70	$70	$70	$40	$30	$70	0% cost sharing	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply									

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The maximum out of pocket limit for calendar year 2014 is $6,600 for self only coverage, and $13,200 for family coverage.
Plans will need to amend the individual rate filing to reflect the revised catastrophic plan design.
Plans that submitted any plan design with a maximum out of pocket limit exceeding the official maximums will need to submit an amendment to the filing to revise such out of pocket limit.

Appendix C

User Inputs for Plan Parameters

********EH SelectCare Platinum ***********

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)	☐	☑	96.280%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	93.750%		☑	☑		
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):	

*******EH SelectCare PLATINUM PLAN*******

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.1%
Metal Tier:	Platinum

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Gold**********

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)	☑	☑	96.120%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.220%		☑	☑		
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):	☐

*****EH SelectCare GOLD PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters **********EH SelectCare Silver **********

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

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

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

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)	☑	☑	95.570%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	92.340%		☑	☑		
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):	☐

*****EH SelectCare SILVER PLAN *****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.7%
Metal Tier:	Silver

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			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

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	☑	☑			☑	☑		
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

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,200.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$5,200.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$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:	CSR Level of 73% (200-250% FPL), Calculation Successful.
Actuarial Value:	73.99%
Metal Tier:	Silver

Appendix C

User Inputs for Plan Parameters

*****EH SelectCare Silver CSR 150-200% FPL PLAN *****

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	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 ($)	$250.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☑	☐		$75.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$250.00	☑	☑		
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	☑	☐		$250.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.830%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	94.600%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$9.00	☑	☑		
Preferred Brand Drugs	☐	☐		$20.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$40.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☑	☑		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation resolved without matching metal tiers.
Actuarial Value:	86.7%
Metal Tier:	Platinum

*****EH SelectCare SilverCSR 150-200% FPL PLAN *****
The 150-200% FPL plan must use the GOLD tables,
any error message is to be ignored, per AV methodology reg.

Appendix C

User Inputs for Plan Parameters

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

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

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

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

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	☐	☐		$50.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$100.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑		
Specialist Visit	☐	☐		$20.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$20.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$15.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$15.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$20.00	☑	☑		
Skilled Nursing Facility	☐	☐		$100.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	98.480%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	97.760%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$6.00	☑	☑		
Preferred Brand Drugs	☐	☐		$15.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$30.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$30.00	☑	☑		

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):	☐

*******EH SelectCare Silver CSR 100-150% FPL PLAN *******

Output

Status/Error Messages:	CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value:	93.4%
Metal Tier:	Platinum

Appendix D

Quality Improvement and Cost Containment Programs

Expense Type	Detailed Description of Expense
1. Improve Health Outcomes	
A. Disease Management	Expenses related to providing – Rare Disease Management with unlimited access to specialty nurses, Disease specific and personalized health assessments, On going monitoring and care coordination, Collaboration with Member's personal physician and care team, Disease-specific information, educational brochures and quarterly news letters. Education, health support and disease management services to reduce limb amputations and hospitalizations and improve outcomes for members in poorest health with Diabetes as well as Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Asthma or chronic obstructive pulmonary disease (COPD) as co morbid conditions. Enhance the quality of life for members with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) and educate them on options such as kidney transplantation. Members may receive educational materials, HRA and telephonic nurse support. Emblem's Positive Action Toward Health (PATH) program which provides an opportunity to work one on one with a professional nurse health coach by telephone, who provides counseling to elicit change in behavior; Educational materials about symptom management, health risks and treatment for members with asthma, diabetes, CHF, COPD and CAD.
B. Case Management	Expenses related to providing – A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes Case Management Nursing model that supports members with a focus on the home based fragile members with multiple conditions and several needs. Behavioral Health case and disease management services to members with depression, severe psychiatric conditions and multiple hospitalizations. Management of members with CHF by providing information to member's doctors through in home monitoring devices and nurse monitoring services.
C. Late Stage Cancer Program	This program lends support, guidance and education to members with late stage cancer, their caregivers and family during critical times of cancer care.
D. Interactive Voice Response based calling	Phone calls to members in support of various HEDIS and QARR initiatives.
E. Quality Improvement Committee Physician Fees	Physicians are paid to be part of a committee to review and provide feedback on the Company's quality improvement strategies and to review and provide input on quality of care complaints received.
F. New member surveys and health risk assessments	In order to determine the health status of new members and identify needs for complex case management and disease management programs, surveys and health risk assessments are performed on new members.
G. Patient satisfaction surveys	These surveys serve as a consumer assessment of healthcare providers and systems. The results are used to assess the patient-centeredness of care, compare and report on performance and improve the quality of care.

H. The New York Presbyterian Hospital Quality Program	This program was designed to improve healthcare quality and increase the likelihood of desired outcomes. The program in concept is centered on Patient Safety Goals, specifically medication safety, infection prevention and control, and creating a culture of safety within the facilities. The New York Presbyterian system is a broad, encompassing multiple facilities. This program addresses patient centric goals in a consistent way across the system.
I. Social Work & Care Coordination SinglePoint	Vendor provides Care Coordination and Assessment services for its MLTC plan.
J. Care Management – Shared Services Institute for Family Health	Provides care management services to the Institute for Family Health patients.
2. Activities to prevent Hospital Readmissions.	
End of Life/Palliative Care	This program is targeted at members with advanced/terminal illness no longer seeking curative treatment and helps members and family transition to end of life care.
4. Wellness and Health Promotion Activities	
Healthy Beginnings	The Healthy Beginnings Program provides incentives for expecting moms if they get post partum check up and complete a post partum depression surveys. It also provides health risk assessments, access to a 24 hour babyline staffed by nurses and stratification and education materials to members.
Weight Watchers	The Company subsidizes the Weight Watchers membership fees of our members.
Smoking Cessation Programs	A tobacco free program in partnership with the American Cancer Society.
Healthy Roads	This program provides coaching for weight management, physical activity and stress.
Arthritis classes	Classes are provided to members and teaches them exercises that make them stronger, increase flexibility and reduce pain.
Biometrics Screenings	Biometrics screenings provided to members.
Flu Vaccines	Flu Vaccines provided to members.
Member Health and Fitness	Fitness facility for members and incentives for members who participate in health and wellness programs.
Neighborhood Care "Care Cafes"	The Neighborhood Care Program was established with the vision to improve health care and health status in the neighborhoods by implementing a new community based utility infrastructure in two New York City neighborhoods. The Neighborhood Care concept is based on the “consumer retail” model, in which plan members are invited to visit the Neighborhood Care store in person for insurance and health issue resolutions. The Neighborhood Care Program houses both a customer service team and a clinical team. The service team is staffed by customer service employees whose main role is to address a broad spectrum of member needs such as administrative issue resolution, benefit education, physician referral assistance and plan enrollment. The clinical team consists of a multidisciplinary clinically-based team that includes a registered nurse, a social worker, two care navigators, and a pharmacist. In addition, each Neighborhood Care site has a site manager and a community liaison, whose responsibility is to act as the link between the community, Neighborhood Care, and EmblemHealth.

5. HIT Expenses for Health Care Quality Improvement	
A. Disease and Case Management software	Software license and maintenance expense for applications that support Disease and Case management programs.
B. HIT expenses in support of HEDIS	Hosting, data mapping and software license fees associated with HEDIS reporting initiatives.
C. Wellness and Health Promotion electronic tools	Expenses for member website tools such as personal health records, health risk assessments, self-guided Action Plans. The health risk assessment and personal health records provide triggered messaging related to disease management, weight loss and reminders for medical exams.
D. Treatment cost calculators	Web based tool that provides members with treatment choices and cost estimates for nearly 300 common treatments.
E. Data analysis tools	Tools used improve the effectiveness of case management by identifying gaps in care and identifying high impact populations.
F. Preauthorization and referral system	This system enables and expedites the referral and authorization process to direct appropriate care.
G. Data Warehouse	Warehouses used to house all clinical information used for disease management. This includes the cost of integrating data from third party administrators.

Appendix E

2015 Rate Development

Row		
1	Average Starting Small Group Members	41,542
	Untrended - Small Group Paid PMPMs - CY 2013	
2	Inpatient	$95.43
3	Outpatient	$63.01
4	Professional	$128.73
5	Pharmacy	$56.35
6	HCRA Surcharge	$14.85
7	No Rx Coverage Adjustment	$9.24
8	Rx Rebates	($4.15)
9	Ancillary Caps	$30.34
10	**Total**	**$393.81**
	Annual Trends	
11	Months of Trend	24
12	Inpatient	9.8%
13	Outpatient	11.9%
14	Professional	6.0%
15	Pharmacy	7.3%
16	HCRA Surcharge	10.6%
17	No Rx Coverage Adjustment	7.3%
18	Rx Rebates	7.3%
19	Ancillary Caps	3.4%
20	**Total**	**8.1%**
	Trended - Small Group Paid PMPMs - CY 2015	
21	Inpatient	$115.11
22	Outpatient	$78.83
23	Professional	$144.69
24	Pharmacy	$64.88
25	HCRA Surcharge	$18.18
26	No Rx Coverage Adjustment	$10.64
27	Rx Rebates	($4.77)
28	Ancillary Caps	$32.44
29	**Total**	**$460.00**
30	EHB Adjustment	$2.10
31	Product/Neighborhood/Market Adjustment	1.728
32	Include MG/GR members	0.957
33	SelectCare Network Savings	0.887
34	Uninsured Pent-Up Demand	1.031
35	New Member Morbidity Factor	0.810
36	Current Pricing AV	0.859
37	Expected Pricing AV	0.804
38	Expected/Current Pricing AV	0.936
39	Current Induced Demand	1.118
40	Expected Induced Demand	1.053
41	CSR Induced Demand Factor	1.040
42	Composite Expected and CSR Induced Demand	1.095
43	Expected/Current Induced Demand	0.980
44	Required Revenue due to Catastrophic	1.005
45	**Index Rate**	**$521.77**
46	Risk Adjustment	($9.10)
47	Reinsurance	($73.61)
48	**Adjusted Index Rate**	**$439.06**

Appendix E

2015 Rate Development

		On Exchange					Off Exchange				
49		**Platinum**	**Gold**	**Silver**	**Bronze**	**Catastrophic**	**Platinum**	**Gold**	**Silver**	**Bronze**	**Catastrophic**
50	Deductible	$0	$600	$2,000	$3,000	$6,600	$0	$600	$2,000	$3,000	$6,600
51	Coinsurance Max	$2,000	$3,400	$3,500	$3,350	0%	$2,000	$3,400	$3,500	$3,350	0%
52	IP Copay	$500	$1,000	$1,500	50%	0%	$500	$1,000	$1,500	50%	0%
53	OP Facility/Surgery	$100	$100	$100	50%	0%	$100	$100	$100	50%	0%
54	PCP	$15	$25	$30	50%	0%	$15	$25	$30	50%	0%
55	SPC	$35	$40	$50	50%	0%	$35	$40	$50	50%	0%
56	PT/OT/ST	$25	$30	$30	50%	0%	$25	$30	$30	50%	0%
57	ER	$100	$150	$150	50%	0%	$100	$150	$150	50%	0%
58	Ambulance	$100	$150	$150	50%	0%	$100	$150	$150	50%	0%
59	Urgent Care	$55	$60	$70	50%	0%	$55	$60	$70	50%	0%
60	DME	10%	20%	30%	50%	0%	10%	20%	30%	50%	0%
61	Rx	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70	$0/$0/$0	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70	$0/$0/$0
62	Bottoms Up Model PMPM	$364.57	$326.86	$291.74	$268.01	$239.96	$364.57	$326.86	$291.74	$268.01	$239.96
63	Pricing Actuarial Value (Paid/Allowed ratio)	0.9038	0.8103	0.7232	0.6644	0.5949	0.9038	0.8103	0.7232	0.6644	0.5949
64	Expected Pricing AV	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040	0.8040
65	Composite Pricing AV	1.1241	1.0078	0.8995	0.8264	0.7399	1.1241	1.0078	0.8995	0.8264	0.7399
66	Induced Demand Factor	1.1500	1.0800	1.0300	1.0000	1.0000	1.1500	1.0800	1.0300	1.0000	1.0000
67	Expected Induced Demand	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953	1.0953
68	Composite Induced Demand	1.0500	0.9861	0.9404	0.9130	0.9130	1.0500	0.9861	0.9404	0.9130	0.9130
69	Age/Sex Factor for Castastrophic	1.0000	1.0000	1.0000	1.0000	0.6508	1.0000	1.0000	1.0000	1.0000	0.6508
70	**Top Down Adjusted PMPM - Adjusted for Plan Specific**	**$615.84**	**$518.54**	**$441.39**	**$393.67**	**$229.38**	**$615.84**	**$518.54**	**$441.39**	**$393.67**	**$229.38**
71	Reinsurance Adjustment	100.3%	100.3%	100.3%	100.3%	65.1%	100.3%	100.3%	100.3%	100.3%	65.1%
72	Reinsurance Adjustment PMPM	($73.85)	($73.85)	($73.85)	($73.85)	($47.90)	($73.85)	($73.85)	($73.85)	($73.85)	($47.90)
73	Risk Adjustment PMPM	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)	($9.10)
74	**Top Down Adjusted PMPM - Total**	**$532.90**	**$435.59**	**$358.44**	**$310.73**	**$172.37**	**$532.90**	**$435.59**	**$358.44**	**$310.73**	**$172.37**
75	HCRA CLA	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15	$14.15
76	SMCP Credits	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)	($9.69)
77	**Top Down Adjusted PMPM w HCRA**	**$537.36**	**$440.06**	**$362.91**	**$315.19**	**$176.84**	**$537.36**	**$440.06**	**$362.91**	**$315.19**	**$176.84**
78	PCORI	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17
79	Exchange Fee	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
80	Reinsurance Fee	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67
81	Insurance Fee	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%
82	Risk Adjustment Fee	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08
83	**Total ACA Fees - Based off Total PMPM**	**$9.81**	**$8.75**	**$7.91**	**$7.39**	**$5.89**	**$9.81**	**$8.75**	**$7.91**	**$7.39**	**$5.89**
84	Admin That Improves Health Care Quality	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%	2.37%
85	332 Assessments	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%	0.75%
86	Commissions	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	GA Payments	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	0.00%	0.00%	0.00%	$0.00
87	All Other Admin	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
88	**Total Admin**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**	**11.12%**
89	**Margin for Adverse Results**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**
90	**2014 Premium PMPMs**	**$527.15**	**$438.34**	**$366.49**	**$316.63**	**$192.92**	**$527.15**	**$450.56**	**$366.49**	**$316.63**	
91	**2015 Premium PMPMs**	**$622.62**	**$510.69**	**$421.95**	**$367.06**	**$207.92**	**$622.62**	**$510.69**	**$421.95**	**$367.06**	**$207.92**
92	**2014 Premium PEPM**	**$579.97**	**$482.26**	**$403.21**	**$348.36**	**$212.25**	**$579.97**	**$495.71**	**$403.21**	**$348.36**	
93	**2015 Premium PEPM**	**$647.09**	**$530.76**	**$438.53**	**$381.49**	**$216.09**	**$647.09**	**$530.76**	**$438.53**	**$381.49**	**$216.09**
94	**Rate Increase**	**11.6%**	**10.1%**	**8.8%**	**9.5%**	**1.8%**	**11.6%**	**7.1%**	**8.8%**	**9.5%**	**N/A**

Appendix E

2015 Rate Development

	Regional Factors										
95	New York City Area			0.956				0.956			
96	Long Island Area			1.086				1.086			
97	Mid-Hudson Area			1.146				1.146			
98	Albany Area			1.145				1.145			
99	Syracuse Area			1.145				1.145			
100	Utica/Watertown Area			1.145				1.145			
101	**Final PMPM - New York City Area**	**$594.98**	**$488.02**	**$403.22**	**$350.76**	**$198.69**	**$594.98**	**$488.02**	**$403.22**	**$350.76**	**$198.69**
102	**Final PMPM - Long Island Area**	**$676.17**	**$554.61**	**$458.24**	**$398.63**	**$225.80**	**$676.17**	**$554.61**	**$458.24**	**$398.63**	**$225.80**
103	**Final PMPM - Mid-Hudson Area**	**$713.27**	**$585.05**	**$483.39**	**$420.50**	**$238.19**	**$713.27**	**$585.05**	**$483.39**	**$420.50**	**$238.19**
104	**Final PMPM - Albany Area**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**
105	**Final PMPM - Syracuse Area**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**
106	**Final PMPM - Utica/Watertown Area**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**	**$712.96**	**$584.79**	**$483.17**	**$420.32**	**$238.09**
107	PEPM Adjustment	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393	1.0393
	New York City Area										
108	**Individual**	**$618.36**	**$507.19**	**$419.06**	**$364.55**	**$206.50**	**$618.36**	**$507.19**	**$419.06**	**$364.55**	**$206.50**
109	**Individual + Spouse**	**$1,236.72**	**$1,014.38**	**$838.12**	**$729.10**	**$413.00**	**$1,236.72**	**$1,014.38**	**$838.12**	**$729.10**	**$413.00**
110	**Individual + Child(ren)**	**$1,051.21**	**$862.22**	**$712.40**	**$619.74**	**$351.05**	**$1,051.21**	**$862.22**	**$712.40**	**$619.74**	**$351.05**
111	**Family**	**$1,762.33**	**$1,445.49**	**$1,194.32**	**$1,038.97**	**$588.53**	**$1,762.33**	**$1,445.49**	**$1,194.32**	**$1,038.97**	**$588.53**
112	**Child Only**	**$254.76**	**$208.96**	**$172.65**	**$150.19**		**$254.76**	**$208.96**	**$172.65**	**$150.19**	
	Long Island Area										
113	**Individual**	**$702.74**	**$576.41**	**$476.25**	**$414.29**	**$234.68**	**$702.74**	**$576.41**	**$476.25**	**$414.29**	**$234.68**
114	**Individual + Spouse**	**$1,405.48**	**$1,152.82**	**$952.50**	**$828.58**	**$469.36**	**$1,405.48**	**$1,152.82**	**$952.50**	**$828.58**	**$469.36**
115	**Individual + Child(ren)**	**$1,194.66**	**$979.90**	**$809.63**	**$704.29**	**$398.96**	**$1,194.66**	**$979.90**	**$809.63**	**$704.29**	**$398.96**
116	**Family**	**$2,002.81**	**$1,642.77**	**$1,357.31**	**$1,180.73**	**$668.84**	**$2,002.81**	**$1,642.77**	**$1,357.31**	**$1,180.73**	**$668.84**
117	**Child Only**	**$289.53**	**$237.48**	**$196.22**	**$170.69**		**$289.53**	**$237.48**	**$196.22**	**$170.69**	
	Mid-Hudson Area										
118	**Individual**	**$741.31**	**$608.04**	**$502.38**	**$437.03**	**$247.55**	**$741.31**	**$608.04**	**$502.38**	**$437.03**	**$247.55**
119	**Individual + Spouse**	**$1,482.62**	**$1,216.08**	**$1,004.76**	**$874.06**	**$495.10**	**$1,482.62**	**$1,216.08**	**$1,004.76**	**$874.06**	**$495.10**
120	**Individual + Child(ren)**	**$1,260.23**	**$1,033.67**	**$854.05**	**$742.95**	**$420.84**	**$1,260.23**	**$1,033.67**	**$854.05**	**$742.95**	**$420.84**
121	**Family**	**$2,112.73**	**$1,732.91**	**$1,431.78**	**$1,245.54**	**$705.52**	**$2,112.73**	**$1,732.91**	**$1,431.78**	**$1,245.54**	**$705.52**
122	**Child Only**	**$305.42**	**$250.51**	**$206.98**	**$180.06**		**$305.42**	**$250.51**	**$206.98**	**$180.06**	
	Albany Area										
123	**Individual**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**
124	**Individual + Spouse**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**
125	**Individual + Child(ren)**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**
126	**Family**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**
127	**Child Only**	**$305.28**	**$250.40**	**$206.89**	**$179.98**		**$305.28**	**$250.40**	**$206.89**	**$179.98**	
	Syracuse Area										
128	**Individual**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**
129	**Individual + Spouse**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**
130	**Individual + Child(ren)**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**
131	**Family**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**
132	**Child Only**	**$305.28**	**$250.40**	**$206.89**	**$179.98**		**$305.28**	**$250.40**	**$206.89**	**$179.98**	
	Utica/Watertown Area										
133	**Individual**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**	**$740.98**	**$607.77**	**$502.16**	**$436.84**	**$247.45**
134	**Individual + Spouse**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**	**$1,481.96**	**$1,215.54**	**$1,004.32**	**$873.68**	**$494.90**
135	**Individual + Child(ren)**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**	**$1,259.67**	**$1,033.21**	**$853.67**	**$742.63**	**$420.67**
136	**Family**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**	**$2,111.79**	**$1,732.14**	**$1,431.16**	**$1,244.99**	**$705.23**
137	**Child Only**	**$305.28**	**$250.40**	**$206.89**	**$179.98**		**$305.28**	**$250.40**	**$206.89**	**$179.98**	

Appendix F-1 - Rolling Rate Example
STANDARDIZED PREMIUM

Small Group CompreHealth HMO

2011 Earned Premium PMPM	285.83
2012 Earned Premium PMPM	319.27
2013 Earned Premium PMPM	349.00

Rate Ratios

1Q 2010	1.000
2Q 2010	1.000
3Q 2010	1.030
4Q 2010	1.054
1Q 2011	1.068
2Q 2011	1.112
3Q 2011	1.145
4Q 2011	1.180
1Q 2012	1.158
2Q 2012	1.274
3Q 2012	1.312
4Q 2012	1.352
1Q 2013	1.352
2Q 2013	1.352
3Q 2013	1.365
4Q 2013	1.379

Renewal Distribution		**Average 2011 Rate by Renewal Month**		**Average 2012 Rate by Renewal Month**		**Average 2013 Rate by Renewal Month**	
Jan	10.1%	Jan	1.068	Jan	1.158	Jan	1.352
Feb	8.3%	Feb	1.062	Feb	1.151	Feb	1.335
Mar	13.4%	Mar	1.057	Mar	1.143	Mar	1.319
Apr	8.8%	Apr	1.084	Apr	1.233	Apr	1.332
May	6.8%	May	1.075	May	1.220	May	1.326
Jun	11.8%	Jun	1.065	Jun	1.206	Jun	1.319
Jul	5.3%	Jul	1.088	Jul	1.229	Jul	1.339
Aug	6.4%	Aug	1.078	Aug	1.215	Aug	1.334
Sep	8.8%	Sep	1.068	Sep	1.201	Sep	1.330
Oct	4.9%	Oct	1.085	Oct	1.223	Oct	1.358
Nov	5.9%	Nov	1.075	Nov	1.208	Nov	1.356
Dec	9.5%	Dec	1.064	Dec	1.194	Dec	1.354
		Average 2012 Rate Ratio	**1.070**	**Average 2012 Rate Ratio**	**1.193**	**Average 2013 Rate Ratio**	**1.336**

2011 Standardized Premium		**2012 Standardized Premium**		**2013 Standardized Premium**	
Average 2012 Rate Ratio	1.070	Average 2012 Rate Ratio	1.193	Average 2013 Rate Ratio	1.336
4Q 2013 Rate Ratio	1.379	4Q 2013 Rate Ratio	1.379	4Q 2013 Rate Ratio	1.379
% Change	1.288	% Change	1.156	% Change	1.032
Standardized Premium PMPM	**368.25**	Standardized Premium PMPM	**369.09**	Standardized Premium PMPM	**360.24**

Appendix F-2 - Non-Rolling Rate Example
STANDARDIZED PREMIUM

Small Group Healthy New York

2011 Earned Premium PMPM	334.97
2012 Earned Premium PMPM	382.57
2013 Earned Premium PMPM	316.46

Rate Ratios

1Q 2010	1.000
2Q 2010	1.000
3Q 2010	1.000
4Q 2010	1.043
1Q 2011	1.111
2Q 2011	1.111
3Q 2011	1.111
4Q 2011	1.111
1Q 2012	1.198
2Q 2012	1.331
3Q 2012	1.331
4Q 2012	1.331
1Q 2013	1.389
2Q 2013	1.389
3Q 2013	1.389
4Q 2013	1.389

Renewal Distribution		**Average 2011 Rate by Renewal Month**		**Average 2012 Rate by Renewal Month**		**Average 2013 Rate by Renewal Month**	
Jan	18.5%	Jan	1.111	Jan	1.198	Jan	1.389
Feb	10.7%	Feb	1.102	Feb	1.191	Feb	1.373
Mar	4.8%	Mar	1.093	Mar	1.184	Mar	1.357
Apr	3.4%	Apr	1.083	Apr	1.276	Apr	1.374
May	6.1%	May	1.074	May	1.258	May	1.369
Jun	6.3%	Jun	1.065	Jun	1.240	Jun	1.365
Jul	10.4%	Jul	1.056	Jul	1.221	Jul	1.360
Aug	1.9%	Aug	1.046	Aug	1.203	Aug	1.355
Sep	19.4%	Sep	1.037	Sep	1.185	Sep	1.350
Oct	7.9%	Oct	1.060	Oct	1.166	Oct	1.346
Nov	4.6%	Nov	1.055	Nov	1.148	Nov	1.341
Dec	6.0%	Dec	1.049	Dec	1.130	Dec	1.336
		Average 2012 Rate Ratio	**1.071**	**Average 2012 Rate Ratio**	**1.196**	**Average 2013 Rate Ratio**	**1.362**

2011 Standardized Premium		**2012 Standardized Premium**		**2013 Standardized Premium**	
Average 2012 Rate Ratio	1.071	Average 2012 Rate Ratio	1.196	Average 2013 Rate Ratio	1.362
4Q 2013 Rate Ratio	1.389	4Q 2013 Rate Ratio	1.389	4Q 2013 Rate Ratio	1.389
% Change	1.296	% Change	1.161	% Change	1.019
Standardized Premium PMPM	**434.10**	Standardized Premium PMPM	**444.00**	Standardized Premium PMPM	**322.53**

Appendix G
HIP's Medical Trend Factors

			CY 2014					CY 2015 - CY 2016				
LOB	Product	Plan	Unit Cost	Leveraging	Utilization	Risk Score	Total Trend	Unit Cost	Leveraging	Utilization	Risk Score	Total Trend
			Inpatient Facility FFS					**Inpatient Facility FFS**				
HMO	Individual On Exchange	Platinum	5.9%	0.2%	2.0%	1.0%	9.3%	5.9%	0.2%	2.0%	1.0%	9.3%
HMO	Individual On Exchange	Gold	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
HMO	Individual On Exchange	Silver	5.9%	0.8%	2.0%	1.0%	10.0%	5.9%	0.8%	2.0%	1.0%	10.0%
HMO	Individual On Exchange	Bronze	5.9%	1.0%	2.0%	1.0%	10.2%	5.9%	1.0%	2.0%	1.0%	10.2%
HMO	Individual On Exchange	Catastrophic	5.9%	1.3%	2.0%	1.0%	10.6%	5.9%	1.3%	2.0%	1.0%	10.5%
HMO	Individual Off Exchange	Gold	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
HMO	Individual Off Exchange	Silver	5.9%	0.8%	2.0%	1.0%	10.0%	5.9%	0.8%	2.0%	1.0%	10.0%
HMO	Individual Off Exchange	Bronze	5.9%	1.0%	2.0%	1.0%	10.2%	5.9%	1.0%	2.0%	1.0%	10.2%
		Total Individual	5.9%	0.7%	2.0%	1.0%	9.9%	5.9%	0.7%	2.0%	1.0%	9.8%
HMO	Small Group Off Exchange	Gold	5.9%	0.2%	2.0%	1.0%	9.3%	5.9%	0.2%	2.0%	1.0%	9.3%
HMO	Small Group Off Exchange	Silver	5.9%	0.8%	2.0%	1.0%	10.0%	5.9%	0.8%	2.0%	1.0%	10.0%
HMO	Small Group Off Exchange	Bronze	5.9%	1.3%	2.0%	1.0%	10.6%	5.9%	1.3%	2.0%	1.0%	10.5%
HMO	Small Group Off Exchange	HNY Gold	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
		Total Small Group	5.9%	0.5%	2.0%	1.0%	9.6%	5.9%	0.5%	2.0%	1.0%	9.6%
			OP Facility FFS					**OP Facility FFS**				
HMO	Individual On Exchange	Platinum	6.8%	0.3%	3.0%	1.0%	11.4%	6.6%	0.2%	3.0%	1.0%	11.2%
HMO	Individual On Exchange	Gold	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
HMO	Individual On Exchange	Silver	6.8%	1.0%	3.0%	1.0%	12.1%	6.6%	0.9%	3.0%	1.0%	11.9%
HMO	Individual On Exchange	Bronze	6.8%	1.2%	3.0%	1.0%	12.4%	6.6%	1.1%	3.0%	1.0%	12.2%
HMO	Individual On Exchange	Catastrophic	6.8%	1.5%	3.0%	1.0%	12.8%	6.6%	1.5%	3.0%	1.0%	12.6%
HMO	Individual Off Exchange	Gold	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
HMO	Individual Off Exchange	Silver	6.8%	1.0%	3.0%	1.0%	12.1%	6.6%	0.9%	3.0%	1.0%	11.9%
HMO	Individual Off Exchange	Bronze	6.8%	1.2%	3.0%	1.0%	12.4%	6.6%	1.1%	3.0%	1.0%	12.2%
		Total Individual	6.8%	0.8%	3.0%	1.0%	12.0%	6.6%	0.8%	3.0%	1.0%	11.8%
HMO	Small Group Off Exchange	Gold	6.8%	0.3%	3.0%	1.0%	11.4%	6.6%	0.2%	3.0%	1.0%	11.2%
HMO	Small Group Off Exchange	Silver	6.8%	1.0%	3.0%	1.0%	12.1%	6.6%	0.9%	3.0%	1.0%	11.9%
HMO	Small Group Off Exchange	Bronze	6.8%	1.5%	3.0%	1.0%	12.8%	6.6%	1.5%	3.0%	1.0%	12.6%
HMO	Small Group Off Exchange	HNY Gold	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
		Total Small Group	6.8%	0.6%	3.0%	1.0%	11.7%	6.6%	0.5%	3.0%	1.0%	11.5%
			Professional FFS					**Professional FFS**				
HMO	Individual On Exchange	Platinum	1.7%	0.1%	3.0%	1.0%	5.9%	1.7%	0.1%	3.0%	1.0%	5.9%
HMO	Individual On Exchange	Gold	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
HMO	Individual On Exchange	Silver	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Individual On Exchange	Bronze	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Individual On Exchange	Catastrophic	1.7%	0.4%	3.0%	1.0%	6.2%	1.7%	0.4%	3.0%	1.0%	6.2%
HMO	Individual Off Exchange	Gold	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
HMO	Individual Off Exchange	Silver	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Individual Off Exchange	Bronze	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
		Total Individual	1.7%	0.2%	3.0%	1.0%	6.0%	1.7%	0.2%	3.0%	1.0%	6.0%
HMO	Small Group Off Exchange	Gold	1.7%	0.1%	3.0%	1.0%	5.9%	1.7%	0.1%	3.0%	1.0%	5.9%
HMO	Small Group Off Exchange	Silver	1.7%	0.3%	3.0%	1.0%	6.1%	1.7%	0.3%	3.0%	1.0%	6.1%
HMO	Small Group Off Exchange	Bronze	1.7%	0.4%	3.0%	1.0%	6.2%	1.7%	0.4%	3.0%	1.0%	6.2%
HMO	Small Group Off Exchange	HNY Gold	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
		Total Small Group	1.7%	0.1%	3.0%	1.0%	6.0%	1.7%	0.1%	3.0%	1.0%	6.0%
			RX					**RX**				
HMO	Individual On Exchange	Platinum	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual On Exchange	Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual On Exchange	Silver	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual On Exchange	Bronze	5.0%	1.7%	1.0%	1.0%	8.9%	5.0%	1.7%	1.0%	1.0%	8.9%
HMO	Individual On Exchange	Catastrophic	5.0%	2.2%	1.0%	1.0%	9.4%	5.0%	2.2%	1.0%	1.0%	9.4%
HMO	Individual Off Exchange	Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual Off Exchange	Silver	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Individual Off Exchange	Bronze	5.0%	1.7%	1.0%	1.0%	8.9%	5.0%	1.7%	1.0%	1.0%	8.9%
		Total Individual	5.0%	0.2%	1.0%	1.0%	7.3%	5.0%	0.2%	1.0%	1.0%	7.3%
HMO	Small Group Off Exchange	Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Small Group Off Exchange	Silver	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
HMO	Small Group Off Exchange	Bronze	5.0%	2.2%	1.0%	1.0%	9.4%	5.0%	2.2%	1.0%	1.0%	9.4%
HMO	Small Group Off Exchange	HNY Gold	5.0%	0.0%	1.0%	1.0%	7.1%	5.0%	0.0%	1.0%	1.0%	7.1%
		Total Small Group	5.0%	0.1%	1.0%	1.0%	7.2%	5.0%	0.1%	1.0%	1.0%	7.2%

Appendix H

2013 PMPMs Reweighted by HIP Retained Member Product/Neighborhood/Market Distribution

Medical + Rx Claims - Small Group Only	Product / Neighborhood / Market Adjusted	Factor
$343.52	$593.70	1.728

Appendix I

Medical Group / Global Risk Adjustment

	Risk Score
Fee-for-Service/Unassigned	2.587
Medical Group	1.614
Global Risk	2.042
Total	2.475
Factor	**0.957**

Appendix J

SMCP Credits

Market	Year	Amount Distributed	Projected 2015 Members	Premium Distribution PMPM	Expected MER	Claims Impact
Individual	2015	$6,757,625	50,000	$11.26	86.0%	$9.69
Individual	Future Filings	$8,366,300				

Appendix K
Albany, Syracuse, and Utica - Downstate Cost and Utilization Relativities to NYC

	Distribution of Costs	Utilization			Unit Cost			Total Cost (Util & Unit Cost)
		Albany	Downstate	Relativity	Albany	Downstate	Relativity	
Inpatient Facility (Util in Days)	**25.3%**	**1.22**	**1.33**	0.915	**1.16**	**1.00**	1.157	1.058
Outpatient	**17.3%**	**0.97**	**0.91**	1.067	**1.96**	**1.00**	1.959	2.090
Professional	**39.0%**	**1.02**	**1.10**	0.930	**1.11**	**1.00**	1.108	1.031
Rx	**16.0%**	**1.00**	**1.00**	1.000	**1.00**	**1.00**	1.000	1.000
Covered Lives Assessment (CLA)	**2.4%**	**NA**	**NA**	NA	**38.89**	**131.15**	0.297	0.297
Total Relativity - Claims + CLA	**100.0%**						**1.23**	**1.198**

Mid-Hudson - Downstate Cost and Utilization Relativities to NYC

	Distribution of Costs	Utilization			Unit Cost			Total Cost (Util & Unit Cost)
		Mid-Hudson	Downstate	Relativity	Mid-Hudson	Downstate	Relativity	
Inpatient Facility (Util in Days)	**25.3%**	**1.16**	**1.33**	0.866	**1.51**	**1.00**	1.506	1.304
Outpatient	**17.3%**	**0.93**	**0.91**	1.015	**1.62**	**1.00**	1.615	1.640
Professional	**39.0%**	**1.04**	**1.10**	0.946	**1.14**	**1.00**	1.137	1.076
Rx	**16.0%**	**1.00**	**1.00**	1.000	**1.00**	**1.00**	1.000	1.000
Covered Lives Assessment (CLA)	**2.4%**	**NA**	**NA**	NA	**33.13**	**131.15**	0.253	0.253
Total Relativity - Claims + CLA	**100.0%**						**1.27**	**1.199**

Appendix L

PMPM to Individual Premium Rate Conversion Factor - Individual

Subscriber distribution	% Distribution	Census Tiers (a)	Avg Contract Size (b)
Individual	74.6%	1.000	1.00
Husband Wife	18.4%	2.000	2.00
Parent Child 1	1.8%	1.700	2.36
Family 1	4.5%	2.850	3.61
Child Only	0.7%	0.412	1.00
Total	100.0%	1.275	1.325

Proposed Conversion Factor (b)/(a)	1.039