Filing at a Glance

Company:	Health Insurance Plan of Greater New York
Product Name:	HIP HMO SMALL GROUP OFF EXCHANGE
State:	New York
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.004F Small Group Only - HMO
Filing Type:	Prior Approval Off Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	HPHP-129572531
SERFF Status:	Assigned
State Tr Num:	2014060186
State Status:	
Co Tr Num:	2014 0613 HIP SMALL GROUP OFF 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: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *HIP HMO SMALL GROUP OFF EXCHANGE*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association
Filing Status Changed: 06/13/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact: 12%

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains the Rate portion of the HIP Small Group Off Exchange 2015 Form and Rate Application. The 2015 Form filing for Small Group On Exchange is being filed under SERFF#HPHP-129575382.

Company and Contact

Filing Contact Information

[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: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HIP HMO SMALL GROUP OFF 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 Form & 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	12.000%	12.000%	$17,248,101	3,752	$143,869,141	38.900%	5.700%

Rate Review Detail

COMPANY:

Company Name: Health Insurance Plan of Greater New York
HHS Issuer Id: 88582

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Healthy NY HMO			2861
HMO 35/55			6611
HMO 40/60			9138
HMO HD3600			526

Trend Factors:

FORMS:

New Policy Forms: 155-23-SGOFFHIXCONTRACT (04/14),155-23-SGOFFHIXCERT (04/14),155-23-SGOFFHIXHNYCERT (04/14),155-23-NSSGOFFHIXBSchedule (04/14),155-23-NSSGOFFHIXGSchedule (04/14),155-23-SGOFFHIXGNYSchedule (04/14),155-23-SGOFFHIXPSchedule (04/14),155-23-NSSGOFFHIXSSchedule (04/14),155-23-SGHIXCONTRA (04/14),155-23-SGHIXD29 (04/14)

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 360,000
Benefit Change: None
Percent Change Requested: Min: 5.7 Max: 38.9 Avg: 12.0

PRIOR RATE:

Total Earned Premium: 143,869,141.00
Total Incurred Claims: 130,054,943.00
Annual $: Min: 323.55 Max: 434.32 Avg: 399.64

REQUESTED RATE:

Projected Earned Premium: 156,052,363.00
Projected Incurred Claims: 129,673,720.00
Annual $: Min: 343.90 Max: 461.43 Avg: 433.48

State: New York **Filing Company:** Health Insurance Plan of Greater New York
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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 - Small Group Off Exchange 2015		New		Rate Manual - HIP Small Group Off Exchange 2015.pdf,

Health Insurance Plan of Greater New York
New York City
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$578.65	$589.64	$600.84	$612.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,157.30	$1,179.29	$1,201.70	$1,224.53
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$983.71	$1,002.40	$1,021.45	$1,040.86
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,649.15	$1,680.48	$1,712.41	$1,744.95
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$596.01	$607.33	$618.87	$630.63
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,192.02	$1,214.67	$1,237.75	$1,261.27
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,013.22	$1,032.47	$1,052.09	$1,072.08
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,698.63	$1,730.90	$1,763.79	$1,797.30
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$460.08	$474.34	$489.04	$504.20	$503.78	$513.35	$523.10	$533.04
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$920.16	$948.68	$978.09	$1,008.41	$1,007.56	$1,026.70	$1,046.21	$1,066.09
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$782.14	$806.39	$831.39	$857.16	$856.43	$872.70	$889.28	$906.18
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$1,311.23	$1,351.88	$1,393.79	$1,437.00	$1,435.77	$1,463.05	$1,490.85	$1,519.18
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$473.88	$488.57	$503.71	$519.33	$518.89	$528.75	$538.79	$549.03
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$947.76	$977.14	$1,007.43	$1,038.66	$1,037.78	$1,057.50	$1,077.59	$1,098.06
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$805.60	$830.57	$856.32	$882.87	$882.11	$898.87	$915.95	$933.35
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$1,350.56	$1,392.43	$1,435.60	$1,480.10	$1,478.84	$1,506.94	$1,535.57	$1,564.75
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$392.83	$405.01	$417.57	$430.51	$455.21	$463.86	$472.67	$481.65
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$785.66	$810.02	$835.13	$861.02	$910.42	$927.72	$945.35	$963.31
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$667.81	$688.51	$709.85	$731.86	$773.86	$788.56	$803.54	$818.81
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$1,119.57	$1,154.28	$1,190.06	$1,226.95	$1,297.35	$1,322.00	$1,347.12	$1,372.72
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$404.61	$417.16	$430.10	$443.43	$468.87	$477.78	$486.85	$496.10
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$809.22	$834.31	$860.17	$886.84	$937.74	$955.56	$973.72	$992.22
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$687.84	$709.16	$731.14	$753.81	$797.08	$812.22	$827.65	$843.38
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$1,153.14	$1,188.89	$1,225.75	$1,263.75	$1,336.28	$1,361.67	$1,387.54	$1,413.90
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$392.54	$404.71	$417.26	$430.20	$447.08	$455.57	$464.23	$473.05
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$785.08	$809.42	$834.51	$860.38	$894.16	$911.15	$928.46	$946.10
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$667.32	$688.01	$709.34	$731.33	$760.04	$774.48	$789.20	$804.19
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$1,118.74	$1,153.42	$1,189.18	$1,226.04	$1,274.18	$1,298.39	$1,323.06	$1,348.20
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$404.32	$416.85	$429.78	$443.11	$460.49	$469.24	$478.16	$487.24
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$808.64	$833.71	$859.56	$886.21	$920.98	$938.48	$956.31	$974.48
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$687.34	$708.65	$730.62	$753.27	$782.83	$797.70	$812.86	$828.30
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$1,152.31	$1,188.03	$1,224.86	$1,262.83	$1,312.40	$1,337.34	$1,362.75	$1,388.64
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$342.74	$353.36	$364.31	$375.60	$375.46	$382.59	$389.86	$397.27
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$685.48	$706.73	$728.64	$751.23	$750.92	$765.19	$779.73	$794.54
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$582.66	$600.72	$619.34	$638.54	$638.28	$650.41	$662.77	$675.36
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$976.81	$1,007.09	$1,038.31	$1,070.50	$1,070.06	$1,090.39	$1,111.11	$1,132.22
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$353.02	$363.96	$375.24	$386.87	$386.72	$394.07	$401.56	$409.19
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$706.04	$727.93	$750.50	$773.77	$773.44	$788.14	$803.11	$818.37
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$600.13	$618.73	$637.91	$657.69	$657.42	$669.91	$682.64	$695.61
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$1,006.11	$1,037.30	$1,069.46	$1,102.61	$1,102.15	$1,123.09	$1,144.43	$1,166.17

Health Insurance Plan of Greater New York
Long Island
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$657.61	$670.10	$682.83	$695.80
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,315.22	$1,340.21	$1,365.67	$1,391.62
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,117.94	$1,139.18	$1,160.82	$1,182.88
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,874.19	$1,909.80	$1,946.09	$1,983.07
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$677.34	$690.20	$703.31	$716.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,354.68	$1,380.42	$1,406.65	$1,433.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,151.48	$1,173.36	$1,195.65	$1,218.37
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,930.42	$1,967.10	$2,004.47	$2,042.55
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$522.86	$539.07	$555.78	$573.01	$572.52	$583.40	$594.48	$605.78
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$1,045.72	$1,078.14	$1,111.56	$1,146.02	$1,145.04	$1,166.80	$1,188.97	$1,211.56
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$888.86	$916.41	$944.82	$974.11	$973.28	$991.77	$1,010.61	$1,029.81
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$1,490.15	$1,536.34	$1,583.97	$1,633.07	$1,631.68	$1,662.68	$1,694.27	$1,726.46
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$538.55	$555.24	$572.45	$590.20	$589.70	$600.90	$612.31	$623.95
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$1,077.10	$1,110.49	$1,144.92	$1,180.41	$1,179.40	$1,201.81	$1,224.64	$1,247.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$915.54	$943.92	$973.18	$1,003.35	$1,002.49	$1,021.54	$1,040.95	$1,060.73
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$1,534.87	$1,582.45	$1,631.51	$1,682.09	$1,680.65	$1,712.58	$1,745.12	$1,778.28
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$446.44	$460.28	$474.55	$489.26	$517.33	$527.16	$537.18	$547.39
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$892.88	$920.56	$949.10	$978.52	$1,034.66	$1,054.32	$1,074.35	$1,094.76
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$758.95	$782.48	$806.74	$831.75	$879.46	$896.17	$913.20	$930.55
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$1,272.35	$1,311.79	$1,352.46	$1,394.39	$1,474.39	$1,502.40	$1,530.95	$1,560.04
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$459.83	$474.09	$488.79	$503.94	$532.85	$542.97	$553.30	$563.81
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$919.66	$948.17	$977.56	$1,007.86	$1,065.70	$1,085.95	$1,106.58	$1,127.61
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$781.71	$805.94	$830.92	$856.68	$905.85	$923.06	$940.60	$958.47
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$1,310.52	$1,351.15	$1,393.04	$1,436.22	$1,518.62	$1,547.47	$1,576.87	$1,606.83
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$446.10	$459.93	$474.19	$488.89	$508.09	$517.74	$527.58	$537.60
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$892.20	$919.86	$948.38	$977.78	$1,016.18	$1,035.49	$1,055.16	$1,075.21
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$758.37	$781.88	$806.12	$831.11	$863.75	$880.16	$896.88	$913.92
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$1,271.39	$1,310.80	$1,351.43	$1,393.32	$1,448.06	$1,475.57	$1,503.61	$1,532.18
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$459.48	$473.73	$488.42	$503.56	$523.33	$533.27	$543.41	$553.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$918.96	$947.45	$976.82	$1,007.10	$1,046.66	$1,066.55	$1,086.81	$1,107.46
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$781.12	$805.33	$830.30	$856.04	$889.66	$906.56	$923.78	$941.33
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$1,309.52	$1,350.12	$1,391.97	$1,435.12	$1,491.49	$1,519.83	$1,548.71	$1,578.14
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$389.51	$401.58	$414.03	$426.86	$426.70	$434.81	$443.07	$451.49
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$779.02	$803.17	$828.07	$853.74	$853.40	$869.61	$886.13	$902.97
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$662.17	$682.70	$703.86	$725.68	$725.39	$739.17	$753.21	$767.52
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$1,110.10	$1,144.51	$1,179.99	$1,216.57	$1,216.10	$1,239.21	$1,262.75	$1,286.74
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$401.20	$413.63	$426.45	$439.67	$439.50	$447.85	$456.36	$465.03
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$802.40	$827.27	$852.92	$879.36	$879.00	$895.70	$912.72	$930.06
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$682.04	$703.18	$724.98	$747.45	$747.15	$761.35	$775.82	$790.56
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$1,143.42	$1,178.87	$1,215.41	$1,253.09	$1,252.58	$1,276.38	$1,300.63	$1,325.34

Health Insurance Plan of Greater New York
Mid-Hudson
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.70	$706.88	$720.31	$734.00
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,387.40	$1,413.76	$1,440.62	$1,467.99
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,179.29	$1,201.70	$1,224.53	$1,247.80
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,977.05	$2,014.61	$2,052.89	$2,091.89
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.51	$728.09	$741.92	$756.02
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,429.02	$1,456.17	$1,483.84	$1,512.03
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.67	$1,237.75	$1,261.27	$1,285.23
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,036.35	$2,075.04	$2,114.47	$2,154.64
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$460.08	$474.34	$489.04	$504.20	$603.94	$615.41	$627.10	$639.01
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$920.16	$948.68	$978.09	$1,008.41	$1,207.88	$1,230.83	$1,254.22	$1,278.05
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$782.14	$806.39	$831.39	$857.16	$1,026.70	$1,046.21	$1,066.09	$1,086.35
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$1,311.23	$1,351.88	$1,393.79	$1,437.00	$1,721.23	$1,753.93	$1,787.25	$1,821.21
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$473.88	$488.57	$503.71	$519.33	$622.06	$633.87	$645.91	$658.18
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$947.76	$977.14	$1,007.43	$1,038.66	$1,244.12	$1,267.76	$1,291.85	$1,316.40
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$805.60	$830.57	$856.32	$882.87	$1,057.50	$1,077.59	$1,098.06	$1,118.92
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$1,350.56	$1,392.43	$1,435.60	$1,480.10	$1,772.87	$1,806.55	$1,840.87	$1,875.85
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$392.83	$405.01	$417.57	$430.51	$545.72	$556.09	$566.66	$577.43
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$785.66	$810.02	$835.13	$861.02	$1,091.44	$1,112.18	$1,133.31	$1,154.84
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$667.81	$688.51	$709.85	$731.86	$927.72	$945.35	$963.31	$981.61
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$1,119.57	$1,154.28	$1,190.06	$1,226.95	$1,555.30	$1,584.85	$1,614.96	$1,645.64
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$404.61	$417.16	$430.10	$443.43	$562.09	$572.77	$583.66	$594.75
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$809.22	$834.31	$860.17	$886.84	$1,124.18	$1,145.54	$1,167.31	$1,189.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$687.84	$709.16	$731.14	$753.81	$955.55	$973.71	$992.21	$1,011.06
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$1,153.14	$1,188.89	$1,225.75	$1,263.75	$1,601.96	$1,632.40	$1,663.42	$1,695.02
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$392.54	$404.71	$417.26	$430.20	$535.97	$546.15	$556.53	$567.10
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$785.08	$809.42	$834.51	$860.38	$1,071.94	$1,092.31	$1,113.06	$1,134.21
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$667.32	$688.01	$709.34	$731.33	$911.15	$928.46	$946.10	$964.08
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$1,118.74	$1,153.42	$1,189.18	$1,226.04	$1,527.51	$1,556.53	$1,586.10	$1,616.24
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$404.32	$416.85	$429.78	$443.11	$552.05	$562.53	$573.23	$584.11
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$808.64	$833.71	$859.56	$886.21	$1,104.10	$1,125.08	$1,146.46	$1,168.24
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$687.34	$708.65	$730.62	$753.27	$938.49	$956.32	$974.49	$993.01
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$1,152.31	$1,188.03	$1,224.86	$1,262.83	$1,573.34	$1,603.23	$1,633.69	$1,664.73
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$342.74	$353.36	$364.31	$375.60	$450.11	$458.66	$467.37	$476.25
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$685.48	$706.73	$728.64	$751.23	$900.22	$917.32	$934.75	$952.51
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$582.66	$600.72	$619.34	$638.54	$765.19	$779.73	$794.54	$809.64
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$976.81	$1,007.09	$1,038.31	$1,070.50	$1,282.81	$1,307.18	$1,332.02	$1,357.33
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$353.02	$363.96	$375.24	$386.87	$463.61	$472.42	$481.39	$490.54
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$706.04	$727.93	$750.50	$773.77	$927.22	$944.84	$962.79	$981.08
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$600.13	$618.73	$637.91	$657.69	$788.14	$803.11	$818.37	$833.92
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$1,006.11	$1,037.30	$1,069.46	$1,102.61	$1,321.29	$1,346.39	$1,371.97	$1,398.04

Health Insurance Plan of Greater New York
Albany
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.40	$706.57	$719.99	$733.67
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,386.80	$1,413.15	$1,440.00	$1,467.36
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,178.78	$1,201.18	$1,224.00	$1,247.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,976.19	$2,013.74	$2,052.00	$2,090.99
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.20	$727.77	$741.59	$755.68
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,428.40	$1,455.54	$1,483.20	$1,511.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.14	$1,237.21	$1,260.72	$1,284.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,035.47	$2,074.14	$2,113.55	$2,153.71
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$603.68	$615.15	$626.84	$638.75
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,207.36	$1,230.30	$1,253.68	$1,277.50
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,026.26	$1,045.76	$1,065.63	$1,085.88
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,720.49	$1,753.18	$1,786.49	$1,820.43
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$621.79	$633.60	$645.65	$657.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,243.58	$1,267.21	$1,291.29	$1,315.82
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,057.04	$1,077.12	$1,097.59	$1,118.44
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,772.10	$1,805.77	$1,840.08	$1,875.04
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$545.49	$555.85	$566.41	$577.17
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,090.98	$1,111.71	$1,132.83	$1,154.35
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$927.33	$944.95	$962.90	$981.20
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,554.65	$1,584.19	$1,614.29	$1,644.96
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$561.85	$572.53	$583.40	$594.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,123.70	$1,145.05	$1,166.81	$1,188.98
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$955.15	$973.30	$991.79	$1,010.63
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,601.27	$1,631.69	$1,662.69	$1,694.28
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$535.74	$545.92	$556.29	$566.86
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,071.48	$1,091.84	$1,112.58	$1,133.72
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$910.76	$928.06	$945.69	$963.66
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,526.86	$1,555.87	$1,585.43	$1,615.55
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$551.81	$562.30	$572.98	$583.87
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,103.62	$1,124.59	$1,145.96	$1,167.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$938.08	$955.90	$974.06	$992.57
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,572.66	$1,602.54	$1,632.99	$1,664.02
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$449.92	$458.47	$467.18	$476.06
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$899.84	$916.94	$934.36	$952.11
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$764.86	$779.39	$794.20	$809.29
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,282.27	$1,306.63	$1,331.46	$1,356.76
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$463.42	$472.22	$481.20	$490.34
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$926.84	$944.45	$962.39	$980.68
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$787.81	$802.78	$818.03	$833.57
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,320.75	$1,345.84	$1,371.41	$1,397.47

Health Insurance Plan of Greater New York
Syracuse
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.40	$706.57	$719.99	$733.67
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,386.80	$1,413.15	$1,440.00	$1,467.36
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,178.78	$1,201.18	$1,224.00	$1,247.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,976.19	$2,013.74	$2,052.00	$2,090.99
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.20	$727.77	$741.59	$755.68
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,428.40	$1,455.54	$1,483.20	$1,511.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.14	$1,237.21	$1,260.72	$1,284.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,035.47	$2,074.14	$2,113.55	$2,153.71
Gold	Standard Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$603.68	$615.15	$626.84	$638.75
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,207.36	$1,230.30	$1,253.68	$1,277.50
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,026.26	$1,045.76	$1,065.63	$1,085.88
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,720.49	$1,753.18	$1,786.49	$1,820.43
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$621.79	$633.60	$645.65	$657.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,243.58	$1,267.21	$1,291.29	$1,315.82
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,057.04	$1,077.12	$1,097.59	$1,118.44
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,772.10	$1,805.77	$1,840.08	$1,875.04
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$545.49	$555.85	$566.41	$577.17
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,090.98	$1,111.71	$1,132.83	$1,154.35
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$927.33	$944.95	$962.90	$981.20
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,554.65	$1,584.19	$1,614.29	$1,644.96
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$561.85	$572.53	$583.40	$594.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,123.70	$1,145.05	$1,166.81	$1,188.98
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$955.15	$973.30	$991.79	$1,010.63
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,601.27	$1,631.69	$1,662.69	$1,694.28
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$535.74	$545.92	$556.29	$566.86
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,071.48	$1,091.84	$1,112.58	$1,133.72
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$910.76	$928.06	$945.69	$963.66
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,526.86	$1,555.87	$1,585.43	$1,615.55
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$551.81	$562.30	$572.98	$583.87
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,103.62	$1,124.59	$1,145.96	$1,167.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$938.08	$955.90	$974.06	$992.57
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,572.66	$1,602.54	$1,632.99	$1,664.02
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$449.92	$458.47	$467.18	$476.06
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$899.84	$916.94	$934.36	$952.11
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$764.86	$779.39	$794.20	$809.29
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,282.27	$1,306.63	$1,331.46	$1,356.76
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$463.42	$472.22	$481.20	$490.34
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$926.84	$944.45	$962.39	$980.68
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$787.81	$802.78	$818.03	$833.57
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,320.75	$1,345.84	$1,371.41	$1,397.47

Health Insurance Plan of Greater New York
Utica/Watertown
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.40	$706.57	$719.99	$733.67
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,386.80	$1,413.15	$1,440.00	$1,467.36
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,178.78	$1,201.18	$1,224.00	$1,247.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,976.19	$2,013.74	$2,052.00	$2,090.99
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.20	$727.77	$741.59	$755.68
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,428.40	$1,455.54	$1,483.20	$1,511.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.14	$1,237.21	$1,260.72	$1,284.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,035.47	$2,074.14	$2,113.55	$2,153.71
Gold	Standard Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$603.68	$615.15	$626.84	$638.75
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,207.36	$1,230.30	$1,253.68	$1,277.50
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,026.26	$1,045.76	$1,065.63	$1,085.88
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,720.49	$1,753.18	$1,786.49	$1,820.43
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$621.79	$633.60	$645.65	$657.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,243.58	$1,267.21	$1,291.29	$1,315.82
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,057.04	$1,077.12	$1,097.59	$1,118.44
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,772.10	$1,805.77	$1,840.08	$1,875.04
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$545.49	$555.85	$566.41	$577.17
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,090.98	$1,111.71	$1,132.83	$1,154.35
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$927.33	$944.95	$962.90	$981.20
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,554.65	$1,584.19	$1,614.29	$1,644.96
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$561.85	$572.53	$583.40	$594.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,123.70	$1,145.05	$1,166.81	$1,188.98
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$955.15	$973.30	$991.79	$1,010.63
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,601.27	$1,631.69	$1,662.69	$1,694.28
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$535.74	$545.92	$556.29	$566.86
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,071.48	$1,091.84	$1,112.58	$1,133.72
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$910.76	$928.06	$945.69	$963.66
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,526.86	$1,555.87	$1,585.43	$1,615.55
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$551.81	$562.30	$572.98	$583.87
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,103.62	$1,124.59	$1,145.96	$1,167.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$938.08	$955.90	$974.06	$992.57
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,572.66	$1,602.54	$1,632.99	$1,664.02
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$449.92	$458.47	$467.18	$476.06
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$899.84	$916.94	$934.36	$952.11
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$764.86	$779.39	$794.20	$809.29
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,282.27	$1,306.63	$1,331.46	$1,356.76
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$463.42	$472.22	$481.20	$490.34
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$926.84	$944.45	$962.39	$980.68
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$787.81	$802.78	$818.03	$833.57
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,320.75	$1,345.84	$1,371.41	$1,397.47

Health Insurance Plan of Greater New York
Small Group Off Exchange Products
Form Name and Number

Small Group On-Exchange Forms and Numbers	
Small Group Contract	155-23-SGONHIXCONTRACT (04/14)
Small Group Base Certificate	155-23-SGONHIXCERT (04/14)
Small Group Bronze Schedule	155-23-SGONHIXBSchedule (04/14)
Small Group Gold Schedule	155-23-SGONHIXGSchedule (04/14)
Small Group Platinum Schedule	155-23-SGOFFHIXPSchedule (04/14)
Small Group Silver Schedule	155-23-SGONHIXSSchedule (04/14)
Small Group Bronze Schedule	155-23-NSSGONHIXBSchedule (04/14)
Small Group Gold Schedule	155-23-NSSGONHIXGSchedule (04/14)
Small Group Silver Schedule	155-23-NSSGONHIXSSchedule (04/14)
Small Group Contraceptive Drugs and Devices, Family Planning Services and In	155-23-SGHIXCONTRA (04/14)
Small Group Rider to Extend Coverage For Young Adults Through Age 29	155-23-SGHIXD29 (04/14)

Health Insurance Plan of Greater New York
Small Group Off 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
Small Group Off Exchange Products
Expected Loss Ratios

HIP Small Group on Off Exchange Expected Loss Ratio	**83.1%**

Health Insurance Plan of Greater New York
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)

SHOP Standard Plans

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.

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
DEDUCTIBLE (single)	$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000
COST SHARING - MEDICAL SERVICES	
Inpatient Facility/SNF/Hospice	$500 per admission
Outpatient Facility-Surgery, including freestanding surgicenters	$100
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100 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
Telemedicine	$10
Telemedicine Dietician	$5
Specialist	$35
PT/OT/ST - rehabilitative & habilitative therapies	$25
ER	$100
Ambulance	$100
Urgent Care	$55
DME/Medical supplies	10% cost sharing
Hearing aids	10% cost sharing
Eyewear	10% 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
Hospital services - non-maternity	Inpatient Facility copay per admission #
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #
Mental health/Behavorial health care	Inpatient Facility copay per admission #
Detoxification	Inpatient Facility copay per admission #
Substance abuse disorder services	Inpatient Facility copay per admission #
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
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
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
Physician charge - Emergency Room visit	$0 copay per visit
Facility charge - Freestanding urgent care center	Urgent Care copay per visit
Physician charge - Free standing urgent care center visit	$0 copay per visit
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
OUTPATIENT HOSPITAL/FACILITY SERVICES	
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case
Pre-admission/pre-operative testing	$0 copay
Diagnostic and routine laboratory and pathology	Specialist copay per visit
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit
Imaging: CAT/PET scans, MRI	Specialist copay
Chemotherapy	PCP copay per visit
Radiation therapy	PCP copay per visit
Hemodialysis/Renal dialysis	PCP copay per visit
Mental health/Behavorial health care	PCP copay per visit
Substance abuse disorder services	PCP copay per visit
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit
Home care	PCP copay per visit
Hospice	PCP copay per visit
PREVENTIVE & PRIMARY CARE SERVICES	
Bone density testing	;/services as defined in section 2713 of ACA no deductible or co
Cervical cytology	ring indicated below applies to all services in this benefit service
Colonoscopy screening	
Gynecological exams	
Immunizations	PCP/Specialist copay per visit (based on type of physician performing the service)
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
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit
Additional surgical opinion	Specialist copay per visit
Second medical opinion for cancer	Specialist copay per visit
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)
In-hospital physician visits	$0 copay per visit
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit
Imaging: CAT/PET scans, MRI	Specialist copay per visit
Allergy testing	PCP/Specialist copay per visit
Allergy shots	PCP/Specialist copay per visit
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)
Mental health/Behavorial health care	PCP copay per visit
Substance abuse disorder services	PCP copay per visit
Chemotherapy	PCP copay per visit
Radiation therapy	PCP copay per visit
Hemodialysis/Renal dialysis	PCP copay per visit
Chiropractic care	Specialist copay per visit

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
ADDITIONAL BENEFITS/SERVICES	
ABA treatment for Autism Specturm Disorder	PCP copay per visit
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies
Hearing evaluations/testing	Specialist copay per visit
Hearing aids	Hearing aid coinsurance cost sharing applies
Diabetic drugs and supplies	PCP copay per 30 days supply
Diabetic education and self-management	PCP copay per visit
Home care	PCP copay per visit
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
PEDIATRIC VISION SERVICES	
Eye exam visit	PCP copay per visit
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames
Contact lenses	Eyewear coinsurance cost sharing applies
PRESCRIPTION DRUGS	
Generic or Tier 1	$10
Formulary Brand or Tier 2	$30
Non-Formulary Brand or Tier 3	$60
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day	

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 adm
copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delive
which is the same as the surgeon copay if this copay has not already been collected as part of another materni
There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, as
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 all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to
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 th

The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescr

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for sma
For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pe
For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, p

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
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-
each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-
family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family mer

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

Gold Non Standard Plan Design

Product Type:	HMO 40/60
Ind/Fam Deductible (Med/Hosp/Vision)	$0 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$4,000/$8,000
Rx Deductible	$100
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$40 copay
Specialist Visit	$60 copay
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	$1,500 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters or Ambulatory Surgery	$150 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	Covered in Full
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$100 copay
Non-Emergent Ambulance- Hosp to Facility transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$60 copay
Chemotherapy	$40 copay
DME/Medical Supplies	10% Coinsurance
Hearing Aids	10% Coinsurance
Eyewear	10% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Off Exchange Plan: Underwritten: HIP	HNY Gold
Product Type:	**HMO**
Ind/Fam Deductible (Med/Hosp/Vision)	$600/$1,200 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$4,000/$8,000
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$25 copay per visit
Specialist Visit	$40 copay per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	$1000 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters	$100 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100 surgeon copay
Emergency Room - Facility charge (INN/ONN)	$150 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$150 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	$150 copay
PT/OT/ST (Rehabilitative & Habilitative)	$30 copay
Chemotherapy	$25
DME/Medical Supplies	20% Coinsurance
Hearing Aids	20% Coinsurance
Eyewear	20% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Benefit Set ID: PHNYG1001

SERVICE	LIMIT/Note	IP Fac	OP Fac	Prof
Outpatient Services				
PCP Office Visits (Injury or Illness)	No Limit	N/A	N/A	PCP Cost Sharing
Specialist Visits	No Limit	N/A	N/A	SPEC Cost Sharing
Outpatient Facility or Ambulatory Surgery	No Limit	N/A	OP Fac cost sharing on surgeries done in AmSurg or OP Facility.	N/A
Outpatient Surgery Physician/Surgical Services	No Limit	N/A	N/A	Surgeon Cost Sharing
Outpatient Diagnostic and Routine Laboratory/Pathology/Routine Imaging (X-rays)/Imaging (CAT/PET/MRI)	No Limit	N/A	SPEC Cost Sharing	N/A
Radiation Therapy	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Home Health Care Services	Coverage is limited to 40 visits per calendar year.	N/A	PCP Cost Sharing	PCP Cost Sharing

Hemodialysis/Renal dialysis	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Out of Network Dialysis	Limit is 10 visits. Coverage for out of network provider on an in-network basis if member is traveling outside the service area.	N/A	PCP Cost Sharing	PCP Cost Sharing
Chemotherapy	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Preadmission Testing	No Limit	N/A	Covered in Full	Covered in Full
Autologous Blood Banking	Only in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury.	N/A	20% Coinsurance	N/A
Outpatient Rehabilitation Services Services (PT, OT, ST)	60 visits per condition per condition per lifetime	N/A	PT/OT/ST Cost Sharing	PT/OT/ST Cost Sharing
Outpatient Habilitation Services (PT, OT, ST)	60 visits per condition per condition per lifetime	N/A	PT/OT/ST Cost Sharing	PT/OT/ST Cost Sharing
Chiropractic Care	No Limit	N/A	N/A	SPEC Cost Sharing
Durable Medical Equipment	**Coverage for standard equipment only. DME defined as Equipment which is 1). Designed and intended for repeated use, 2), primarily and customarily used to serve a medical purpose, 3). Generally not useful to person in the absence of disease or injury, and 4) is appropriate for use in the home. Orthotics are excluded * See Model Language	N/A	N/A	20% coinsurance
Cochlear Implants	1 per ear per time coverd	N/A	20% coinsurance	20% coinsurance
Prosthetic Devices - External	One prosthetic device per limb, per lifetime. *Coverage for external repairs or replacement in adults. - Coverage for wigs made from human hair if member is allergic to synthetic wig materials. To determine if this can be configured **Additional coverage for external device replacement for children for devices that have been outgrown - Coverage includes wigs for members suffering from severe hair loss due to injury or disease or treatment of a disease (e.g. chemotherapy)	N/A	N/A	20% coinsurance (for devices)
Prenatal and Postnatal Care	No Limit - Covered in Full	N/A	Covered in Full	Covered in Full
Infertility Treatment	Unlimited / Member must be between ages of 21 and 44 * Covered services include: initial evaluation, evaluation of ovulatory function, postcoital test, hysterosalpingogram, treatment of ovulatory dysfunction, ovulation induction and monitoring with ultrasound, artificial insemination, hysteroscopy, laparoscopy and laparotomy. Includes correctable medical conditions leading to infertility ** Advanced infertility is not covered	N/A	OP Fac cost sharing on surgeries done in AmSurg or OP Facility.	Surgeon Cost Sharing
Infertility Treatment	Provider visits and non surgical services under infertility treatment	N/A	SPEC Cost Sharing	PCP/SPEC Cost Sharing

Termination of Pregnancy	Interruption of Pregnancy Elective abortions limited to one procedure per member per calendar year * Therapeutic termination of pregnancy unlimited. Note follows current rules ****(to discuss configuration of therapeutic vs elective; re: limits and differentiating via specific codes on claims - with Med Mgmt and Claims)	N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Elective Termination of Pregnancy	One per calendar year Limit Interruption of Pregnancy Elective abortions limited to one procedure per member per calendar year * Therapeutic termination of pregnancy unlimited. Note follows current rules ****(to discuss configuration of therapeutic vs elective; re: limits and differentiating via specific codes on claims - with Med Mgmt and Claims)	N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Diabetic supplies and equipment	No Limit	N/A	N/A	PCP Cost Sharing / 30 day supply
Diabetic drugs (including insulin)	No Limit	N/A	N/A	
Diabetic education and self-management	No Limit	N/A	N/A	PCP Cost Sharing
Allergy testing and treatment; Allergy shots	No Limit	N/A	N/A	PCP/SPEC Cost Sharing
ABA treatment for Autism Spectrum Disorder	Actuarial equivalence to 680 hours per year annual ABA limit	N/A	N/A	PCP Cost Sharing
Assistive Communication Devices for Autism Spectrum Disorder		N/A	N/A	PCP Cost Sharing per device
Emergency Services		**IP Fac**	**OP Fac**	**Prof**
Emergency Room Services	No Limit. Copay waived if admitted as IP	N/A	ER Copay	$0 cost sharing for ER physician
Observation Stay	Copay waived if admitted as IP Note: If ER and Obs. Stay, only one copay.	N/A	ER Copay	N/A
Urgent Care Centers or Facilities	INN Coverage Only	N/A	Urgent Care Cost Sharing	Urgent Care Cost sharingfor "freestanding" Urgent Care (e.g., "doc in a box"). $0 cost sharing for Urgent Care physicians
Emergency Transportation/Ambulance	No Limit Covers Land, Air and Water	Ambulance Copay		
Non Emergent Transportation/Ambulance	No Limit (Hospital to Facility transfer only) Land and Air only; Ambulette is excluded.	Ambulance Copay		

Hospitalization		IP Fac	OP Fac	Prof
Inpatient Hospital Services	No Limit*	IP Copay	N/A	N/A
Inpatient Physician and Surgical Services	No Limit	N/A	N/A	Surgeon cost sharing on surgeon claim. $0 cost sharing on all other IP professional svcs
Skilled Nursing Facility	Skilled Nursing limited to 200 days per calendar year*	IP Copay	N/A	$0 cost sharing on all SNF professional services
Delivery and all Inpatient Services for Maternity Care	No Limit (covers mother and newborn combined)*	IP Copay	N/A	Surgeon cost sharing on maternity delivery. Only one copay per pregnancy (e.g., covers delivery and post-natal svcs.)
Inpatient Rehabilitation Services	Inpatient rehabilitation therapy is covered for up to one consecutive 60-day period, per condition, per lifetime for physical, speech and occupational therapies when hospitalization would otherwise be necessary and the member must require skilled care on a daily basis, which is not primarily custodial and can only be provided on an inpatient basis. Admission must begin within six(6) months inpatient hospital stay or outpatient surgical procedure Copay not taken if member readmitted w/in 90 days for same or related condition. **Cardiac and Pulmonary Rehab is not covered**	IP Copay	N/A	$0 cost sharing for any professional svcs associated with IP admission
Bariatric Surgery	No Limit*	IP Copay	OP Fac Copay	Surgeon Cost Sharing. $0 cost sharing on all other IP professional svcs
***Cost Sharing not taken if member readmitted w/in 90 days for same or related condition**				
Mental Health and Substance Abuse Disorder Services		**IP Fac**	**OP Fac**	**Prof**
Mental/Behavioral Health Outpatient Services	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Mental/Behavioral Health Inpatient Services	No Limit*	IP Copay	N/A	$0 cost sharing for any professional svcs associated with IP admission
Substance Abuse Disorder Outpatient Services	No Limit* Includes 20 OP visits for family counseling are covered.	N/A	PCP Cost Sharing	PCP Cost Sharing
Substance Abuse Disorder Inpatient Services	No Limit*	IP Copay	N/A	$0 cost sharing for any professional svcs associated with IP admission
***Cost Sharing not taken if member readmitted w/in 90 days for same or related condition**				

Laboratory and Imaging Services		IP Fac	OP Fac	Prof
Diagnostic Test (X-Ray and Lab Work)	No Limit Note: only 1 copay applies and does not apply of claims for X-ray interpretation.	N/A	SPEC Cost Sharing	PCP/SPEC Cost Sharing
Imaging (CT/PET Scans, MRI)	No Limit Note: This does not apply to claims for interpretation of imaging	N/A	SPEC Cost Sharing	SPEC Cost Sharing
Preventive and Wellness Services		**IP Fac**	**OP Fac**	**Prof**
Preventive Care/Screening/Immunization	Mammography (limits based on age), cervical cytology, gynecological exams, bone density, prostate cancer screening, etc. $0 cost sharing for ACA preventive svcs and other $0 cost sharing NYS mandates.	N/A	Covered in Full	Covered in Full
Prenatal and Postnatal Care	No Limit - Covered in Full	N/A	Covered in Full	Covered in Full
Pediatric Vision		**IP Fac**	**OP Fac**	**Prof**
Vision examinations performed by a physician, or optometrist for the purpose of determining the need for corrective lenses, and if needed, to provide a prescription.	One exam per 12 month period. Up to age 19 end of month.	N/A	N/A	PCP Cost Sharing
Prescription Lenses	Must provide coverage for eye exam, lenses and frames (once in any 12 month period) and contact lenses (only when deemed medically necessary)	N/A	N/A	20% coinsurance applies to combined cost of lenses and frames
Frames	At a minimum, standard frames adequate to hold lenses will be covered once in any twelve month period, unless required more frequently with appropriate documentation.	N/A	N/A	20% coinsurance applies to combined cost of lenses and frames
Contact Lenses	in lieu of frames	N/A	N/A	20% coinsurance
Other Services		**IP Fac**	**OP Fac**	**Prof**
Hospice Services (includes End of Life Care)	210 days/year; also includes 5 Bereavement Counseling sessions for members family either before or after the death of the member. For End of Life Care - Non-Par providers are covered. ** Refer to model language for rules	IP Cost Sharing	PCP Cost Sharing	PCP Cost Sharing
Family Planning - Contraceptive drugs and devices, tubal ligations	No Limit * Women's Wellness mandate	N/A	N/A	Covered in Full
Vasectomies-Office		N/A	N/A	SPEC Cost Sharing
Vasectomies-Outpatient/ Amb Surgery		N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Hearing Evaluations/testing	No Limit	N/A	N/A	SPEC Cost Sharing

Hearing Aids	Limited to a single purchase for one or both ears (including repair/replacement) every three years.	N/A	N/A	20% coinsurance
Outpatient Cardiac and Pulmonary Therapy	No limits in Model Language.	N/A	PCP Cost Sharing	SPEC Cost Sharing
Second Opinion (surgical)	Second surgical opinion on the need for surgery.	N/A	N/A	SPEC Cost Sharing
Second Opinion (Specialist - cancer)	Second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer. Copay applies to Par and Non Par	N/A	N/A	SPEC Cost Sharing
Transplants	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition * Solely for transplants for surgeries determined to be non-experimental and non-investigational.	IP Cost Sharing	N/A	Surgeon Cost Sharing. $0 cost sharing on all other IP professional svcs
Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery *Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.	IP Cost Sharing	N/A	Surgeon Cost Sharing. $0 cost sharing on all other IP professional svcs.
Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery *Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.	N/A	OP Fac Cost Sharing	Surgeon Cost Sharing

Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery *Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.	N/A	N/A	SPEC Cost Sharing.
Infusion Therapy		N/A	N/A	PCP Cost Sharing
Infusion Therapy	If administered in home by Home Care, than count towards Home Care visit limit	N/A	PCP Cost Sharing on Home Care	PCP Cost Sharing on Home Care
Anesthesia (all settings)	No limit	Covered in Full	Covered in Full	Covered in Full
Prescription Drugs		**IP Fac**	**OP Fac**	**Prof**
Enteral Formulas	No Limit Note: Follows current practice for MM and Pharmacy	N/A	N/A	N/A
Retail: Tier 1/Generic: $10 Tier 2/Formulary Brand $35 Tier 3/Non-Formulary $70 *Mail Order up to 90 day supply: 2.5x the 30 day supply cost sharing *Mail Order up to 90 day supply: Tier 1: $25, Tier 2: $88; Tier 3: $175	30 day supply *Mail Order up to a 90 day supply optional benefit	N/A	N/A	N/A
Specialty Drugs	30 day supply *Mail Order up to a 90 day supply optional benefit	N/A	N/A	N/A
Off Label Cancer Drugs	30 day supply	N/A	N/A	N/A

(1) Pediatric Dental removed since standalone

Silver Non Standard Plan Design

Product Type:	HMO Share
Ind/Fam Deductible (Med/Hosp/Vision)	$2,000/$4000 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$6,000/$12,000
Coinsurance	30%
Rx included in Deductible:	No
Rx Deductible	$100
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$35 copay per visit
Specialist Visit	$55 copay per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	Deductible & Coinsurance
Outpatient Facility - Surgery, including free-standing surgicenters	Deductible & Coinsurance
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters (FS)	Deductible & Coinsurance
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$55 copay
Chemotherapy	$35 copay per visit
DME/Medical Supplies	30% Coinsurance
Hearing Aids	30% Coinsurance
Eyewear	30% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Bronze Non Standard Plan Design	
Product Type:	**HMO HD 6300**
Ind/Fam Deductible (Med/Hosp/Vision/Rx)	$6,300/$12,600 (per cal/yr.)
Ind/Fam Maximum OOP (incl Ded):	$6,300/$12,600
Rx included in Deductible:	Yes
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	0% cost sharing per visit
Specialist Visit	0% cost sharing per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	0% cost sharingper admission
Outpatient Facility - Surgery, including free-standing surgicenters	0% cost sharing per visit
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	0% cost sharing per visit
Emergency Room - Facility charge (INN/ONN)	0% cost sharing (waived if admitted as an inpatient)
Emergency room visit - Physician charge	0% cost sharing per visit
Urgent Care (INN)	0% cost sharing per visit
Observation Stay	0% cost sharing (waived if admitted as inpatient)
Anesthesia	0% cost sharing
Emergent Ambulance	0% cost sharing per visit
Non-Emergent Ambulance Hosp to Facility Transfer	0% cost sharing
PT/OT/ST (Rehabilitative & Habilatative)	0% cost sharing per visit
Chemotherapy	0% Coinsurance
DME/Medical Supplies	0% Coinsurance
Hearing Aids	0% Coinsurance
Eyewear	0% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Health Insurance Plan of Greater New York
Small Group Off Exchange Products
Underwriting Guidelines

Please refer to Underwriting Guidelines document attached in this filing.

Health Insurance Plan of Greater New York
Small Group Off Exchange Products
Commission Schedule and Fees

HIP Small Group on Off Exchange Commission	**0% - 3% of premium**
HIP Small Group on Off Exchange General Agent	**$0- $10 PCPM**

Health Insurance Plan of Greater New York
Small Group Off 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 Small Group OFF.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Exhibit 11-General Information
Comments:	
Attachment(s):	HIP Small Group OFF Exhibit 11.pdf HIP Small Group OFF Exhibit 11.xls
Item Status:	
Status Date:	

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

Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	
Attachment(s):	HIP Small Group OFF Exhibit 14B.pdf HIP Small Group OFF Exhibit 14B.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Comments:	

Attachment(s):	HIP Small Group OFF Exhibit 15B.pdf HIP Small Group OFF Exhibit 15B.xls
Item Status:	
Status Date:	

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

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

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

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

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

State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HIP HMO SMALL GROUP OFF EXCHANGE
Project Name/Number: /

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	HIP Small Group OFF Exhibit 22.xls HIP Small Group OFF Exhibit 22.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	HIP Small Group Bronze Group LI.pdf HIP Small Group Bronze Group NYC.pdf HIP Small Group Bronze Subscriber LI.pdf HIP Small Group Bronze Subscriber NYC.pdf HIP Small Group GOLD Group LI.pdf HIP Small Group GOLD Group MH.pdf HIP Small Group GOLD Group NYC.pdf HIP Small Group GOLD Subscriber LI.pdf HIP Small Group GOLD Subscriber MH.pdf HIP Small Group GOLD Subscriber NYC.pdf HIP Small Group HNY BHW Subscriber NYC.pdf HIP Small Group HNY Subscriber LI.pdf HIP Small Group HNY Group LI.pdf HIP Small Group HNY Group MH.pdf HIP Small Group HNY Group NYC.pdf HIP Small Group HNY Subscriber MH.pdf HIP Small Group HNY Subscriber NYC.pdf HIP Small Group Silver Group LI.pdf HIP Small Group Silver Group MH.pdf HIP Small Group Silver Group NYC.pdf HIP Small Group Silver Subscriber LI.pdf HIP Small Group Silver Subscriber MH.pdf HIP Small Group Silver Subscriber NYC.pdf
Item Status:	
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State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HIP HMO SMALL GROUP OFF EXCHANGE
Project Name/Number: /

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	HIP Small Group Off Final Notice 2015 Group.pdf HIP Small Group Off Final Notice 2015 Subscriber.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: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HIP HMO SMALL GROUP OFF EXCHANGE
Project Name/Number: /

Attachment(s):	Act Memo HIP Small Group OFF - REDACTED.pdf 2015 HHS AV Calculator Print Outs HIP SG Off.pdf Act Memo Appendices HIP Small Group OFF.pdf HIP Small Group OFF Exhibit 13.pdf HIP Small Group OFF Exhibit 19.pdf HIP Small Group OFF Exhibit 20.pdf HIP Small Group OFF Exhibit 21A - REDACTED.pdf HIP Small Group OFF Exhibit 14B.pdf HIP Small Group OFF Exhibit 15B.pdf HIP Small Group OFF Exhibit 16.pdf HIP Small Group OFF Exhibit 17.pdf HIP Small Group OFF Exhibit 18.pdf HIP Small Group OFF Exhibit 21B - REDACTED.pdf HIP Small Group OFF Exhibit 22 - REDACTED.pdf HIP Small Group OFF Exhibit 23.pdf HIP Small Group OFF URRT.pdf Rate Manual - HIP Small Group Off Exchange 2015.pdf HIP Small Group Bronze Group LI.pdf HIP Small Group Bronze Group NYC.pdf HIP Small Group Bronze Subscriber LI.pdf HIP Small Group Bronze Subscriber NYC.pdf HIP Small Group GOLD Group LI.pdf HIP Small Group GOLD Subscriber MH.pdf HIP Small Group GOLD Group MH.pdf HIP Small Group GOLD Group NYC.pdf HIP Small Group GOLD Subscriber LI.pdf HIP Small Group HNY Group NYC.pdf HIP Small Group HNY BHW Subscriber NYC.pdf HIP Small Group HNY Group LI.pdf HIP Small Group HNY Group MH.pdf HIP Small Group GOLD Subscriber NYC.pdf HIP Small Group HNY Subscriber LI.pdf HIP Small Group HNY Subscriber MH.pdf HIP Small Group HNY Subscriber NYC.pdf HIP Small Group Silver Group LI.pdf HIP Small Group Silver Group MH.pdf HIP Small Group Silver Group NYC.pdf HIP Small Group Silver Subscriber LI.pdf HIP Small Group Silver Subscriber MH.pdf HIP Small Group Silver Subscriber NYC.pdf HIP Small Group OFF Exhibit 11 - REDACTED.pdf HIP Small Group Off Final Notice 2015 Subscriber.pdf EH Small Group Underwriting Guidelines 2 18 14.pdf EH Small Group Underwriting Guidelines 2 18 14 REDLINE.pdf HIP Small Group Off Final Notice 2015 Group.pdf
Item Status:	
Status Date:	

State: New York **Filing Company:** Health Insurance Plan of Greater New York
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HIP HMO SMALL GROUP OFF EXCHANGE
Project Name/Number: /

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

Satisfied - Item:	Underwriting Guidelines
Comments:	
Attachment(s):	EH Small Group Underwriting Guidelines 2 18 14.pdf EH Small Group Underwriting Guidelines 2 18 14 REDLINE.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memo Appendices and Supporting Exhibits
Comments:	
Attachment(s):	Act Memo Appendices HIP Small Group OFF.pdf
Item Status:	
Status Date:	

Appendix C

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

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 HNY *****

Output

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

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

HIP SG 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 ($)	$0.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑		
Specialist Visit	☐	☐		$60.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$60.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$60.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$60.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$24.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$60.00	☑	☑		
Skilled Nursing Facility	☐	☐		$1,500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG GOLD

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.7%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters

HIP SG 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	$100.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
OOP Maximum ($)	$6,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑		$0.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☑	☑		
Specialist Visit	☐	☐		$55.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$35.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$55.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$55.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$55.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$22.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$55.00	☑	☑		
Skilled Nursing Facility	☑	☑		$0.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG SILVER

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.9%
Metal Tier:	Silver

Appendix C

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

HIP SG 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 ($)			$6,300.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,300.00			
OOP Maximum if Separate ($)						

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

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):	☐

HIP SG Bronze

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	58.2%
Metal Tier:	Bronze

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Name: Health Insurance Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572531
Market Segment: Small Groups Off Exchange

1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
6) The company should submit 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	HNY Gold
2014 Premium Rates	N/A	$481.00	$410.39	$358.32	$410.70
2015 Premium Rates	$668.36	$582.31	$514.58	$448.93	$525.79

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	12.0%

C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]*:

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	20.2%	16.7%	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	91.7%	92.8%	96.2%

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	9.03%	12.0%	7.9%
Expense Ratios	11.60%	14.6%	15.9%
Pre Tax Profit Ratios	3.78%	1.0%	1.0%

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

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

-- for Small Group Medical Plans

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572531
Market Segment: Small Groups Off Exchange

1) Use this Exhibit for Small Group Medical Plans.

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

3) Market segment refers to the Small Group Plans.

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

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

6) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Groups are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.

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

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

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

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

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

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

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	1/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	1/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	31.3%	31.3%	31.3%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	38.9%	38.9%	38.9%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	36.5%	36.5%	36.5%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	31.3%	31.3%	31.3%
Small Group	1/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	9.5%	9.5%	9.5%
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	15.9%	15.9%	15.9%
Small Group	1/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	9.5%	9.5%	9.5%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	1/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	1/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	1/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	9.5%	9.5%	9.5%
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	15.9%	15.9%	15.9%
Small Group	1/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	9.5%	9.5%	9.5%
Small Group	4/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	4/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	4/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	29.7%	29.7%	29.7%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	37.3%	37.3%	37.3%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	34.9%	34.9%	34.9%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	29.8%	29.8%	29.8%
Small Group	4/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	8.2%	8.2%	8.2%
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	14.5%	14.5%	14.5%
Small Group	4/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	8.3%	8.3%	8.3%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	4/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	4/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	4/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	8.2%	8.2%	8.2%
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	14.5%	14.5%	14.5%
Small Group	4/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	8.3%	8.3%	8.3%
Small Group	7/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	7/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	7/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	28.2%	28.2%	28.2%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	35.7%	35.7%	35.7%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	33.4%	33.4%	33.4%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	28.3%	28.3%	28.3%
Small Group	7/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	7.0%	7.0%	7.0%
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	13.2%	13.2%	13.2%
Small Group	7/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	7.0%	7.0%	7.0%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	7/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	7/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	7/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	7.0%	7.0%	7.0%
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	13.2%	13.2%	13.2%
Small Group	7/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	7.0%	7.0%	7.0%
Small Group	10/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	10/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	10/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	26.7%	26.7%	26.7%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	34.1%	34.1%	34.1%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	31.8%	31.8%	31.8%
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	26.8%	26.8%	26.8%
Small Group	10/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	5.7%	5.7%	5.7%
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	11.9%	11.9%	11.9%
Small Group	10/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	5.8%	5.8%	5.8%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	10/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	10/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	10/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	5.7%	5.7%	5.7%
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	11.9%	11.9%	11.9%
Small Group	10/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	5.8%	5.8%	5.8%
Small Group	1/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	1/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	1/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	31.3%	31.3%	31.3%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	36.5%	36.5%	36.5%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	31.3%	31.3%	31.3%
Small Group	1/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	9.5%	9.5%	9.5%
Small Group	1/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	9.5%	9.5%	9.5%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	1/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	1/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	1/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	9.5%	9.5%	9.5%
Small Group	1/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	9.5%	9.5%	9.5%
Small Group	4/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	4/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	4/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	29.7%	29.7%	29.7%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	34.9%	34.9%	34.9%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	29.8%	29.8%	29.8%
Small Group	4/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	8.2%	8.2%	8.2%
Small Group	4/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	8.3%	8.3%	8.3%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	4/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	4/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	4/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	8.2%	8.2%	8.2%
Small Group	4/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	8.3%	8.3%	8.3%
Small Group	7/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	7/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	7/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	28.2%	28.2%	28.2%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	33.4%	33.4%	33.4%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	28.3%	28.3%	28.3%
Small Group	7/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	7.0%	7.0%	7.0%
Small Group	7/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	7.0%	7.0%	7.0%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	7/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	7/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	7/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	7.0%	7.0%	7.0%
Small Group	7/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	7.0%	7.0%	7.0%
Small Group	10/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	10/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	10/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	26.7%	26.7%	26.7%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	31.8%	31.8%	31.8%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	26.8%	26.8%	26.8%
Small Group	10/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	5.7%	5.7%	5.7%
Small Group	10/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	5.8%	5.8%	5.8%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	10/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	10/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	10/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	5.7%	5.7%	5.7%
Small Group	10/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	5.8%	5.8%	5.8%

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572531
Market Segment: Small Groups Off Exchange

Instructions:

1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
2) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Group are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
3) The distribution is by number of members or number of contracts . The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
4) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Rating Period/Metal Level and for the market segment in total.
5) Market segment refers to Small Group market segment.
6) Rating region refers to the standard rating regions applicable to this filing. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
8) Provide distribution information by quarter of renewal.
9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
11) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of 5/31/2014	Total # of Members as of 5/31/2014	Total # of Contracts as of 5/31/2014	Number of Members with Requested Percentage Rate Change at Renewal: Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Small Group	1/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	35.8%	235,954	56	33	0	0	0	0	0	0	0	0	56	0	0
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	36.5%	61,733	14	10	0	0	0	0	0	0	0	0	14	0	0
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	31.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	4 - New York City Area	11.4%	38,011,701	8,362	5,605	0	0	0	5,882	0	2,480	0	0	0	0	0
Small Group	1/1/2015	Silver	4 - New York City Area	13.9%	16,093,518	3,766	2,840	0	0	0	0	3,766	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	4 - New York City Area	9.5%	1,151,681	325	208	0	0	0	325	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	8 - Long Island Area	10.1%	14,776,725	2,901	1,658	0	0	0	2,619	0	282	0	0	0	0	0
Small Group	1/1/2015	Silver	8 - Long Island Area	13.9%	11,394,155	2,437	1,611	0	0	0	0	2,437	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	8 - Long Island Area	9.5%	654,995	167	112	0	0	0	167	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	29.7%	27,607	6	3	0	0	0	0	0	0	0	6	0	0	0
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	34.9%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	29.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	4 - New York City Area	8.9%	2,889,938	589	403	0	0	0	525	64	0	0	0	0	0	0
Small Group	4/1/2015	Silver	4 - New York City Area	12.6%	1,470,550	330	244	0	0	0	0	330	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	4 - New York City Area	8.3%	94,776	25	21	0	0	0	25	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of 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
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	8 - Long Island Area	8.4%	490,620	85	57	0	0	0	83	2	0	0	0	0	0	0
Small Group	4/1/2015	Silver	8 - Long Island Area	12.6%	308,270	64	46	0	0	0	0	64	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	8 - Long Island Area	8.3%	34,302	9	6	0	0	0	9	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	32.2%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	33.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	28.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	4 - New York City Area	8.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	4 - New York City Area	11.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	4 - New York City Area	7.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	8 - Long Island Area	7.6%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	8 - Long Island Area	11.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	8 - Long Island Area	7.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	30.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	31.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	26.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	4 - New York City Area	7.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	4 - New York City Area	10.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	4 - New York City Area	5.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	8 - Long Island Area	6.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	8 - Long Island Area	10.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	8 - Long Island Area	5.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Market Segment Total:			**12.0%**	**87,696,526**	**19,136**	**12,857**	**0**	**0**	**0**	**9,635**	**6,663**	**2,762**	**0**	**6**	**70**	**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-129572531

Market Segment: Small Group

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-129572531
Market Segment: Small Group Off 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]	Is a rolling rate structure used for this base medical policy form? (Yes or No)	Is base medical policy form open (new sales allowed) or closed (no new sales)	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (mm/dd/y)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools	Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the	Administrative expenses for experience period (including commissions and premium taxes, but	
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	CompreHealth	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
MO (1/07), 155-23-HNYDIRCONT(1	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 ($)	15.5 Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools	Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the	Administrative expenses for experience period (including commissions and premium taxes, but		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 ($)	16.5 Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools	Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the	Administrative expenses for experience period (including commissions and premium taxes, but
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-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	HMO 40 / 60	HMO 35 / 55	HMO HD6300	Healthy NY HMO	HMO 15/35
8	HIOS Plan ID*	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001
9	Exchange Plan?*	No	No	No	No	No

* 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	0.851				
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**462.91**	**462.91**	**462.91**	**462.91**	**462.91**

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	1.004

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
14	Market wide adjustment for changes in provider network **	0.898				
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 ****	0.804				
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**				
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000				
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1.254				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000				
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)	1.172				
25	Expected/Current Induced Demand	0.951				
26	Expected Pricing AV	0.760				
27	Other 3 (specify)	1.000				

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.771**	**0.771**	**0.771**	**0.771**	**0.771**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments					
29	Pricing actuarial value (without induced demand factor) #	0.815	0.732	0.595	0.816	0.909
30	Pricing actuarial value (only the induced demand factor) #	1.018	0.971	0.943	1.018	1.084
31	HCRA CLA	1.029	1.033	1.040	1.032	1.025
32	SMCP Credits	0.975	0.972	0.967	0.973	0.979
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)	1.189	1.193	1.200	1.193	1.185
37	Profit/Contribution to surplus margins	1.010	1.010	1.010	1.010	1.010
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000
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

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	0.876	1.000
41	Other 1 (specify)	1.315	1.315	1.315	1.315	1.315
42	Other 2 (specify)	0.983	1.014	1.072	1.009	0.954
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.293**	**1.148**	**0.964**	**1.169**	**1.486**

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)**	**461.43**	**409.50**	**343.90**	**416.95**	**530.01**

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-129572531
Market Segment: Small Groups Off Exchange

1) Complete a separate ROW for Metal Level/Product
- Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
- Enter in column 1 the Metal Tier level. Use the drop down menu.
- Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
- Enter in column 3 the Estimated Membership as of a recent date mm/dd/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	
Gold	Off Non Std	11,999	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.46%	0.00%	1.82%	6.50%	15.82%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.82%	XX
Silver	Off Non Std	6,611	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.60%	0.00%	1.90%	6.50%	16.05%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.05%	XX
Bronze	Off Non Std	526	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.91%	0.00%	2.09%	6.50%	16.53%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.53%	XX
Platinum	Off Std	-	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.24%	0.00%	1.69%	6.50%	15.46%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.46%	XX
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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
Gold	Off Non Std	11,999	XX	01/01/14	12/31/14	12.04%	0.95%	0.70%	4.47%	0.00%	1.83%	6.50%	14.45%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.45%
Silver	Off Non Std	6,611	XX	01/01/14	12/31/14	12.04%	0.95%	0.70%	4.65%	0.00%	1.99%	6.50%	14.79%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.79%
Bronze	Off Non Std	526	XX	01/01/14	12/31/14	12.04%	0.95%	0.70%	4.89%	0.00%	2.19%	6.50%	15.23%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%
Platinum	Off Std	-	XX	01/01/14	12/31/14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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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-129572531
Market Segment: Small Groups Off Exchange

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

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
88582NY0430001	EmblemHealth Select Care Gold Standard	Gold	OFF	No	26	Yes	EXCLUDED	No	No	YES
88582NY0440001	EmblemHealth Select Care Gold Age 29	Gold	OFF	No	30	Yes	EXCLUDED	No	No	YES
88582NY0820001	EmblemHealth Select Care Gold Family Planning	Gold	OFF	No	26	Yes	INCLUDED	No	No	YES
88582NY0830001	EmblemHealth Select Care Gold Age 29 Family Planning	Gold	OFF	No	30	Yes	INCLUDED	No	No	YES
88582NY0450001	EmblemHealth Select Care HNY Gold Standard	HNY Gold	OFF	YES	26	Yes	EXCLUDED	No	No	YES
88582NY0460001	EmblemHealth Select Care HNY Gold Age 29	HNY Gold	OFF	YES	30	Yes	EXCLUDED	No	No	YES
88582NY0860001	EmblemHealth Select Care HNY Gold Family Planning	HNY Gold	OFF	YES	26	Yes	INCLUDED	No	No	YES
88582NY0870001	EmblemHealth Select Care HNY Gold Age 29 Family Plannin	HNY Gold	OFF	YES	30	Yes	INCLUDED	No	No	YES
88582NY0390001	EmblemHealth Select Care Silver Standard	Silver	OFF	No	26	Yes	EXCLUDED	No	No	YES
88582NY0400001	EmblemHealth Select Care Silver Age 29	Silver	OFF	No	30	Yes	EXCLUDED	No	No	YES
88582NY0760001	EmblemHealth Select Care Silver Family Planning	Silver	OFF	No	26	Yes	INCLUDED	No	No	YES
88582NY0770001	EmblemHealth Select Care Silver Age 29 Family Planning	Silver	OFF	No	30	Yes	INCLUDED	No	No	YES
88582NY0490001	EmblemHealth Select Care Bronze Standard	Bronze	OFF	No	26	Yes	EXCLUDED	No	No	YES
88582NY0500001	EmblemHealth Select Care Bronze Age 29	Bronze	OFF	No	30	Yes	EXCLUDED	No	No	YES
88582NY0920001	EmblemHealth Select Care Bronze Family Planning	Bronze	OFF	No	26	Yes	INCLUDED	No	No	YES
88582NY0930001	EmblemHealth Select Care Bronze Age 29 Family Planning	Bronze	OFF	No	30	Yes	INCLUDED	No	No	YES
88582NY1820001	EmblemHealth Select Care Platinum Standard	Platinum	OFF	YES	26	Yes	EXCLUDED	No	No	YES
88582NY1830001	EmblemHealth Select Care Platinum Age 29	Platinum	OFF	YES	30	Yes	EXCLUDED	No	No	YES
88582NY1840001	EmblemHealth Select Care Platinum Family Planning	Platinum	OFF	YES	26	Yes	INCLUDED	No	No	YES
88582NY1870001	EmblemHealth Select Care Platinum Age 29 Family Planning	Platinum	OFF	YES	30	Yes	INCLUDED	No	No	YES

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment: Small Groups Off Exchange

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

SUMMARY OF REQUESTED 2015 PREMIUM RATES

1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1 Albany	Region 2 Buffalo	Region 3 Mid-Hudson	Region 4 New York	Region 5 Rochester	Region 6 Syracuse	Region 7 Utica	Region 8 Long Island
88582NY1870001	Platinum	SG	Off	Standard	No	$ 714.20		$ 714.51	$ 596.01		$ 714.20	$ 714.20	$ 677.34
88582NY0770001	Silver	SG	Off	Non-Standard	No	$ 551.81		$ 552.05	$ 460.49		$ 551.81	$ 551.81	$ 523.33
88582NY0930001	Bronze	SG	Off	Non-Standard	No	$ 463.42		$ 463.61	$ 386.72		$ 463.42	$ 463.42	$ 439.50
88582NY0830001	Gold	SG	Off	Non-Standard	No	$ 621.79		$ 622.06	$ 518.89		$ 621.79	$ 621.79	$ 589.70
88582NY0870001	HNY Gold	SG	Off	Standard	No	$ 561.85		$ 562.09	$ 468.87		$ 561.85	$ 561.85	$ 532.85

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO HD6300 (Bronze) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0940001 (dependent coverage to age 26 end of month) and 88582NY0950001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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 rate changes to DFS.

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

Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	9.5%
April to June 2015	8.3%
July to September 2015	7.0%
October to December 2015	5.8%

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

Why We Are Requesting a Rate Change

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 medical services required by many of our members.

(Continued)

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.

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	New York State Department of Financial Services
1-877-444-7417	
E-mail: **PremiumRateFilings@emblemhealth.com**	E-mail: **PremiumRateIncreases@dfs.ny.gov**
EmblemHealth website: **emblemhealth.com**	
EmblemHealth	NYS Department of Financial Services
Attn: Premium Rate Filings	Health Bureau-Premium Rate Adjustments
PO Box 2890	1 State Street
New York, NY 10117-2087	New York, NY 10004
	DFS website:
	www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is 88582NY0940001 for plans with dependent coverage to age 26 end of-month, or 88582NY0950001 for plans with dependent coverage to age 30 end of month

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

Plain English Summary of Rate Change

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

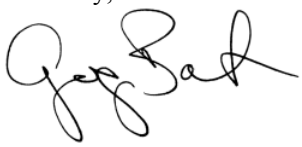
EmblemHealth website: **emblemhealth.com/2015_Rates**

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

Notice of Approved Premium Rate

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

Sincerely,



George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_K_HIP_BRZ_GR_19677_SG_LIR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates <<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

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Proposed Premium Rate Changes

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(Continued)

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E-mail: **PremiumRateFilings@emblemhealth.com**
EmblemHealth website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is 88582NY0940001 for plans with dependent coverage to age 26 end of-month, or 88582NY0950001 for plans with dependent coverage to age 30 end of month

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Plain English Summary of Rate Change

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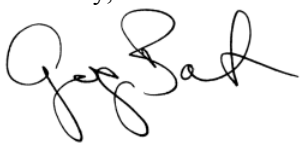
DFS website: **www.dfs.ny.gov/healthinsurancepremiums**

Notice of Approved Premium Rate

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

Sincerely,



George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_J_HIP_BRZ _GR_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO HD6300 (Bronze) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0940001 (dependent coverage to age 26 end-of-month) and 88582NY0950001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

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

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	9.5%
April to June 2015	8.3%
July to September 2015	7.0%
October to December 2015	5.8%

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

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 medical services required by many of our members.

(Continued)

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

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
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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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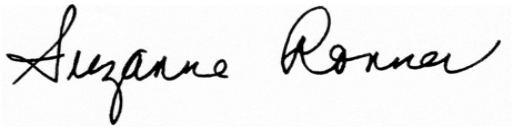
Sincerely,



Suzanne Ronner
Vice President, Customer Experience

M_LTR_L_HIP_BRZ_MB_19677_SG_LIR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
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Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO HD6300 (Bronze) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0940001 (dependent coverage to age 26 end-of-month) and 88582NY0950001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	9.5%
April to June 2015	8.3%
July to September 2015	7.0%
October to December 2015	5.8%

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

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 medical services required by many of our members.

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Sincerely,

Suzanne Ronner
Vice President, Customer Experience

M_LTR_K_HIP_BRZ_MB_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 40/60 (Gold) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0840001 (dependent coverage to age 26 end of month) and 88582NY0850001 (dependent coverage to age 30 end of month)

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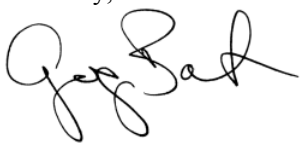

George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_E_HIP_GLD_GR_19677_SG_LIR

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G_LTR_F_HIP_GLD_GR_19677_SG_MHR

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Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates <<Date>>

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Senior Vice President, Underwriting & Account Management

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Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

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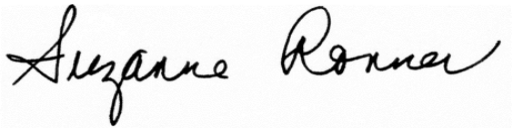

Suzanne Ronner
Vice President, Customer Experience

M_LTR_F_HIP_GLD_MB_19677_SG_LIR

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Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

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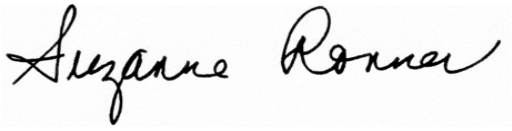

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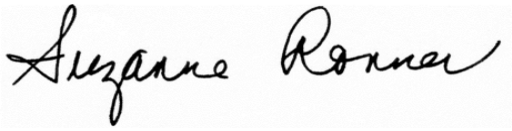

Suzanne Ronner
Vice President, Customer Experience

M_LTR_E_HIP_GLD_MB_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth Healthy NY HMO (Gold) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end-of-month) and 88582NY0890001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

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

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	15.9%
April to June 2015	14.5%
July to September 2015	13.2%
October to December 2015	11.9%

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

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 medical services required by many of our members.

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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 website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
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Notice of Approved Premium Rate

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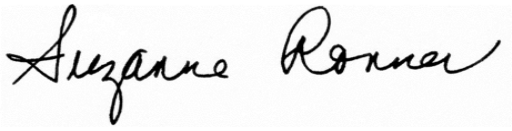
Sincerely,



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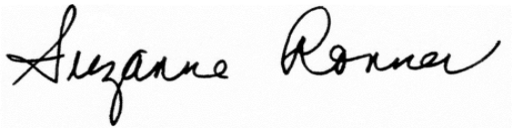

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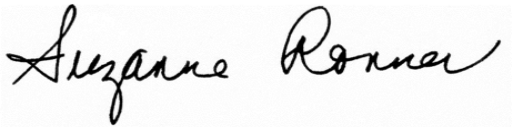

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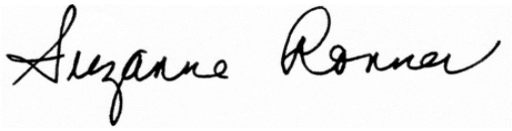
After DFS approves the final premium rate, you will receive final rate information at least 90 days before your «**ANNIV_TXT**» renewal date.

Sincerely,



Suzanne Ronner
Vice President, Customer Experience

M_LTR_A _HIP_HNY_MB_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates <<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 35/55 (Silver) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end of month) and 88582NY0790001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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 rate changes to DFS.

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

Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	13.9%
April to June 2015	12.6%
July to September 2015	11.3%
October to December 2015	10.0%

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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 medical services required by many of our members.

(Continued)

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EmblemHealth
1-877-444-7417
E-mail: **PremiumRateFilings@emblemhealth.com**
EmblemHealth website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

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George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_H_HIP_SLV_GR_19677_SG_LIR

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<<Date>>

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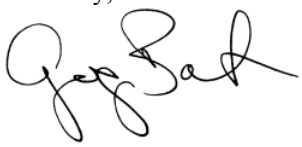

George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_I_HIP_SLV_GR_19677_SG_MHR

EmblemHealth

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G_LTR_G_HIP_SLV_GR_19677_SG_NYCR

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

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«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
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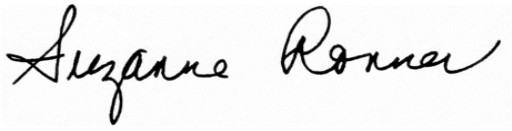

Suzanne Ronner
Vice President, Customer Experience

M_LTR_I_HIP_SLV_MB_19677_SG_LIR

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Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

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«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
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M_LTR_J_HIP_SLV_MB_19677_SG_MHR

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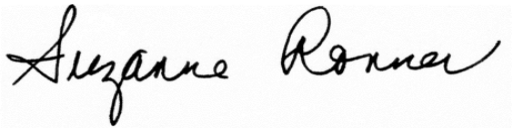

Suzanne Ronner
Vice President, Customer Experience

M_LTR_H_HIP_SLV_MB_19677_SG_NYCR

EmblemHealth

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

Important Plan Information About Your Renewal Rates <Date>

<<Group Name 1>> <<Group Name 2>>
<<Contact Fname>> <<Contact Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

<<**Group No**:>>

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 HIP Health Plan of New York ("HIP") «**PLAN**» plan under group number «**GROUP_NO**» 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»**

The premium rates above reflect an adjustment to your group's premium rate that was approved by the New York State Department of Financial Services (NYSDFS). This is the rate that we will charge your group for coverage; this change in rate may or may not affect the current contribution level for your employees.

Please note that you must notify your employees about any additional premium contribution (if any) that they must pay resulting from this rate adjustment as soon as possible.

If you have any questions, please contact your account representative

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,

George Babitsch
Senior Vice President
Account Management and Underwriting

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

Important Plan Information <Date>

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

<Benefit Set>

Dear <Fname><Lname>:

Thank you for letting us provide you with an EmblemHealth benefit plan that helps you stay healthy, get well and live better.

The New York State insurance law that governs health insurance plan premium rates for "community-rated" plans such as yours now requires us to notify you and your employer group of any rate changes about 60 days in advance of the effective date.

Enclosed is a copy of a letter we sent to your employer regarding 2015 rate changes approved by the New York State Department of Financial Services (NYSDFS). Your new group rates take effect on your group's policy renewal date.

Please note that the rates noted in the enclosed letter may not be your group's final renewal rates.

Whether these are your final rates or not will depend on plan changes your group may or may not make during the renewal period. If you contribute to your premium, your employer will let you know what your contribution will be based on the new rates. Should you have questions about your group's renewal, please speak with your employer.

EmblemHealth is committed to providing you and your covered dependents with access to quality health care at the lowest possible cost. 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.

EmblemHealth

SUMMARY OF BENEFITS AND COVERAGE AVAILABLE

Choosing a health plan that's right for you is one of the most important decisions you will make. With this in mind, a summary of benefits and coverage (SBC) is available to help you better understand your health plan and/or compare health plan options.

To view the SBC for your current EmblemHealth plan, visit <emblemhealth.com URL>. You can also get a free printed copy by calling us at**1-888-447-7703**, 8 am to 8 pm, seven days a week (excluding major holidays. If you have a hearing or speech impairment and use a TDD, call 711.

EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC)

EmblemHealth issues SBCs on behalf of Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC).

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

SERFF #HPHP-129572437 for SMALL GROUP ON EXCHANGE PLANS
SERFF #HPHP-129572531 for SMALL GROUP 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 new HMO products to be sold inside of and outside of New York's Small Business Exchange (SHOP). The proposed premium rates are based on a rolling rate structure with effective dates of January - March 2015 (1Q15), April – June 2015 (2Q15), July – September 2015 (3Q15) and October – December 2015 (4Q15) and will be available to small groups located 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 will offer both the New York State Standard Benefit Designs and non-Standard Benefit Designs in and out of SHOP:

Metal Level	Standard Plan / Non Standard Plan	Product Name	On Exchange	Metal AV Value
Small Group Exchange Plans				
Platinum	Standard	Platinum S	On Exchange	0.881
Gold	Standard	Gold S	On Exchange	0.790
Silver	Standard	Silver S	On Exchange	0.707
Bronze	Standard	Bronze S	On Exchange	0.620
Gold	Non-Standard	HMO 40/60 S	On Exchange	0.817
Silver	Non-Standard	HMO 35/55 S	On Exchange	0.719
Bronze	Non-Standard	HMO HD6300 S	On Exchange	0.582
Small Group Off Exchange Plans				
Platinum	Standard	HMO 15/35	Off Exchange	0.881
Gold	Non-Standard	HMO 40 / 60	Off Exchange	0.817
Silver	Non-Standard	HMO 35 / 55	Off Exchange	0.719
Bronze	Non-Standard	HMO HD6300	Off Exchange	0.582
Healthy New York Gold	Non-Standard	Healthy NY HMO	Off Exchange	0.790

The HHS Actuarial Value (AV) Calculator was used to determine the AV metal tiers with one adjustment for outpatient facility copays since it is not compatible with the calculator. Outpatient Facility copays were converted into an estimated coinsurance to approximate the copay values.

- A listing of all plans in the Small Group 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 **Appendices B-1** through **B-4.**
- 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 1Q15 rate increase of **12.0%** over 1Q14 rates, or a **2.2%** increase over 4Q14 rates for Small Group products. We are also requesting quarterly increases of **1.9%** for 2Q15 over 1Q15, 3Q15 over 2Q15, and 4Q15 over 3Q15. The proposed increases for existing products vary by product and by region and can be found in Exhibit 14B. The proposed rates for existing and new products can be found in the Small Group On Exchange and 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 HIP Small Group Exchange and Off Exchange plans will comprise HIP's single risk pool in the small group market. All HIP pre-ACA small group plans were discontinued effective January 1, 2014.

HIP has determined an index rate and adjusted index rate for the small group 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

HIP currently participates in the small group market is using its small group claims experience as a starting point to determine the premiums rates for the Off Exchange small group plans. We have supplemented the small group experience with small group experience from HIP's affiliated company, HIP Insurance Company of New York (HIPIC).

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 measures 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 %)]*[(1 + 2016 trend %)^(1/12)]

The resulting trended, but unadjusted, small group PMPM is **$461.59** 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 $1.48 PMPM in 2014 which we have trended forward to a 2015 PMPM of $1.63.

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

Product/Neighborhood/Market Adjustment: A portion of our Small Group business contains members who had prior coverage with HIP or HIPIC Small Group plans during the 4th Quarter of 2013. We have re-weighted the 2013 Small Group PMPMs to account for regional differences in our current Small Group 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 product of these retained members. The resulting adjustment is **.888** (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 **10.2%** due to shifts in services to more efficient facilities and providers**.**

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 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 **85.1**%. The AV of HIP's Small Group membership is expected to be **76.0**%. The AV of **76.0**% 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 76.0%/85.1% **(0.894**) was applied to the projected costs to take into account the higher cost sharing anticipated in the HIP Small Group 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 **1.115.**

We then calculated expected Induced Demand for HIP's Individual membership based on expected membership distribution by Small Group On and Off Exchange products and the HHS' induced demand factors above. The result is an expected Induced Demand factor of **1.060**.

The resulting ratio of 1.060/1.115 (**.951**) was applied to projected claim costs to take into account the lower induced demand anticipated in the HIP Small Group membership.

Index Rate
The resulting HIP Individual Index rate is **$284.50** PMPM per row 41 of **Appendix E.**

Adjustments to Index Rate

Federal Risk Adjustment Program – We based the risk adjustment PMPM upon the DFS Risk Adjustment Simulation using 2013 claims data. We assumed "retained" members who had prior coverage in 2013 Emblem Small Group plans would bring their relative risk with them to the 2014 HIP Small Group block. We weighted the risk adjustment simulation PMPMs by the 2014 distribution by pre-ACA Emblem products of these retained members. The resulting Risk Adjustment PMPM is **$72.26**.

The HIP Small Group Adjusted Index Rate is $**356.75** PMPM per row 44 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 Risk Adjustment PMPM was 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.

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

Healthy New York Stop Loss PMPM
For Healthy New York Gold, we based the assumed Stop Loss PMPM of **$38.62** on the year end 2013 HIP Small Group Healthy New York submission PMPM. Based upon historical trends in funding of the Healthy New York Stop Loss program, we assumed that 25% of the submission amount would be funded.

Plan-Specific PMPM costs
The resulting plan-specific PMPM costs are shown in row 72 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 Small Group membership. We assumed a **2**% trend from 2014 to 2015 for CLA.

Regulation 146 Adjustments
Emblem companies have $8.2 Million in Regulation 146 disbursements related to pool years 2007 – 2013 to be credited to future Small Group premium rates. We will credit half of these disbursements to lower 2015 premium rates and the disbursements that are remaining 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 **0.87%** 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 **2.17**% of 2015 premiums. Please refer to **Appendix D** for a description of these activities.
    - Note that this item has increased 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 **3**%.
- GA Payments: This is expected to be **$6.55** PMPM.
- Premium Taxes: HIP is not subject to premium taxes
- Other administrative expenses: This is expected to be **6.5**%.
- 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 87 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.

Quarterly Step up Factors

Premium rates for 2Q15, 3Q15 and 4Q15 have been developed using the annual trend rates described previously plus the impact of changes in the ACA fees. The derivation of the **1.9%** quarterly step ups are shown in **Appendix M.**

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 **83.1**% 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-129574484 for Small Group On Exchange plans and SERFF # HPHP-129575382 for Small Group 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 HNY**********

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 HNY *****

Output

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

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

HIP SG 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 ($)	$0.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑		
Specialist Visit	☐	☐		$60.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$60.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$60.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$60.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$24.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$60.00	☑	☑		
Skilled Nursing Facility	☐	☐		$1,500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG GOLD

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.7%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters

HIP SG 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	$100.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
OOP Maximum ($)	$6,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑		$0.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☑	☑		
Specialist Visit	☐	☐		$55.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$35.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$55.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$55.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$55.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$22.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$55.00	☑	☑		
Skilled Nursing Facility	☑	☑		$0.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG SILVER

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.9%
Metal Tier:	Silver

Appendix C

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

HIP SG 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 ($)			$6,300.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,300.00			
OOP Maximum if Separate ($)						

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

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):	☐

HIP SG Bronze

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	58.2%
Metal Tier:	Bronze

Appendix A

Health Insurance Plan of Greater New York

Metal Level	Standard Plan / Non Standard Plan	Product Name	On Exchange	Metal AV Value
		Small Group Exchange Plans		
Platinum	Standard	Platinum S	On Exchange	0.881
Gold	Standard	Gold S	On Exchange	0.790
Silver	Standard	Silver S	On Exchange	0.707
Bronze	Standard	Bronze S	On Exchange	0.620
Gold	Non-Standard	HMO 40/60 S	On Exchange	0.817
Silver	Non-Standard	HMO 35/55 S	On Exchange	0.719
Bronze	Non-Standard	HMO HD6300 S	On Exchange	0.582
		Small Group Off Exchange Plans		
Platinum	Standard	HMO 15/35	Off Exchange	0.881
Gold	Non-Standard	HMO 40 / 60	Off Exchange	0.817
Silver	Non-Standard	HMO 35 / 55	Off Exchange	0.719
Bronze	Non-Standard	HMO HD6300	Off Exchange	0.582
Healthy New York Gold	Non-Standard	Healthy NY HMO	Off Exchange	0.790

Appendix B1
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)

SHOP Standard Plans

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.

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
DEDUCTIBLE (single)	$0	$600	$2,000	$3,000
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000	$4,000	$5,500	$6,350
COST SHARING - MEDICAL SERVICES				
Inpatient Facility/SNF/Hospice	$500 per admission	$1,000 per admission	$1,500 per admission	50% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	$100	$100	$100	50% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100	$100	$100	50% 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	50% cost sharing
Telemedicine	$10	$10	$10	$10
Telemedicine Dietician	$5	$5	$5	$5
Specialist	$35	$40	$50	50% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	$25	$30	$30	50% cost sharing
ER	$100	$150	$150	50% cost sharing
Ambulance	$100	$150	$150	50% cost sharing
Urgent Care	$55	$60	$70	50% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	50% 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
Hospital services - non-maternity	Inpatient Facility copay per admission #			50% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #			50% cost sharing
Mental health/Behavorial health care	Inpatient Facility copay per admission #			50% cost sharing
Detoxification	Inpatient Facility copay per admission #			50% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #			50% 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
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
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
Physician charge - Emergency Room visit	$0 copay per visit			50% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit			50% cost sharing
Physician charge - Free standing urgent care center visit	$0 copay per visit			50% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case			50% cost sharing

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
OUTPATIENT HOSPITAL/FACILITY SERVICES				
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters		Outpatient Facility-Surgery copay per case		50% cost sharing
Pre-admission/pre-operative testing		$0 copay		50% cost sharing
Diagnostic and routine laboratory and pathology		Specialist copay per visit		50% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI		Specialist copay per visit		50% cost sharing
Imaging: CAT/PET scans, MRI		Specialist copay		50% cost sharing
Chemotherapy		PCP copay per visit		50% cost sharing
Radiation therapy		PCP copay per visit		50% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		50% cost sharing
Mental health/Behavorial health care		PCP copay per visit		50% cost sharing
Substance abuse disorder services		PCP copay per visit		50% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative		PT/OT/ST copay per visit		50% cost sharing
Home care		PCP copay per visit		50% cost sharing
Hospice		PCP copay per visit		50% 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.		
Cervical cytology		Otherwise the cost sharing indicated below applies to all services in this benefit service category.		
Colonoscopy screening				
Gynecological exams				
Immunizations		PCP/Specialist copay per visit (based on type of physician performing the service)		50% 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
Outpatient hospital and freestanding surgicenter - surgeon		Surgeon copay per case		50% cost sharing
Office surgery		PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Anesthesia (any setting)		Covered in full, no deductible and no cost sharing applies		50% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative		PT/OT/ST copay per visit		50% cost sharing
Additional surgical opinion		Specialist copay per visit		50% cost sharing
Second medical opinion for cancer		Specialist copay per visit		50% 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
In-hospital physician visits		$0 copay per visit		50% cost sharing
Diagnostic office visits		PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Diagnostic and routine laboratory and pathology		PCP/Specialist copay per visit		50% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI		PCP/Specialist copay per visit		50% cost sharing
Imaging: CAT/PET scans, MRI		Specialist copay per visit		50% cost sharing
Allergy testing		PCP/Specialist copay per visit		50% cost sharing
Allergy shots		PCP/Specialist copay per visit		50% cost sharing
Office/outpatient consultations		PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Mental health/Behavorial health care		PCP copay per visit		50% cost sharing
Substance abuse disorder services		PCP copay per visit		50% cost sharing
Chemotherapy		PCP copay per visit		50% cost sharing
Radiation therapy		PCP copay per visit		50% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		50% cost sharing
Chiropractic care		Specialist copay per visit		50% cost sharing

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
ADDITIONAL BENEFITS/SERVICES				
ABA treatment for Autism Specturm Disorder	PCP copay per visit			50% cost sharing
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device			50% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies			50% cost sharing
Hearing evaluations/testing	Specialist copay per visit			50% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies			50% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply			50% cost sharing
Diabetic education and self-management	PCP copay per visit			50% cost sharing
Home care	PCP copay per visit			50% 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
PEDIATRIC VISION SERVICES				
Eye exam visit	PCP copay per visit			50% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames			50% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies			50% cost sharing
PRESCRIPTION DRUGS				
Generic or Tier 1	$10	$10	$10	$10
Formulary Brand or Tier 2	$30	$35	$35	$35
Non-Formulary Brand or Tier 3	$60	$70	$70	$70
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.

Appendix B-2 - Gold Non Standard Plan Design

Product Type:	HMO 40/60
Ind/Fam Deductible (Med/Hosp/Vision)	$0 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$4,000/$8,000
Rx Deductible	$100
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$40 copay
Specialist Visit	$60 copay
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	$1,500 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters or Ambulatory Surgery	$150 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	Covered in Full
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$100 copay
Non-Emergent Ambulance- Hosp to Facility transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$60 copay
Chemotherapy	$40 copay
DME/Medical Supplies	10% Coinsurance
Hearing Aids	10% Coinsurance
Eyewear	10% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Appendix B-3 - Silver Non Standard Plan Design

Product Type:	HMO Share
Ind/Fam Deductible (Med/Hosp/Vision)	$2,000/$4000 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$6,000/$12,000
Coinsurance	30%
Rx included in Deductible:	No
Rx Deductible	$100
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$35 copay per visit
Specialist Visit	$55 copay per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	Deductible & Coinsurance
Outpatient Facility - Surgery, including free-standing surgicenters	Deductible & Coinsurance
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters (FS)	Deductible & Coinsurance
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$55 copay
Chemotherapy	$35 copay per visit
DME/Medical Supplies	30% Coinsurance
Hearing Aids	30% Coinsurance
Eyewear	30% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Appendix B-4 - Bronze Non Standard Plan Design

Product Type:	HMO HD 6300
Ind/Fam Deductible (Med/Hosp/Vision/Rx)	$6,300/$12,600 (per cal/yr.)
Ind/Fam Maximum OOP (incl Ded):	$6,300/$12,600
Rx included in Deductible:	Yes
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	0% cost sharing per visit
Specialist Visit	0% cost sharing per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	0% cost sharingper admission
Outpatient Facility - Surgery, including free-standing surgicenters	0% cost sharing per visit
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	0% cost sharing per visit
Emergency Room - Facility charge (INN/ONN)	0% cost sharing (waived if admitted as an inpatient)
Emergency room visit - Physician charge	0% cost sharing per visit
Urgent Care (INN)	0% cost sharing per visit
Observation Stay	0% cost sharing (waived if admitted as inpatient)
Anesthesia	0% cost sharing
Emergent Ambulance	0% cost sharing per visit
Non-Emergent Ambulance Hosp to Facility Transfer	0% cost sharing
PT/OT/ST (Rehabilitative & Habilatative)	0% cost sharing per visit
Chemotherapy	0% Coinsurance
DME/Medical Supplies	0% Coinsurance
Hearing Aids	0% Coinsurance
Eyewear	0% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Appendix C

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

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 HNY *****

Output

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

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

HIP SG 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 ($)	$0.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑		
Specialist Visit	☐	☐		$60.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$60.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$60.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$60.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$24.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$60.00	☑	☑		
Skilled Nursing Facility	☐	☐		$1,500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG GOLD

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.7%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters

HIP SG 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	$100.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
OOP Maximum ($)	$6,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑		$0.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☑	☑		
Specialist Visit	☐	☐		$55.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$35.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$55.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$55.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$55.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$22.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$55.00	☑	☑		
Skilled Nursing Facility	☑	☑		$0.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG SILVER

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.9%
Metal Tier:	Silver

Appendix C

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

HIP SG 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 ($)			$6,300.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,300.00			
OOP Maximum if Separate ($)						

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

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):	☐

HIP SG Bronze

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	58.2%
Metal Tier:	Bronze

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	25
12	Inpatient	9.6%
13	Outpatient	11.6%
14	Professional	6.0%
15	Pharmacy	7.2%
16	HCRA Surcharge	10.4%
17	No Rx Coverage Adjustment	7.2%
18	Rx Rebates	7.2%
19	Ancillary Caps	3.3%
20	**Total**	**7.9%**
	Trended - Small Group Paid PMPMs - CY 2015	
21	Inpatient	$115.52
22	Outpatient	$79.19
23	Professional	$145.21
24	Pharmacy	$65.10
25	HCRA Surcharge	$18.25
26	No Rx Coverage Adjustment	$10.67
27	Rx Rebates	($4.79)
28	Ancillary Caps	$32.44
29	**Total**	**$461.59**
30	EHB Adjustment	$1.63
31	Product/Neighborhood Adjustment	0.888
32	New Member Morbidity Factor	0.970
33	Include MG/GR members	0.933
34	SelectCare Network Savings	0.898
35	Current Pricing AV	0.851
36	Expected Pricing AV	0.760
37	Expected/Current Pricing AV	0.894
38	Current Induced Demand	1.115
39	Expected Induced Demand	1.060
40	Expected/Current Induced Demand	0.951
41	**Index Rate**	**$284.50**
42	Risk Adjustment	$72.26
43	Reinsurance	$0.00
44	**Adjusted Index Rate**	**$356.75**

Appendix E

2015 Rate Development

		Off Exchange					On Exchange						
45		**Gold - Non Standard**	**Silver - Non Standard**	**Bronze - Non-Standard**	**HNY Gold**	**Platinum - Standard**	**Platinum - Standard**	**Gold - Standard**	**Silver - Standard**	**Bronze - Standard**	**Gold - Non-Standard**	**Silver - Non-Standard**	**Bronze - Non-Standard**
46	Deductible	$0	$2,000	$6,300	$600	$0	$0	$600	$2,000	$3,000	$0	$2,000	$6,300
47	Coinsurance Max	$4,000	$6,000	$0	$3,400	$2,000	$2,000	$3,400	$3,500	$3,350	$4,000	$6,000	$0
48	Coinsurance	0%	30%	0%	0%	0%	0%	0%	0%	50%	0%	30%	0%
49	IP Copay	$1,500	Ded & Coins	$0	$1,000	$500	$500	$1,000	$1,500	50%	$1,500	Ded & Coins	$0
50	OP Facility/Surgery	$150	Ded & Coins	$0	$100	$100	$100	$100	$100	50%	$150	Ded & Coins	$0
51	PCP	$40	$35	$0	$25	$15	$15	$25	$30	50%	$40	$35	$0
52	SPC	$60	$55	$0	$40	$35	$35	$40	$50	50%	$60	$55	$0
53	PT/OT/ST	$60	$55	$0	$30	$25	$25	$30	$30	50%	$60	$55	$0
54	ER	$200	$200	$0	$150	$100	$100	$150	$150	50%	$200	$200	$0
55	Ambulance	$100	$150	$0	$150	$100	$100	$150	$150	50%	$100	$150	$0
56	Urgent Care	$60	$60	$0	$60	$55	$55	$60	$70	50%	$60	$60	$0
57	DME	10%	30%	0%	20%	10%	10%	20%	30%	50%	10%	30%	0%
58	Rx	$15/$35/$75/$100	$15/$35/$75/$100	$0/$0/$0	$10/$35/$70	$10/$30/$60	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70	$15/$35/$75/$100	$15/$35/$75/$100	$0/$0/$0
59	Bottoms Up Model PMPM	$314.99	$283.03	$230.04	$315.58	$351.70	$351.70	$315.58	$280.40	$252.72	$314.99	$283.03	$230.04
60	Pricing Actuarial Value (Paid/Allowed ratio)	0.8146	0.7319	0.5949	0.8161	0.9095	0.9095	0.8161	0.7251	0.6535	0.8146	0.7319	0.5949
61	Expected Pricing AV	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603
62	Composite Pricing AV	1.0713	0.9626	0.7824	1.0734	1.1962	1.1962	1.0734	0.9537	0.8596	1.0713	0.9626	0.7824
63	Induced Demand Factor	1.0800	1.0300	1.0000	1.0800	1.1500	1.1500	1.0800	1.0300	1.0000	1.0800	1.0300	1.0000
64	Expected Induced Demand	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604
65	Composite Induced Demand	1.0184	0.9713	0.9430	1.0184	1.0845	1.0845	1.0184	0.9713	0.9430	1.0184	0.9713	0.9430
66	**Top Down Adjusted PMPM - Adjusted for Plan Specific**	**$310.41**	**$266.00**	**$209.91**	**$311.00**	**$369.06**	**$369.06**	**$311.00**	**$263.54**	**$230.60**	**$310.41**	**$266.00**	**$209.91**
67	Risk Adjustment PMPM	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26
68	HNY Stop Loss PMPM	$0.00	$0.00	$0.00	($38.62)	0	0	0	0	0	0	0	0
69	**Top Down Adjusted PMPM - Total**	**$382.67**	**$338.26**	**$282.17**	**$344.64**	**$441.31**	**$441.31**	**$383.26**	**$335.80**	**$302.86**	**$382.67**	**$338.26**	**$282.17**
70	HCRA CLA	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88
71	SMCP Credits	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)
72	**Top Down Adjusted PMPM w HCRA**	**$384.11**	**$339.70**	**$283.60**	**$346.07**	**$442.75**	**$442.75**	**$384.70**	**$337.23**	**$304.30**	**$384.11**	**$339.70**	**$283.60**
73	PCORI	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17
74	Exchange Fee	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
75	Reinsurance Fee	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67
76	Insurance Fee	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%
77	Risk Adjustment Fee	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08
78	**Total ACA Fees - Based off Total PMPM**	**$8.29**	**$7.80**	**$7.18**	**$7.87**	**$8.94**	**$8.94**	**$8.30**	**$7.77**	**$7.41**	**$8.29**	**$7.80**	**$7.18**
79	Admin That Improves Health Care Quality	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%
80	332 Assessments	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%
81	Commissions	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
82	GA Payments	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55
83	All Other Admin	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%
84	**Total Admin**	**13.96%**	**14.14%**	**14.45%**	**14.11%**	**13.78%**	**13.78%**	**13.96%**	**14.15%**	**14.32%**	**13.96%**	**14.14%**	**14.45%**
85	**Margin for Adverse Results**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**
86	**2014 Premium PMPM**	**$434.32**	**$370.56**	**$323.55**	**$370.85**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
87	**2015 Premium PMPM**	**$461.43**	**$409.50**	**$343.90**	**$416.95**	**$530.01**	**$530.01**	**$462.12**	**$406.62**	**$368.10**	**$461.43**	**$409.50**	**$343.90**
88	**2014 Premium PEPM**	**$481.44**	**$410.77**	**$358.66**	**$411.09**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
89	**2015 Premium PEPM**	**$527.19**	**$467.85**	**$392.91**	**$476.37**	**$605.54**	**$605.54**	**$527.97**	**$464.56**	**$420.56**	**$527.19**	**$467.85**	**$392.91**
90	**Rate Increase**	**9.5%**	**13.9%**	**9.5%**	**15.9%**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Appendix E

2015 Rate Development

	Regional Factors												
91	New York City Area	0.956								0.956			
92	Long Island Area	1.086								1.086			
93	Mid-Hudson Area	1.146								1.146			
94	Albany Area	1.145								1.145			
95	Syracuse Area	1.145								1.145			
96	Utica/Watertown Area	1.145								1.145			
95	**Final PMPM - New York City Area**	**$440.94**	**$391.32**	**$328.63**	**$398.44**	**$506.48**	**$506.48**	**$441.60**	**$388.57**	**$351.76**	**$440.94**	**$391.32**	**$328.63**
96	**Final PMPM - Long Island Area**	**$501.11**	**$444.72**	**$373.48**	**$452.81**	**$575.59**	**$575.59**	**$501.86**	**$441.59**	**$399.76**	**$501.11**	**$444.72**	**$373.48**
97	**Final PMPM - Mid-Hudson Area**	**$528.61**	**$469.12**	**$393.97**	**$477.66**	**$607.18**	**$607.18**	**$529.40**	**$465.82**	**$421.70**	**$528.61**	**$469.12**	**$393.97**
98	**Final PMPM - Albany Area**	**$528.38**	**$468.92**	**$393.80**	**$477.45**	**$606.91**	**$606.91**	**$529.17**	**$465.62**	**$421.51**	**$528.38**	**$468.92**	**$393.80**
99	**Final PMPM - Syracuse Area**	**$528.38**	**$468.92**	**$393.80**	**$477.45**	**$606.91**	**$606.91**	**$529.17**	**$465.62**	**$421.51**	**$528.38**	**$468.92**	**$393.80**
100	**Final PMPM - Utica/Watertown Area**	**$528.38**	**$468.92**	**$393.80**	**$477.45**	**$606.91**	**$606.91**	**$529.17**	**$465.62**	**$421.51**	**$528.38**	**$468.92**	**$393.80**
101	PEPM Adjustment	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425
	New York City Area												
102	**Individual**	**$503.78**	**$447.08**	**$375.46**	**$455.21**	**$578.65**	**$578.65**	**$504.53**	**$443.94**	**$401.88**	**$503.78**	**$447.08**	**$375.46**
103	**Individual + Spouse**	**$1,007.56**	**$894.16**	**$750.92**	**$910.42**	**$1,157.30**	**$1,157.30**	**$1,009.06**	**$887.88**	**$803.76**	**$1,007.56**	**$894.16**	**$750.92**
104	**Individual + Child(ren)**	**$856.43**	**$760.04**	**$638.28**	**$773.86**	**$983.71**	**$983.71**	**$857.70**	**$754.70**	**$683.20**	**$856.43**	**$760.04**	**$638.28**
105	**Family**	**$1,435.77**	**$1,274.18**	**$1,070.06**	**$1,297.35**	**$1,649.15**	**$1,649.15**	**$1,437.91**	**$1,265.23**	**$1,145.36**	**$1,435.77**	**$1,274.18**	**$1,070.06**
	Long Island Area												
106	**Individual**	**$572.52**	**$508.09**	**$426.70**	**$517.33**	**$657.61**	**$657.61**	**$573.38**	**$504.52**	**$456.72**	**$572.52**	**$508.09**	**$426.70**
107	**Individual + Spouse**	**$1,145.04**	**$1,016.18**	**$853.40**	**$1,034.66**	**$1,315.22**	**$1,315.22**	**$1,146.76**	**$1,009.04**	**$913.44**	**$1,145.04**	**$1,016.18**	**$853.40**
108	**Individual + Child(ren)**	**$973.28**	**$863.75**	**$725.39**	**$879.46**	**$1,117.94**	**$1,117.94**	**$974.75**	**$857.68**	**$776.42**	**$973.28**	**$863.75**	**$725.39**
109	**Family**	**$1,631.68**	**$1,448.06**	**$1,216.10**	**$1,474.39**	**$1,874.19**	**$1,874.19**	**$1,634.13**	**$1,437.88**	**$1,301.65**	**$1,631.68**	**$1,448.06**	**$1,216.10**
	Mid-Hudson Area												
110	**Individual**	**$603.94**	**$535.97**	**$450.11**	**$545.72**	**$693.70**	**$693.70**	**$604.84**	**$532.20**	**$481.79**	**$603.94**	**$535.97**	**$450.11**
111	**Individual + Spouse**	**$1,207.88**	**$1,071.94**	**$900.22**	**$1,091.44**	**$1,387.40**	**$1,387.40**	**$1,209.68**	**$1,064.40**	**$963.58**	**$1,207.88**	**$1,071.94**	**$900.22**
112	**Individual + Child(ren)**	**$1,026.70**	**$911.15**	**$765.19**	**$927.72**	**$1,179.29**	**$1,179.29**	**$1,028.23**	**$904.74**	**$819.04**	**$1,026.70**	**$911.15**	**$765.19**
113	**Family**	**$1,721.23**	**$1,527.51**	**$1,282.81**	**$1,555.30**	**$1,977.05**	**$1,977.05**	**$1,723.79**	**$1,516.77**	**$1,373.10**	**$1,721.23**	**$1,527.51**	**$1,282.81**
	Albany Area												
114	**Individual**	**$603.68**	**$535.74**	**$449.92**	**$545.49**	**$693.40**	**$693.40**	**$604.58**	**$531.97**	**$481.58**	**$603.68**	**$535.74**	**$449.92**
115	**Individual + Spouse**	**$1,207.36**	**$1,071.48**	**$899.84**	**$1,090.98**	**$1,386.80**	**$1,386.80**	**$1,209.16**	**$1,063.94**	**$963.16**	**$1,207.36**	**$1,071.48**	**$899.84**
116	**Individual + Child(ren)**	**$1,026.26**	**$910.76**	**$764.86**	**$927.33**	**$1,178.78**	**$1,178.78**	**$1,027.79**	**$904.35**	**$818.69**	**$1,026.26**	**$910.76**	**$764.86**
117	**Family**	**$1,720.49**	**$1,526.86**	**$1,282.27**	**$1,554.65**	**$1,976.19**	**$1,976.19**	**$1,723.05**	**$1,516.11**	**$1,372.50**	**$1,720.49**	**$1,526.86**	**$1,282.27**
	Syracuse Area												
118	**Individual**	**$603.68**	**$535.74**	**$449.92**	**$545.49**	**$693.40**	**$693.40**	**$604.58**	**$531.97**	**$481.58**	**$603.68**	**$535.74**	**$449.92**
119	**Individual + Spouse**	**$1,207.36**	**$1,071.48**	**$899.84**	**$1,090.98**	**$1,386.80**	**$1,386.80**	**$1,209.16**	**$1,063.94**	**$963.16**	**$1,207.36**	**$1,071.48**	**$899.84**
120	**Individual + Child(ren)**	**$1,026.26**	**$910.76**	**$764.86**	**$927.33**	**$1,178.78**	**$1,178.78**	**$1,027.79**	**$904.35**	**$818.69**	**$1,026.26**	**$910.76**	**$764.86**
121	**Family**	**$1,720.49**	**$1,526.86**	**$1,282.27**	**$1,554.65**	**$1,976.19**	**$1,976.19**	**$1,723.05**	**$1,516.11**	**$1,372.50**	**$1,720.49**	**$1,526.86**	**$1,282.27**
	Utica/Watertown Area												
122	**Individual**	**$603.68**	**$535.74**	**$449.92**	**$545.49**	**$693.40**	**$693.40**	**$604.58**	**$531.97**	**$481.58**	**$603.68**	**$535.74**	**$449.92**
123	**Individual + Spouse**	**$1,207.36**	**$1,071.48**	**$899.84**	**$1,090.98**	**$1,386.80**	**$1,386.80**	**$1,209.16**	**$1,063.94**	**$963.16**	**$1,207.36**	**$1,071.48**	**$899.84**
124	**Individual + Child(ren)**	**$1,026.26**	**$910.76**	**$764.86**	**$927.33**	**$1,178.78**	**$1,178.78**	**$1,027.79**	**$904.35**	**$818.69**	**$1,026.26**	**$910.76**	**$764.86**
125	**Family**	**$1,720.49**	**$1,526.86**	**$1,282.27**	**$1,554.65**	**$1,976.19**	**$1,976.19**	**$1,723.05**	**$1,516.11**	**$1,372.50**	**$1,720.49**	**$1,526.86**	**$1,282.27**

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 Distribution

Medical + Rx Claims Small Group Only	Product / Neighborhood / Market Adjusted	Factor
$343.52	$305.15	0.888

Appendix I

Medical Group / Global Risk Adjustment

	Risk Score
Fee-for-Service/Unassigned	1.455
Medical Group	1.007
Global Risk	1.261
Total	1.358
Factor	**0.933**

Appendix J

SMCP Credits

Market	Year	Amount Distributed	Projected 2015 Members	Premium Distribution PMPM	Expected MER	Claims Impact
Small Group	2015	$4,096,776	30,000	$11.38	83%	$9.45
Small Group	Future Filings	$4,096,776				

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 - Small Group

Subscriber distribution	% Distribution	Census Tiers (a)	Avg Contract Size (b)
Individual	75.6%	1.000	1.00
Husband Wife	8.0%	2.000	2.00
Parent Child	4.8%	1.700	2.69
Family	11.6%	2.850	4.07
Total	100.0%	1.328	1.518

Proposed Conversion Factor (b)/(a)	1.143

Appendix M

Quarterly Rate Increases

		2015Q1	2015Q2	2015Q3	2015Q4
2015 Annual Trend:	7.9%	$433.48	$441.82	$450.32	$458.99

PCORI

2015	2016
$0.17	$0.18

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	$0.00	$0.01	$0.01

Reinsurance

2015	2016
$3.67	$2.49

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	($0.30)	($0.59)	($0.89)

Risk Adjustment Fee

2015	2016
$0.08	$0.08

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	$0.00	$0.00	$0.00

Insurer Assessment

2015	2016
0.95%	0.95%

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	$0.00	$0.00	$0.00

Total	$433.48	$441.53	$449.74	$458.11
Quarterly Step-Up		**1.9%**	**1.9%**	**1.9%**

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Name: Health Insurance Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572531
Market Segment: Small Groups Off Exchange

1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
6) The company should submit 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	HNY Gold
2014 Premium Rates	N/A	$481.00	$410.39	$358.32	$410.70
2015 Premium Rates	$668.36	$582.31	$514.58	$448.93	$525.79

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	12.0%

C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]*:

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	20.2%	16.7%	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	91.7%	92.8%	96.2%

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	9.03%	12.0%	7.9%
Expense Ratios	11.60%	14.6%	15.9%
Pre Tax Profit Ratios	3.78%	1.0%	1.0%

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

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-129572531
Market Segment: Small Groups Off Exchange

1) Complete a separate ROW for Metal Level/Product
- Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
- Enter in column 1 the Metal Tier level. Use the drop down menu.
- Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
- Enter in column 3 the Estimated Membership as of a recent date mm/dd/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	
Gold	Off Non Std	11,999	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.46%	0.00%	1.82%	6.50%	15.82%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.82%	XX
Silver	Off Non Std	6,611	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.60%	0.00%	1.90%	6.50%	16.05%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.05%	XX
Bronze	Off Non Std	526	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.91%	0.00%	2.09%	6.50%	16.53%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.53%	XX
Platinum	Off Std	-	XX	01/01/15	12/31/15	7.92%	0.87%	2.17%	4.24%	0.00%	1.69%	6.50%	15.46%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.46%	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
Gold	Off Non Std	11,999	XX	01/01/14	12/31/14	12.04%	0.95%	0.70%	4.47%	0.00%	1.83%	6.50%	14.45%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.45%
Silver	Off Non Std	6,611	XX	01/01/14	12/31/14	12.04%	0.95%	0.70%	4.65%	0.00%	1.99%	6.50%	14.79%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.79%
Bronze	Off Non Std	526	XX	01/01/14	12/31/14	12.04%	0.95%	0.70%	4.89%	0.00%	2.19%	6.50%	15.23%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%
Platinum	Off Std	-	XX	01/01/14	12/31/14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
			XX										0.00%							0.00%
			XX										0.00%							0.00%
			XX										0.00%							0.00%
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			XX										0.00%							0.00%

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment: Small Groups Off Exchange

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

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
88582NY0430001	EmblemHealth Select Care Gold Standard	Gold	OFF	No	26	Yes	EXCLUDED	No	No	YES
88582NY0440001	EmblemHealth Select Care Gold Age 29	Gold	OFF	No	30	Yes	EXCLUDED	No	No	YES
88582NY0820001	EmblemHealth Select Care Gold Family Planning	Gold	OFF	No	26	Yes	INCLUDED	No	No	YES
88582NY0830001	EmblemHealth Select Care Gold Age 29 Family Planning	Gold	OFF	No	30	Yes	INCLUDED	No	No	YES
88582NY0450001	EmblemHealth Select Care HNY Gold Standard	HNY Gold	OFF	YES	26	Yes	EXCLUDED	No	No	YES
88582NY0460001	EmblemHealth Select Care HNY Gold Age 29	HNY Gold	OFF	YES	30	Yes	EXCLUDED	No	No	YES
88582NY0860001	EmblemHealth Select Care HNY Gold Family Planning	HNY Gold	OFF	YES	26	Yes	INCLUDED	No	No	YES
88582NY0870001	EmblemHealth Select Care HNY Gold Age 29 Family Plannin	HNY Gold	OFF	YES	30	Yes	INCLUDED	No	No	YES
88582NY0390001	EmblemHealth Select Care Silver Standard	Silver	OFF	No	26	Yes	EXCLUDED	No	No	YES
88582NY0400001	EmblemHealth Select Care Silver Age 29	Silver	OFF	No	30	Yes	EXCLUDED	No	No	YES
88582NY0760001	EmblemHealth Select Care Silver Family Planning	Silver	OFF	No	26	Yes	INCLUDED	No	No	YES
88582NY0770001	EmblemHealth Select Care Silver Age 29 Family Planning	Silver	OFF	No	30	Yes	INCLUDED	No	No	YES
88582NY0490001	EmblemHealth Select Care Bronze Standard	Bronze	OFF	No	26	Yes	EXCLUDED	No	No	YES
88582NY0500001	EmblemHealth Select Care Bronze Age 29	Bronze	OFF	No	30	Yes	EXCLUDED	No	No	YES
88582NY0920001	EmblemHealth Select Care Bronze Family Planning	Bronze	OFF	No	26	Yes	INCLUDED	No	No	YES
88582NY0930001	EmblemHealth Select Care Bronze Age 29 Family Planning	Bronze	OFF	No	30	Yes	INCLUDED	No	No	YES
88582NY1820001	EmblemHealth Select Care Platinum Standard	Platinum	OFF	YES	26	Yes	EXCLUDED	No	No	YES
88582NY1830001	EmblemHealth Select Care Platinum Age 29	Platinum	OFF	YES	30	Yes	EXCLUDED	No	No	YES
88582NY1840001	EmblemHealth Select Care Platinum Family Planning	Platinum	OFF	YES	26	Yes	INCLUDED	No	No	YES
88582NY1870001	EmblemHealth Select Care Platinum Age 29 Family Planning	Platinum	OFF	YES	30	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-129572531
Market Segment: Small Groups Off 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 14 - PART B: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES

-- for Small Group Medical Plans

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572531
Market Segment: Small Groups Off Exchange

1) Use this Exhibit for Small Group Medical Plans.

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

3) Market segment refers to the Small Group Plans.

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

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

6) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Groups are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.

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

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

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

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

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

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

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	1/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	1/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	31.3%	31.3%	31.3%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	38.9%	38.9%	38.9%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	36.5%	36.5%	36.5%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	31.3%	31.3%	31.3%
Small Group	1/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	9.5%	9.5%	9.5%
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	15.9%	15.9%	15.9%
Small Group	1/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	9.5%	9.5%	9.5%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	1/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	1/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	1/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	9.5%	9.5%	9.5%
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	15.9%	15.9%	15.9%
Small Group	1/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	9.5%	9.5%	9.5%
Small Group	4/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	4/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	4/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	29.7%	29.7%	29.7%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	37.3%	37.3%	37.3%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	34.9%	34.9%	34.9%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	29.8%	29.8%	29.8%
Small Group	4/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	8.2%	8.2%	8.2%
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	14.5%	14.5%	14.5%
Small Group	4/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	8.3%	8.3%	8.3%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	4/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	4/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	4/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	8.2%	8.2%	8.2%
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	14.5%	14.5%	14.5%
Small Group	4/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	8.3%	8.3%	8.3%
Small Group	7/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	7/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	7/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	28.2%	28.2%	28.2%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	35.7%	35.7%	35.7%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	33.4%	33.4%	33.4%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	28.3%	28.3%	28.3%
Small Group	7/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	7.0%	7.0%	7.0%
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	13.2%	13.2%	13.2%
Small Group	7/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	7.0%	7.0%	7.0%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	7/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	7/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	7/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	7.0%	7.0%	7.0%
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	13.2%	13.2%	13.2%
Small Group	7/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	7.0%	7.0%	7.0%
Small Group	10/1/2015	Platinum	1 - Albany Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	10/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	10/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	26.7%	26.7%	26.7%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	34.1%	34.1%	34.1%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	31.8%	31.8%	31.8%
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	26.8%	26.8%	26.8%
Small Group	10/1/2015	Platinum	4 - New York City Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	5.7%	5.7%	5.7%
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	11.9%	11.9%	11.9%
Small Group	10/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	5.8%	5.8%	5.8%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	10/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	10/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	New	New	New
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	New	New	New
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	New	New	New
Small Group	10/1/2015	Platinum	8 - Long Island Area	Select Care Platinum HMO 15/35, ST, Dep25	HMO 15/35	New	New	New
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40 / 60	5.7%	5.7%	5.7%
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care HNY Gold, Gold, ST, INN, Dep25	Healthy NY HMO	11.9%	11.9%	11.9%
Small Group	10/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35 / 55	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300	5.8%	5.8%	5.8%
Small Group	1/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	1/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	1/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	31.3%	31.3%	31.3%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	36.5%	36.5%	36.5%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	31.3%	31.3%	31.3%
Small Group	1/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	9.5%	9.5%	9.5%
Small Group	1/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	9.5%	9.5%	9.5%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	1/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	1/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	1/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	1/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	9.5%	9.5%	9.5%
Small Group	1/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	1/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	13.9%	13.9%	13.9%
Small Group	1/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	1/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	9.5%	9.5%	9.5%
Small Group	4/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	4/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	4/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	29.7%	29.7%	29.7%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	34.9%	34.9%	34.9%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	29.8%	29.8%	29.8%
Small Group	4/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	8.2%	8.2%	8.2%
Small Group	4/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	8.3%	8.3%	8.3%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	4/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	4/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	4/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	4/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	8.2%	8.2%	8.2%
Small Group	4/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	4/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	12.6%	12.6%	12.6%
Small Group	4/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	4/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	8.3%	8.3%	8.3%
Small Group	7/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	7/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	7/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	28.2%	28.2%	28.2%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	33.4%	33.4%	33.4%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	28.3%	28.3%	28.3%
Small Group	7/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	7.0%	7.0%	7.0%
Small Group	7/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	7.0%	7.0%	7.0%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	7/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	7/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	7/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	7/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	7.0%	7.0%	7.0%
Small Group	7/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	7/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	11.3%	11.3%	11.3%
Small Group	7/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	7/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	7.0%	7.0%	7.0%
Small Group	10/1/2015	Platinum	1 - Albany Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	1 - Albany Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	10/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	1 - Albany Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	10/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	1 - Albany Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	26.7%	26.7%	26.7%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	31.8%	31.8%	31.8%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	26.8%	26.8%	26.8%
Small Group	10/1/2015	Platinum	4 - New York City Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	4 - New York City Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	5.7%	5.7%	5.7%
Small Group	10/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	4 - New York City Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	4 - New York City Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	5.8%	5.8%	5.8%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	6 - Syracuse Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	10/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	6 - Syracuse Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	10/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	6 - Syracuse Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	New	New	New
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	New	New	New
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	New	New	New
Small Group	10/1/2015	Platinum	8 - Long Island Area	Select Care Platinum, Platinum, ST, INN, Dep25	Platinum S	New	New	New
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, ST, INN, Dep25	Gold S	New	New	New
Small Group	10/1/2015	Gold	8 - Long Island Area	Select Care Gold, Gold, NS, INN, Dep25	HMO 40/60 S	5.7%	5.7%	5.7%
Small Group	10/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, ST, INN, Dep25	Silver S	New	New	New
Small Group	10/1/2015	Silver	8 - Long Island Area	Select Care Silver, Silver, NS, INN, Dep25	HMO 35/55 S	10.0%	10.0%	10.0%
Small Group	10/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, ST, INN, Dep25	Bronze S	New	New	New
Small Group	10/1/2015	Bronze	8 - Long Island Area	Select Care Bronze, Bronze, NS, INN, Dep25	HMO HD6300 S	5.8%	5.8%	5.8%

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572531
Market Segment: Small Groups Off Exchange

Instructions:

1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
2) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Group are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
3) The distribution is by number of members or number of contracts . The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
4) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Rating Period/Metal Level and for the market segment in total.
5) Market segment refers to Small Group market segment.
6) Rating region refers to the standard rating regions applicable to this filing. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
8) Provide distribution information by quarter of renewal.
9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
11) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of 5/31/2014	Total # of Members as of 5/31/2014	Total # of Contracts as of 5/31/2014	Number of Members with Requested Percentage Rate Change at Renewal: Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Small Group	1/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	35.8%	235,954	56	33	0	0	0	0	0	0	0	0	56	0	0
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	36.5%	61,733	14	10	0	0	0	0	0	0	0	0	14	0	0
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	31.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	4 - New York City Area	11.4%	38,011,701	8,362	5,605	0	0	0	5,882	0	2,480	0	0	0	0	0
Small Group	1/1/2015	Silver	4 - New York City Area	13.9%	16,093,518	3,766	2,840	0	0	0	0	3,766	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	4 - New York City Area	9.5%	1,151,681	325	208	0	0	0	325	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	8 - Long Island Area	10.1%	14,776,725	2,901	1,658	0	0	0	2,619	0	282	0	0	0	0	0
Small Group	1/1/2015	Silver	8 - Long Island Area	13.9%	11,394,155	2,437	1,611	0	0	0	0	2,437	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	8 - Long Island Area	9.5%	654,995	167	112	0	0	0	167	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	29.7%	27,607	6	3	0	0	0	0	0	0	0	6	0	0	0
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	34.9%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	29.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	4 - New York City Area	8.9%	2,889,938	589	403	0	0	0	525	64	0	0	0	0	0	0
Small Group	4/1/2015	Silver	4 - New York City Area	12.6%	1,470,550	330	244	0	0	0	0	330	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	4 - New York City Area	8.3%	94,776	25	21	0	0	0	25	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of 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
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	8 - Long Island Area	8.4%	490,620	85	57	0	0	0	83	2	0	0	0	0	0	0
Small Group	4/1/2015	Silver	8 - Long Island Area	12.6%	308,270	64	46	0	0	0	0	64	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	8 - Long Island Area	8.3%	34,302	9	6	0	0	0	9	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	32.2%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	33.4%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	28.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	4 - New York City Area	8.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	4 - New York City Area	11.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	4 - New York City Area	7.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	8 - Long Island Area	7.6%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	8 - Long Island Area	11.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	8 - Long Island Area	7.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	1 - Albany Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	30.7%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	31.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	26.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	4 - New York City Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	4 - New York City Area	7.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	4 - New York City Area	10.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	4 - New York City Area	5.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	6 - Syracuse Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	8 - Long Island Area	New	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	8 - Long Island Area	6.3%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	8 - Long Island Area	10.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	8 - Long Island Area	5.8%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Market Segment Total:			**12.0%**	**87,696,526**	**19,136**	**12,857**	**0**	**0**	**0**	**9,635**	**6,663**	**2,762**	**0**	**6**	**70**	**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-129572531

Market Segment: Small Group

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-129572531
Market Segment: Small Group Off 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]	Is a rolling rate structure used for this base medical policy form? (Yes or No)	Is base medical policy form open (new sales allowed) or closed (no new sales)	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (mm/dd/y)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools	Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the	Administrative expenses for experience period (including commissions and premium taxes, but	
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	CompreHealth	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
MO (1/07), 155-23-HNYDIRCONT(1	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 ($)	15.5 Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools	Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the	Administrative expenses for experience period (including commissions and premium taxes, but		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 ($)	16.5 Standardized earned premiums for experience period ($)	Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or	Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools	Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the	Administrative expenses for experience period (including commissions and premium taxes, but
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-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
6	Plan Type*	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	HMO 40 / 60	HMO 35 / 55	HMO HD6300	Healthy NY HMO	HMO 15/35
8	HIOS Plan ID*	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001
9	Exchange Plan?*	No	No	No	No	No

* 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	0.851				
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**462.91**	**462.91**	**462.91**	**462.91**	**462.91**

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	1.004

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
14	Market wide adjustment for changes in provider network **	0.898				
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 ****	0.804				
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**				
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000				
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1.254				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000				
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)	1.172				
25	Expected/Current Induced Demand	0.951				
26	Expected Pricing AV	0.760				
27	Other 3 (specify)	1.000				

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.771**	**0.771**	**0.771**	**0.771**	**0.771**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments					
29	Pricing actuarial value (without induced demand factor) #	0.815	0.732	0.595	0.816	0.909
30	Pricing actuarial value (only the induced demand factor) #	1.018	0.971	0.943	1.018	1.084
31	HCRA CLA	1.029	1.033	1.040	1.032	1.025
32	SMCP Credits	0.975	0.972	0.967	0.973	0.979
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)	1.189	1.193	1.200	1.193	1.185
37	Profit/Contribution to surplus margins	1.010	1.010	1.010	1.010	1.010
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000
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

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

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment : Small Groups Off Exchange

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

Line #	General					
1	Product*	Select Care Gold, Gold, NS, INN, Dep25	Select Care Silver, Silver, NS, INN, Dep25	Select Care Bronze, Bronze, NS, INN, Dep25	Select Care HNY Gold, Gold, ST, INN, Dep25	Select Care Platinum HMO 15/35, ST, Dep25
2	Product ID*	88582NY043	88582NY039	88582NY049	88582NY045	88582NY182
3	Metal Level (or catastrophic)*	Gold	Silver	Bronze	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.817	0.719	0.582	0.790	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.815	0.732	0.595	0.816	0.909
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	0.876	1.000
41	Other 1 (specify)	1.315	1.315	1.315	1.315	1.315
42	Other 2 (specify)	0.983	1.014	1.072	1.009	0.954
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.293**	**1.148**	**0.964**	**1.169**	**1.486**

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)**	**461.43**	**409.50**	**343.90**	**416.95**	**530.01**

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: Health Plan of Greater New York (HIP)
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment: Small Groups Off 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-129572531
Market Segment: Small Groups Off Exchange

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

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

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Health Plan of Greater New York
NAIC Code: 55247
SERFF Number: HPHP-129572531
Market Segment: Small Groups Off Exchange

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

SUMMARY OF REQUESTED 2015 PREMIUM RATES

1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1 Albany	Region 2 Buffalo	Region 3 Mid-Hudson	Region 4 New York	Region 5 Rochester	Region 6 Syracuse	Region 7 Utica	Region 8 Long Island
88582NY1870001	Platinum	SG	Off	Standard	No	$ 714.20		$ 714.51	$ 596.01		$ 714.20	$ 714.20	$ 677.34
88582NY0770001	Silver	SG	Off	Non-Standard	No	$ 551.81		$ 552.05	$ 460.49		$ 551.81	$ 551.81	$ 523.33
88582NY0930001	Bronze	SG	Off	Non-Standard	No	$ 463.42		$ 463.61	$ 386.72		$ 463.42	$ 463.42	$ 439.50
88582NY0830001	Gold	SG	Off	Non-Standard	No	$ 621.79		$ 622.06	$ 518.89		$ 621.79	$ 621.79	$ 589.70
88582NY0870001	HNY Gold	SG	Off	Standard	No	$ 561.85		$ 562.09	$ 468.87		$ 561.85	$ 561.85	$ 532.85

Unified Rate Review v2.0.2

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

Market Level Calculations (Same for all Plans)

Section I: Experience period data

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

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$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	61.13	$22,020.35	$112.18	0.804	0.861	1.064	1.030	52.17	$21,463.61	$93.32	0.00	$0.00	$0.00
Outpatient Hospital	Services	635.49	1,398.52	74.06	0.804	0.862	1.073	1.040	553.05	1,388.04	63.97	0.00	0.00	0.00
Professional	Services	14,242.21	127.50	151.32	0.804	0.859	1.018	1.040	12,394.49	113.57	117.30	0.00	0.00	0.00
Other Medical	Other	12,000.00	19.01	19.01	0.804	0.862	1.104	1.000	9,649.74	19.97	16.06	0.00	0.00	0.00
Capitation	Other	12,000.00	35.67	35.67	0.804	0.857	1.033	1.000	9,649.74	32.59	26.20	0.00	0.00	0.00
Prescription Drug	Prescriptions	9,025.37	96.03	72.22	0.804	0.860	1.051	1.020	7,552.39	91.10	57.34	0.00	0.00	0.00
Total				$464.46							$374.18			$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%	$374.18	$134,706,231
Paid to Allowed Average Factor in Projection Period			0.760	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$284.50	$102,418,758
Projected Risk Adjustments PMPM			-72.26	(26,012,715)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$356.75	$128,431,473
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$356.75	$128,431,473
Administrative Expense Load		13.19%	56.63	20,387,300
Profit & Risk Load		1.00%	4.29	1,545,788
Taxes & Fees		2.73%	11.71	4,214,203
Single Risk Pool Gross Premium Avg. Rate, PMPM			$429.39	$154,578,764
Index Rate for Projection Period			$374.18	
% increase over Experience Period			10.88%	
% Increase, annualized:			5.30%	
Projected Member Months				360,000

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: **Small Group**
Effective Date of Rate Change(s): **1/1/2015**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product Product ID:		Terminated Products 88582NY999	Select Care Gold, Gold, NS, INN, Dep25 88582NY043	Select Care Silver, Silver, NS, INN, Dep25 88582NY039	Select Care Bronze, Bronze, NS, INN, Dep25 88582NY049	Select Care HNY Gold, Gold, ST, INN, Dep25 88582NY045	Select Care Platinum HMO 15/35, ST, Dep25 88582NY182	Select Care Platinum, Platinum, ST, INN, Dep25 88582NY117	Select Care Gold, Gold, ST, INN, Dep25 88582NY125	Select Care Silver, Silver, ST, INN, Dep25 88582NY133	Select Care Bronze, Bronze, ST, INN, Dep25 88582NY141	Select Care Gold, Gold, NS, INN, Dep25 88582NY157	Select Care Silver, Silver, NS, INN, Dep25 88582NY165	Select Care Bronze, Bronze, NS, INN, Dep25 88582NY173
Metal:		Catastrophic	Gold	Silver	Bronze	Gold	Platinum	Platinum	Gold	Silver	Bronze	Gold	Silver	Bronze
AV Metal Value		0.851	0.817	0.719	0.582	0.790	0.881	0.881	0.790	0.707	0.620	0.817	0.719	0.582
AV Pricing Value		0.851	0.815	0.732	0.595	0.816	0.909	0.909	0.816	0.725	0.654	0.815	0.732	0.595
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Products	HMO 40 / 60	HMO 35 / 55	HMO HD6300	Healthy NY HMO	HMO 15/35	Platinum S	Gold S	Silver S	Bronze S	HMO 40/60 S	HMO 35/55 S	HMO HD6300 S
Plan ID (Standard Component ID):		88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
Exchange Plan?		No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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%	-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%	-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%	-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	1/1/2015	1/1/2015
Rate Change % (over prior filing)		0.00%	9.50%	13.90%	9.55%	15.88%	0.00%	0.00%	0.00%	0.00%	0.00%	9.50%	13.90%	9.55%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	9.50%	13.90%	9.55%	15.88%	0.00%	0.00%	0.00%	0.00%	0.00%	9.50%	13.90%	9.55%
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!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!	9.50%	13.89%	9.54%	15.87%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
Inpatient	$0.00	$0.00	$4.11	$6.92	$3.15	$8.45	$0.00	$0.00	$0.00	$0.00	$0.00	$4.11	$6.92	$3.15
Outpatient	$0.00	$0.00	$2.82	$4.74	$2.16	$5.79	$0.00	$0.00	$0.00	$0.00	$0.00	$2.82	$4.74	$2.16
Professional	$0.00	$0.00	$5.17	$8.70	$3.95	$10.62	$0.00	$0.00	$0.00	$0.00	$0.00	$5.17	$8.70	$3.95
Prescription Drug	$0.00	$0.00	$2.53	$4.25	$1.93	$5.19	$0.00	$0.00	$0.00	$0.00	$0.00	$2.53	$4.25	$1.93
Other	$0.00	$0.00	$0.65	$1.09	$0.50	$1.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.65	$1.09	$0.50
Capitation	$0.00	$0.00	$1.15	$1.94	$0.88	$2.37	$0.00	$0.00	$0.00	$0.00	$0.00	$1.15	$1.94	$0.88
Administration	$0.00	$0.00	$9.98	$10.42	$7.56	$11.26	$0.00	$0.00	$0.00	$0.00	$0.00	$9.98	$10.42	$7.56
Taxes & Fees	$0.00	$0.00	$0.07	$0.11	-$0.35	$0.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.07	$0.11	-$0.35
Risk & Profit Charge	$0.00	$0.00	$0.63	$0.76	$0.57	$0.82	$0.00	$0.00	$0.00	$0.00	$0.00	$0.63	$0.76	$0.57
Total Rate Increase	$0.00	$0.00	$27.11	$38.94	$20.35	$46.10	$0.00	$0.00	$0.00	$0.00	$0.00	$27.11	$38.94	$20.35
Member Cost Share Increase	$0.00	$0.00	$17.11	$1.90	$14.03	$12.94	$0.00	$0.00	$0.00	$0.00	$0.00	$17.11	$1.90	$14.03

Average Current Rate PMPM	$399.64	$0.00	$434.32	$370.56	$323.55	$370.85	$0.00	$0.00	$0.00	$0.00	$0.00	$434.32	$370.56	$323.55
Projected Member Months	360,000	0	171,543	124,281	10,331	53,845	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
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	$0.00	$0.00
Member Months	376,254	376,254	0	0	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	$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%	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%	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%	100.00%	100.00%
Total Allowed Claims (TAC)	$154,009,301	$154,009,301	$0	$0	$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%	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%	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%	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	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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!	#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	$0	$0
Net Amt of Rein	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Net Amt of Risk Adj	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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!	#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!	#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!	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
Plan Adjusted Index Rate	$433.48	$0.00	$461.43	$409.50	$343.90	$416.95	$530.01	$530.01	$462.12	$406.62	$368.10	$461.43	$409.50	$343.90
Member Months	360,000	-	171,543	124,281	10,331	53,845	-	-	-	-	-	-	-	-
Total Premium (TP)	$156,052,368	$0	$79,155,835	$50,892,893	$3,552,833	$22,450,807	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	99.98%	100.00%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.02%	0.00%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%
Total Allowed Claims (TAC)	$160,718,948	$0	$77,767,706	$54,149,173	$4,391,851	$24,410,218	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TAC, [see instructions]	99.98%	100.00%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.02%	0.00%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%
Allowed Claims which are not the issuer's obligation	$31,045,224	$0	$11,876,300	$11,931,063	$1,461,934	$5,775,927	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$129,673,724	$0	$65,891,405	$42,218,110	$2,929,917	$18,634,291	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$26,012,715	$0	-$12,395,276	-$8,980,240	-$746,493	-$3,890,707	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	$360.20	#DIV/0!	$384.11	$339.70	$283.60	$346.07	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$446.44	#DIV/0!	$453.34	$435.70	$425.11	$453.34	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$446.36	#DIV/0!	$453.26	$435.62	$425.04	$453.26	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Health Insurance Plan of Greater New York
New York City
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$578.65	$589.64	$600.84	$612.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,157.30	$1,179.29	$1,201.70	$1,224.53
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$983.71	$1,002.40	$1,021.45	$1,040.86
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,649.15	$1,680.48	$1,712.41	$1,744.95
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$596.01	$607.33	$618.87	$630.63
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,192.02	$1,214.67	$1,237.75	$1,261.27
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,013.22	$1,032.47	$1,052.09	$1,072.08
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,698.63	$1,730.90	$1,763.79	$1,797.30
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$460.08	$474.34	$489.04	$504.20	$503.78	$513.35	$523.10	$533.04
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$920.16	$948.68	$978.09	$1,008.41	$1,007.56	$1,026.70	$1,046.21	$1,066.09
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$782.14	$806.39	$831.39	$857.16	$856.43	$872.70	$889.28	$906.18
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$1,311.23	$1,351.88	$1,393.79	$1,437.00	$1,435.77	$1,463.05	$1,490.85	$1,519.18
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$473.88	$488.57	$503.71	$519.33	$518.89	$528.75	$538.79	$549.03
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$947.76	$977.14	$1,007.43	$1,038.66	$1,037.78	$1,057.50	$1,077.59	$1,098.06
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$805.60	$830.57	$856.32	$882.87	$882.11	$898.87	$915.95	$933.35
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$1,350.56	$1,392.43	$1,435.60	$1,480.10	$1,478.84	$1,506.94	$1,535.57	$1,564.75
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$392.83	$405.01	$417.57	$430.51	$455.21	$463.86	$472.67	$481.65
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$785.66	$810.02	$835.13	$861.02	$910.42	$927.72	$945.35	$963.31
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$667.81	$688.51	$709.85	$731.86	$773.86	$788.56	$803.54	$818.81
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$1,119.57	$1,154.28	$1,190.06	$1,226.95	$1,297.35	$1,322.00	$1,347.12	$1,372.72
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$404.61	$417.16	$430.10	$443.43	$468.87	$477.78	$486.85	$496.10
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$809.22	$834.31	$860.17	$886.84	$937.74	$955.56	$973.72	$992.22
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$687.84	$709.16	$731.14	$753.81	$797.08	$812.22	$827.65	$843.38
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$1,153.14	$1,188.89	$1,225.75	$1,263.75	$1,336.28	$1,361.67	$1,387.54	$1,413.90
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$392.54	$404.71	$417.26	$430.20	$447.08	$455.57	$464.23	$473.05
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$785.08	$809.42	$834.51	$860.38	$894.16	$911.15	$928.46	$946.10
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$667.32	$688.01	$709.34	$731.33	$760.04	$774.48	$789.20	$804.19
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$1,118.74	$1,153.42	$1,189.18	$1,226.04	$1,274.18	$1,298.39	$1,323.06	$1,348.20
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$404.32	$416.85	$429.78	$443.11	$460.49	$469.24	$478.16	$487.24
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$808.64	$833.71	$859.56	$886.21	$920.98	$938.48	$956.31	$974.48
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$687.34	$708.65	$730.62	$753.27	$782.83	$797.70	$812.86	$828.30
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$1,152.31	$1,188.03	$1,224.86	$1,262.83	$1,312.40	$1,337.34	$1,362.75	$1,388.64
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$342.74	$353.36	$364.31	$375.60	$375.46	$382.59	$389.86	$397.27
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$685.48	$706.73	$728.64	$751.23	$750.92	$765.19	$779.73	$794.54
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$582.66	$600.72	$619.34	$638.54	$638.28	$650.41	$662.77	$675.36
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$976.81	$1,007.09	$1,038.31	$1,070.50	$1,070.06	$1,090.39	$1,111.11	$1,132.22
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$353.02	$363.96	$375.24	$386.87	$386.72	$394.07	$401.56	$409.19
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$706.04	$727.93	$750.50	$773.77	$773.44	$788.14	$803.11	$818.37
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$600.13	$618.73	$637.91	$657.69	$657.42	$669.91	$682.64	$695.61
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$1,006.11	$1,037.30	$1,069.46	$1,102.61	$1,102.15	$1,123.09	$1,144.43	$1,166.17

Health Insurance Plan of Greater New York
Long Island
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$657.61	$670.10	$682.83	$695.80
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,315.22	$1,340.21	$1,365.67	$1,391.62
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,117.94	$1,139.18	$1,160.82	$1,182.88
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,874.19	$1,909.80	$1,946.09	$1,983.07
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$677.34	$690.20	$703.31	$716.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,354.68	$1,380.42	$1,406.65	$1,433.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,151.48	$1,173.36	$1,195.65	$1,218.37
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,930.42	$1,967.10	$2,004.47	$2,042.55
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$522.86	$539.07	$555.78	$573.01	$572.52	$583.40	$594.48	$605.78
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$1,045.72	$1,078.14	$1,111.56	$1,146.02	$1,145.04	$1,166.80	$1,188.97	$1,211.56
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$888.86	$916.41	$944.82	$974.11	$973.28	$991.77	$1,010.61	$1,029.81
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$1,490.15	$1,536.34	$1,583.97	$1,633.07	$1,631.68	$1,662.68	$1,694.27	$1,726.46
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$538.55	$555.24	$572.45	$590.20	$589.70	$600.90	$612.31	$623.95
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$1,077.10	$1,110.49	$1,144.92	$1,180.41	$1,179.40	$1,201.81	$1,224.64	$1,247.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$915.54	$943.92	$973.18	$1,003.35	$1,002.49	$1,021.54	$1,040.95	$1,060.73
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$1,534.87	$1,582.45	$1,631.51	$1,682.09	$1,680.65	$1,712.58	$1,745.12	$1,778.28
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$446.44	$460.28	$474.55	$489.26	$517.33	$527.16	$537.18	$547.39
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$892.88	$920.56	$949.10	$978.52	$1,034.66	$1,054.32	$1,074.35	$1,094.76
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$758.95	$782.48	$806.74	$831.75	$879.46	$896.17	$913.20	$930.55
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$1,272.35	$1,311.79	$1,352.46	$1,394.39	$1,474.39	$1,502.40	$1,530.95	$1,560.04
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$459.83	$474.09	$488.79	$503.94	$532.85	$542.97	$553.30	$563.81
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$919.66	$948.17	$977.56	$1,007.86	$1,065.70	$1,085.95	$1,106.58	$1,127.61
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$781.71	$805.94	$830.92	$856.68	$905.85	$923.06	$940.60	$958.47
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$1,310.52	$1,351.15	$1,393.04	$1,436.22	$1,518.62	$1,547.47	$1,576.87	$1,606.83
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$446.10	$459.93	$474.19	$488.89	$508.09	$517.74	$527.58	$537.60
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$892.20	$919.86	$948.38	$977.78	$1,016.18	$1,035.49	$1,055.16	$1,075.21
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$758.37	$781.88	$806.12	$831.11	$863.75	$880.16	$896.88	$913.92
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$1,271.39	$1,310.80	$1,351.43	$1,393.32	$1,448.06	$1,475.57	$1,503.61	$1,532.18
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$459.48	$473.73	$488.42	$503.56	$523.33	$533.27	$543.41	$553.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$918.96	$947.45	$976.82	$1,007.10	$1,046.66	$1,066.55	$1,086.81	$1,107.46
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$781.12	$805.33	$830.30	$856.04	$889.66	$906.56	$923.78	$941.33
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$1,309.52	$1,350.12	$1,391.97	$1,435.12	$1,491.49	$1,519.83	$1,548.71	$1,578.14
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$389.51	$401.58	$414.03	$426.86	$426.70	$434.81	$443.07	$451.49
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$779.02	$803.17	$828.07	$853.74	$853.40	$869.61	$886.13	$902.97
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$662.17	$682.70	$703.86	$725.68	$725.39	$739.17	$753.21	$767.52
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$1,110.10	$1,144.51	$1,179.99	$1,216.57	$1,216.10	$1,239.21	$1,262.75	$1,286.74
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$401.20	$413.63	$426.45	$439.67	$439.50	$447.85	$456.36	$465.03
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$802.40	$827.27	$852.92	$879.36	$879.00	$895.70	$912.72	$930.06
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$682.04	$703.18	$724.98	$747.45	$747.15	$761.35	$775.82	$790.56
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$1,143.42	$1,178.87	$1,215.41	$1,253.09	$1,252.58	$1,276.38	$1,300.63	$1,325.34

Health Insurance Plan of Greater New York
Mid-Hudson
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.70	$706.88	$720.31	$734.00
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,387.40	$1,413.76	$1,440.62	$1,467.99
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,179.29	$1,201.70	$1,224.53	$1,247.80
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,977.05	$2,014.61	$2,052.89	$2,091.89
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.51	$728.09	$741.92	$756.02
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,429.02	$1,456.17	$1,483.84	$1,512.03
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.67	$1,237.75	$1,261.27	$1,285.23
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,036.35	$2,075.04	$2,114.47	$2,154.64
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$460.08	$474.34	$489.04	$504.20	$603.94	$615.41	$627.10	$639.01
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$920.16	$948.68	$978.09	$1,008.41	$1,207.88	$1,230.83	$1,254.22	$1,278.05
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$782.14	$806.39	$831.39	$857.16	$1,026.70	$1,046.21	$1,066.09	$1,086.35
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$1,311.23	$1,351.88	$1,393.79	$1,437.00	$1,721.23	$1,753.93	$1,787.25	$1,821.21
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$473.88	$488.57	$503.71	$519.33	$622.06	$633.87	$645.91	$658.18
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$947.76	$977.14	$1,007.43	$1,038.66	$1,244.12	$1,267.76	$1,291.85	$1,316.40
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$805.60	$830.57	$856.32	$882.87	$1,057.50	$1,077.59	$1,098.06	$1,118.92
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$1,350.56	$1,392.43	$1,435.60	$1,480.10	$1,772.87	$1,806.55	$1,840.87	$1,875.85
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$392.83	$405.01	$417.57	$430.51	$545.72	$556.09	$566.66	$577.43
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$785.66	$810.02	$835.13	$861.02	$1,091.44	$1,112.18	$1,133.31	$1,154.84
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$667.81	$688.51	$709.85	$731.86	$927.72	$945.35	$963.31	$981.61
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$1,119.57	$1,154.28	$1,190.06	$1,226.95	$1,555.30	$1,584.85	$1,614.96	$1,645.64
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$404.61	$417.16	$430.10	$443.43	$562.09	$572.77	$583.66	$594.75
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$809.22	$834.31	$860.17	$886.84	$1,124.18	$1,145.54	$1,167.31	$1,189.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$687.84	$709.16	$731.14	$753.81	$955.55	$973.71	$992.21	$1,011.06
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$1,153.14	$1,188.89	$1,225.75	$1,263.75	$1,601.96	$1,632.40	$1,663.42	$1,695.02
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$392.54	$404.71	$417.26	$430.20	$535.97	$546.15	$556.53	$567.10
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$785.08	$809.42	$834.51	$860.38	$1,071.94	$1,092.31	$1,113.06	$1,134.21
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$667.32	$688.01	$709.34	$731.33	$911.15	$928.46	$946.10	$964.08
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$1,118.74	$1,153.42	$1,189.18	$1,226.04	$1,527.51	$1,556.53	$1,586.10	$1,616.24
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$404.32	$416.85	$429.78	$443.11	$552.05	$562.53	$573.23	$584.11
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$808.64	$833.71	$859.56	$886.21	$1,104.10	$1,125.08	$1,146.46	$1,168.24
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$687.34	$708.65	$730.62	$753.27	$938.49	$956.32	$974.49	$993.01
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$1,152.31	$1,188.03	$1,224.86	$1,262.83	$1,573.34	$1,603.23	$1,633.69	$1,664.73
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$342.74	$353.36	$364.31	$375.60	$450.11	$458.66	$467.37	$476.25
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$685.48	$706.73	$728.64	$751.23	$900.22	$917.32	$934.75	$952.51
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$582.66	$600.72	$619.34	$638.54	$765.19	$779.73	$794.54	$809.64
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$976.81	$1,007.09	$1,038.31	$1,070.50	$1,282.81	$1,307.18	$1,332.02	$1,357.33
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$353.02	$363.96	$375.24	$386.87	$463.61	$472.42	$481.39	$490.54
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$706.04	$727.93	$750.50	$773.77	$927.22	$944.84	$962.79	$981.08
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$600.13	$618.73	$637.91	$657.69	$788.14	$803.11	$818.37	$833.92
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$1,006.11	$1,037.30	$1,069.46	$1,102.61	$1,321.29	$1,346.39	$1,371.97	$1,398.04

Health Insurance Plan of Greater New York
Albany
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.40	$706.57	$719.99	$733.67
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,386.80	$1,413.15	$1,440.00	$1,467.36
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,178.78	$1,201.18	$1,224.00	$1,247.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,976.19	$2,013.74	$2,052.00	$2,090.99
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.20	$727.77	$741.59	$755.68
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,428.40	$1,455.54	$1,483.20	$1,511.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.14	$1,237.21	$1,260.72	$1,284.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,035.47	$2,074.14	$2,113.55	$2,153.71
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$603.68	$615.15	$626.84	$638.75
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,207.36	$1,230.30	$1,253.68	$1,277.50
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,026.26	$1,045.76	$1,065.63	$1,085.88
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,720.49	$1,753.18	$1,786.49	$1,820.43
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$621.79	$633.60	$645.65	$657.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,243.58	$1,267.21	$1,291.29	$1,315.82
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,057.04	$1,077.12	$1,097.59	$1,118.44
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,772.10	$1,805.77	$1,840.08	$1,875.04
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$545.49	$555.85	$566.41	$577.17
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,090.98	$1,111.71	$1,132.83	$1,154.35
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$927.33	$944.95	$962.90	$981.20
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,554.65	$1,584.19	$1,614.29	$1,644.96
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$561.85	$572.53	$583.40	$594.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,123.70	$1,145.05	$1,166.81	$1,188.98
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$955.15	$973.30	$991.79	$1,010.63
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,601.27	$1,631.69	$1,662.69	$1,694.28
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$535.74	$545.92	$556.29	$566.86
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,071.48	$1,091.84	$1,112.58	$1,133.72
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$910.76	$928.06	$945.69	$963.66
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,526.86	$1,555.87	$1,585.43	$1,615.55
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$551.81	$562.30	$572.98	$583.87
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,103.62	$1,124.59	$1,145.96	$1,167.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$938.08	$955.90	$974.06	$992.57
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,572.66	$1,602.54	$1,632.99	$1,664.02
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$449.92	$458.47	$467.18	$476.06
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$899.84	$916.94	$934.36	$952.11
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$764.86	$779.39	$794.20	$809.29
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,282.27	$1,306.63	$1,331.46	$1,356.76
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$463.42	$472.22	$481.20	$490.34
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$926.84	$944.45	$962.39	$980.68
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$787.81	$802.78	$818.03	$833.57
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,320.75	$1,345.84	$1,371.41	$1,397.47

Health Insurance Plan of Greater New York
Syracuse
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.40	$706.57	$719.99	$733.67
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,386.80	$1,413.15	$1,440.00	$1,467.36
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,178.78	$1,201.18	$1,224.00	$1,247.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,976.19	$2,013.74	$2,052.00	$2,090.99
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.20	$727.77	$741.59	$755.68
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,428.40	$1,455.54	$1,483.20	$1,511.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.14	$1,237.21	$1,260.72	$1,284.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,035.47	$2,074.14	$2,113.55	$2,153.71
Gold	Standard Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$603.68	$615.15	$626.84	$638.75
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,207.36	$1,230.30	$1,253.68	$1,277.50
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,026.26	$1,045.76	$1,065.63	$1,085.88
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,720.49	$1,753.18	$1,786.49	$1,820.43
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$621.79	$633.60	$645.65	$657.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,243.58	$1,267.21	$1,291.29	$1,315.82
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,057.04	$1,077.12	$1,097.59	$1,118.44
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,772.10	$1,805.77	$1,840.08	$1,875.04
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$545.49	$555.85	$566.41	$577.17
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,090.98	$1,111.71	$1,132.83	$1,154.35
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$927.33	$944.95	$962.90	$981.20
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,554.65	$1,584.19	$1,614.29	$1,644.96
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$561.85	$572.53	$583.40	$594.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,123.70	$1,145.05	$1,166.81	$1,188.98
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$955.15	$973.30	$991.79	$1,010.63
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,601.27	$1,631.69	$1,662.69	$1,694.28
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$535.74	$545.92	$556.29	$566.86
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,071.48	$1,091.84	$1,112.58	$1,133.72
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$910.76	$928.06	$945.69	$963.66
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,526.86	$1,555.87	$1,585.43	$1,615.55
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$551.81	$562.30	$572.98	$583.87
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,103.62	$1,124.59	$1,145.96	$1,167.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$938.08	$955.90	$974.06	$992.57
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,572.66	$1,602.54	$1,632.99	$1,664.02
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$449.92	$458.47	$467.18	$476.06
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$899.84	$916.94	$934.36	$952.11
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$764.86	$779.39	$794.20	$809.29
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,282.27	$1,306.63	$1,331.46	$1,356.76
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$463.42	$472.22	$481.20	$490.34
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$926.84	$944.45	$962.39	$980.68
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$787.81	$802.78	$818.03	$833.57
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,320.75	$1,345.84	$1,371.41	$1,397.47

Health Insurance Plan of Greater New York
Utica/Watertown
Rates Effective 1/1/2015

Metal Level	Standard / Non-Standard	Base Plan or Age 29	Product Name	On Exchange	Metal AV Value	Tier	2014Q1 Rates	2014Q2 Rates	2014Q3 Rates	2014Q4 Rates	2015Q1 Rates	2015Q2 Rates	2015Q3 Rates	2015Q4 Rates
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$693.40	$706.57	$719.99	$733.67
Platinum	Standard	Base	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,386.80	$1,413.15	$1,440.00	$1,467.36
Platinum	Standard	Base	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,178.78	$1,201.18	$1,224.00	$1,247.26
Platinum	Standard	Base	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$1,976.19	$2,013.74	$2,052.00	$2,090.99
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind	$0.00	$0.00	$0.00	$0.00	$714.20	$727.77	$741.59	$755.68
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,428.40	$1,455.54	$1,483.20	$1,511.38
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,214.14	$1,237.21	$1,260.72	$1,284.67
Platinum	Standard	Age 29	HMO 15/35	Off	0.881	Family	$0.00	$0.00	$0.00	$0.00	$2,035.47	$2,074.14	$2,113.55	$2,153.71
Gold	Standard Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$603.68	$615.15	$626.84	$638.75
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,207.36	$1,230.30	$1,253.68	$1,277.50
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,026.26	$1,045.76	$1,065.63	$1,085.88
Gold	Non-Standard	Base	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,720.49	$1,753.18	$1,786.49	$1,820.43
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind	$0.00	$0.00	$0.00	$0.00	$621.79	$633.60	$645.65	$657.91
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,243.58	$1,267.21	$1,291.29	$1,315.82
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$1,057.04	$1,077.12	$1,097.59	$1,118.44
Gold	Non-Standard	Age 29	HMO 40 / 60	Off	0.817	Family	$0.00	$0.00	$0.00	$0.00	$1,772.10	$1,805.77	$1,840.08	$1,875.04
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$545.49	$555.85	$566.41	$577.17
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,090.98	$1,111.71	$1,132.83	$1,154.35
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$927.33	$944.95	$962.90	$981.20
HNY Gold	Non-Standard	Base	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,554.65	$1,584.19	$1,614.29	$1,644.96
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind	$0.00	$0.00	$0.00	$0.00	$561.85	$572.53	$583.40	$594.49
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,123.70	$1,145.05	$1,166.81	$1,188.98
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$955.15	$973.30	$991.79	$1,010.63
HNY Gold	Non-Standard	Age 29	Healthy NY HMO	Off	0.790	Family	$0.00	$0.00	$0.00	$0.00	$1,601.27	$1,631.69	$1,662.69	$1,694.28
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$535.74	$545.92	$556.29	$566.86
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,071.48	$1,091.84	$1,112.58	$1,133.72
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$910.76	$928.06	$945.69	$963.66
Silver	Non-Standard	Base	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,526.86	$1,555.87	$1,585.43	$1,615.55
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind	$0.00	$0.00	$0.00	$0.00	$551.81	$562.30	$572.98	$583.87
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$1,103.62	$1,124.59	$1,145.96	$1,167.73
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$938.08	$955.90	$974.06	$992.57
Silver	Non-Standard	Age 29	HMO 35 / 55	Off	0.719	Family	$0.00	$0.00	$0.00	$0.00	$1,572.66	$1,602.54	$1,632.99	$1,664.02
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$449.92	$458.47	$467.18	$476.06
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$899.84	$916.94	$934.36	$952.11
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$764.86	$779.39	$794.20	$809.29
Bronze	Non-Standard	Base	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,282.27	$1,306.63	$1,331.46	$1,356.76
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind	$0.00	$0.00	$0.00	$0.00	$463.42	$472.22	$481.20	$490.34
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Ind + Sp	$0.00	$0.00	$0.00	$0.00	$926.84	$944.45	$962.39	$980.68
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Parent + Chld(rn)	$0.00	$0.00	$0.00	$0.00	$787.81	$802.78	$818.03	$833.57
Bronze	Non-Standard	Age 29	HMO HD6300	Off	0.582	Family	$0.00	$0.00	$0.00	$0.00	$1,320.75	$1,345.84	$1,371.41	$1,397.47

Health Insurance Plan of Greater New York
Small Group Off Exchange Products
Form Name and Number

Small Group On-Exchange Forms and Numbers	
Small Group Contract	155-23-SGONHIXCONTRACT (04/14)
Small Group Base Certificate	155-23-SGONHIXCERT (04/14)
Small Group Bronze Schedule	155-23-SGONHIXBSchedule (04/14)
Small Group Gold Schedule	155-23-SGONHIXGSchedule (04/14)
Small Group Platinum Schedule	155-23-SGOFFHIXPSchedule (04/14)
Small Group Silver Schedule	155-23-SGONHIXSSchedule (04/14)
Small Group Bronze Schedule	155-23-NSSGONHIXBSchedule (04/14)
Small Group Gold Schedule	155-23-NSSGONHIXGSchedule (04/14)
Small Group Silver Schedule	155-23-NSSGONHIXSSchedule (04/14)
Small Group Contraceptive Drugs and Devices, Family Planning Services and In	155-23-SGHIXCONTRA (04/14)
Small Group Rider to Extend Coverage For Young Adults Through Age 29	155-23-SGHIXD29 (04/14)

Health Insurance Plan of Greater New York
Small Group Off 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
Small Group Off Exchange Products
Expected Loss Ratios

HIP Small Group on Off Exchange Expected Loss Ratio	**83.1%**

Health Insurance Plan of Greater New York
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)

SHOP Standard Plans

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.

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
DEDUCTIBLE (single)	$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000
COST SHARING - MEDICAL SERVICES	
Inpatient Facility/SNF/Hospice	$500 per admission
Outpatient Facility-Surgery, including freestanding surgicenters	$100
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100 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
Telemedicine	$10
Telemedicine Dietician	$5
Specialist	$35
PT/OT/ST - rehabilitative & habilitative therapies	$25
ER	$100
Ambulance	$100
Urgent Care	$55
DME/Medical supplies	10% cost sharing
Hearing aids	10% cost sharing
Eyewear	10% 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
Hospital services - non-maternity	Inpatient Facility copay per admission #
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #
Mental health/Behavorial health care	Inpatient Facility copay per admission #
Detoxification	Inpatient Facility copay per admission #
Substance abuse disorder services	Inpatient Facility copay per admission #
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
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
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
Physician charge - Emergency Room visit	$0 copay per visit
Facility charge - Freestanding urgent care center	Urgent Care copay per visit
Physician charge - Free standing urgent care center visit	$0 copay per visit
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
OUTPATIENT HOSPITAL/FACILITY SERVICES	
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case
Pre-admission/pre-operative testing	$0 copay
Diagnostic and routine laboratory and pathology	Specialist copay per visit
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit
Imaging: CAT/PET scans, MRI	Specialist copay
Chemotherapy	PCP copay per visit
Radiation therapy	PCP copay per visit
Hemodialysis/Renal dialysis	PCP copay per visit
Mental health/Behavorial health care	PCP copay per visit
Substance abuse disorder services	PCP copay per visit
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit
Home care	PCP copay per visit
Hospice	PCP copay per visit
PREVENTIVE & PRIMARY CARE SERVICES	
Bone density testing	;/services as defined in section 2713 of ACA no deductible or co
Cervical cytology	ring indicated below applies to all services in this benefit service
Colonoscopy screening	
Gynecological exams	
Immunizations	PCP/Specialist copay per visit (based on type of physician performing the service)
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
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit
Additional surgical opinion	Specialist copay per visit
Second medical opinion for cancer	Specialist copay per visit
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)
In-hospital physician visits	$0 copay per visit
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit
Imaging: CAT/PET scans, MRI	Specialist copay per visit
Allergy testing	PCP/Specialist copay per visit
Allergy shots	PCP/Specialist copay per visit
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)
Mental health/Behavorial health care	PCP copay per visit
Substance abuse disorder services	PCP copay per visit
Chemotherapy	PCP copay per visit
Radiation therapy	PCP copay per visit
Hemodialysis/Renal dialysis	PCP copay per visit
Chiropractic care	Specialist copay per visit

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)
ADDITIONAL BENEFITS/SERVICES	
ABA treatment for Autism Specturm Disorder	PCP copay per visit
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies
Hearing evaluations/testing	Specialist copay per visit
Hearing aids	Hearing aid coinsurance cost sharing applies
Diabetic drugs and supplies	PCP copay per 30 days supply
Diabetic education and self-management	PCP copay per visit
Home care	PCP copay per visit
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
PEDIATRIC VISION SERVICES	
Eye exam visit	PCP copay per visit
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames
Contact lenses	Eyewear coinsurance cost sharing applies
PRESCRIPTION DRUGS	
Generic or Tier 1	$10
Formulary Brand or Tier 2	$30
Non-Formulary Brand or Tier 3	$60
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day	

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 adm
copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delive
which is the same as the surgeon copay if this copay has not already been collected as part of another materni
There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, as
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 all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to
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 th

The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescr

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for sma
For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pe
For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, p

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
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-
each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-
family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family mer

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

Gold Non Standard Plan Design

Product Type:	HMO 40/60
Ind/Fam Deductible (Med/Hosp/Vision)	$0 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$4,000/$8,000
Rx Deductible	$100
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$40 copay
Specialist Visit	$60 copay
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	$1,500 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters or Ambulatory Surgery	$150 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	Covered in Full
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$100 copay
Non-Emergent Ambulance- Hosp to Facility transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$60 copay
Chemotherapy	$40 copay
DME/Medical Supplies	10% Coinsurance
Hearing Aids	10% Coinsurance
Eyewear	10% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Off Exchange Plan: Underwritten: HIP	HNY Gold
Product Type:	**HMO**
Ind/Fam Deductible (Med/Hosp/Vision)	$600/$1,200 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$4,000/$8,000
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$25 copay per visit
Specialist Visit	$40 copay per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	$1000 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters	$100 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100 surgeon copay
Emergency Room - Facility charge (INN/ONN)	$150 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$150 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	$150 copay
PT/OT/ST (Rehabilitative & Habilitative)	$30 copay
Chemotherapy	$25
DME/Medical Supplies	20% Coinsurance
Hearing Aids	20% Coinsurance
Eyewear	20% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Benefit Set ID: PHNYG1001

SERVICE	LIMIT/Note	IP Fac	OP Fac	Prof
Outpatient Services				
PCP Office Visits (Injury or Illness)	No Limit	N/A	N/A	PCP Cost Sharing
Specialist Visits	No Limit	N/A	N/A	SPEC Cost Sharing
Outpatient Facility or Ambulatory Surgery	No Limit	N/A	OP Fac cost sharing on surgeries done in AmSurg or OP Facility.	N/A
Outpatient Surgery Physician/Surgical Services	No Limit	N/A	N/A	Surgeon Cost Sharing
Outpatient Diagnostic and Routine Laboratory/Pathology/Routine Imaging (X-rays)/Imaging (CAT/PET/MRI)	No Limit	N/A	SPEC Cost Sharing	N/A
Radiation Therapy	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Home Health Care Services	Coverage is limited to 40 visits per calendar year.	N/A	PCP Cost Sharing	PCP Cost Sharing

Hemodialysis/Renal dialysis	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Out of Network Dialysis	Limit is 10 visits. Coverage for out of network provider on an in-network basis if member is traveling outside the service area.	N/A	PCP Cost Sharing	PCP Cost Sharing
Chemotherapy	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Preadmission Testing	No Limit	N/A	Covered in Full	Covered in Full
Autologous Blood Banking	Only in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury.	N/A	20% Coinsurance	N/A
Outpatient Rehabilitation Services Services (PT, OT, ST)	60 visits per condition per condition per lifetime	N/A	PT/OT/ST Cost Sharing	PT/OT/ST Cost Sharing
Outpatient Habilitation Services (PT, OT, ST)	60 visits per condition per condition per lifetime	N/A	PT/OT/ST Cost Sharing	PT/OT/ST Cost Sharing
Chiropractic Care	No Limit	N/A	N/A	SPEC Cost Sharing
Durable Medical Equipment	**Coverage for standard equipment only. DME defined as Equipment which is 1). Designed and intended for repeated use, 2), primarily and customarily used to serve a medical purpose, 3). Generally not useful to person in the absence of disease or injury, and 4) is appropriate for use in the home. Orthotics are excluded * See Model Language	N/A	N/A	20% coinsurance
Cochlear Implants	1 per ear per time coverd	N/A	20% coinsurance	20% coinsurance
Prosthetic Devices - External	One prosthetic device per limb, per lifetime. *Coverage for external repairs or replacement in adults. - Coverage for wigs made from human hair if member is allergic to synthetic wig materials. To determine if this can be configured **Additional coverage for external device replacement for children for devices that have been outgrown - Coverage includes wigs for members suffering from severe hair loss due to injury or disease or treatment of a disease (e.g. chemotherapy)	N/A	N/A	20% coinsurance (for devices)
Prenatal and Postnatal Care	No Limit - Covered in Full	N/A	Covered in Full	Covered in Full
Infertility Treatment	Unlimited / Member must be between ages of 21 and 44 * Covered services include: initial evaluation, evaluation of ovulatory function, postcoital test, hysterosalpingogram, treatment of ovulatory dysfunction, ovulation induction and monitoring with ultrasound, artificial insemination, hysteroscopy, laparoscopy and laparotomy. Includes correctable medical conditions leading to infertility ** Advanced infertility is not covered	N/A	OP Fac cost sharing on surgeries done in AmSurg or OP Facility.	Surgeon Cost Sharing
Infertility Treatment	Provider visits and non surgical services under infertility treatment	N/A	SPEC Cost Sharing	PCP/SPEC Cost Sharing

Termination of Pregnancy	Interruption of Pregnancy Elective abortions limited to one procedure per member per calendar year * Therapeutic termination of pregnancy unlimited. Note follows current rules ****(to discuss configuration of therapeutic vs elective; re: limits and differentiating via specific codes on claims - with Med Mgmt and Claims)	N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Elective Termination of Pregnancy	One per calendar year Limit Interruption of Pregnancy Elective abortions limited to one procedure per member per calendar year * Therapeutic termination of pregnancy unlimited. Note follows current rules ****(to discuss configuration of therapeutic vs elective; re: limits and differentiating via specific codes on claims - with Med Mgmt and Claims)	N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Diabetic supplies and equipment	No Limit	N/A	N/A	PCP Cost Sharing / 30 day supply
Diabetic drugs (including insulin)	No Limit	N/A	N/A	
Diabetic education and self-management	No Limit	N/A	N/A	PCP Cost Sharing
Allergy testing and treatment; Allergy shots	No Limit	N/A	N/A	PCP/SPEC Cost Sharing
ABA treatment for Autism Spectrum Disorder	Actuarial equivalence to 680 hours per year annual ABA limit	N/A	N/A	PCP Cost Sharing
Assistive Communication Devices for Autism Spectrum Disorder		N/A	N/A	PCP Cost Sharing per device
Emergency Services		**IP Fac**	**OP Fac**	**Prof**
Emergency Room Services	No Limit. Copay waived if admitted as IP	N/A	ER Copay	$0 cost sharing for ER physician
Observation Stay	Copay waived if admitted as IP Note: If ER and Obs. Stay, only one copay.	N/A	ER Copay	N/A
Urgent Care Centers or Facilities	INN Coverage Only	N/A	Urgent Care Cost Sharing	Urgent Care Cost sharingfor "freestanding" Urgent Care (e.g., "doc in a box"). $0 cost sharing for Urgent Care physicians
Emergency Transportation/Ambulance	No Limit Covers Land, Air and Water	Ambulance Copay		
Non Emergent Transportation/Ambulance	No Limit (Hospital to Facility transfer only) Land and Air only; Ambulette is excluded.	Ambulance Copay		

Hospitalization		IP Fac	OP Fac	Prof
Inpatient Hospital Services	No Limit*	IP Copay	N/A	N/A
Inpatient Physician and Surgical Services	No Limit	N/A	N/A	Surgeon cost sharing on surgeon claim. $0 cost sharing on all other IP professional svcs
Skilled Nursing Facility	Skilled Nursing limited to 200 days per calendar year*	IP Copay	N/A	$0 cost sharing on all SNF professional services
Delivery and all Inpatient Services for Maternity Care	No Limit (covers mother and newborn combined)*	IP Copay	N/A	Surgeon cost sharing on maternity delivery. Only one copay per pregnancy (e.g., covers delivery and post-natal svcs.)
Inpatient Rehabilitation Services	Inpatient rehabilitation therapy is covered for up to one consecutive 60-day period, per condition, per lifetime for physical, speech and occupational therapies when hospitalization would otherwise be necessary and the member must require skilled care on a daily basis, which is not primarily custodial and can only be provided on an inpatient basis. Admission must begin within six(6) months inpatient hospital stay or outpatient surgical procedure Copay not taken if member readmitted w/in 90 days for same or related condition. **Cardiac and Pulmonary Rehab is not covered**	IP Copay	N/A	$0 cost sharing for any professional svcs associated with IP admission
Bariatric Surgery	No Limit*	IP Copay	OP Fac Copay	Surgeon Cost Sharing. $0 cost sharing on all other IP professional svcs
***Cost Sharing not taken if member readmitted w/in 90 days for same or related condition**				
Mental Health and Substance Abuse Disorder Services		**IP Fac**	**OP Fac**	**Prof**
Mental/Behavioral Health Outpatient Services	No Limit	N/A	PCP Cost Sharing	PCP Cost Sharing
Mental/Behavioral Health Inpatient Services	No Limit*	IP Copay	N/A	$0 cost sharing for any professional svcs associated with IP admission
Substance Abuse Disorder Outpatient Services	No Limit* Includes 20 OP visits for family counseling are covered.	N/A	PCP Cost Sharing	PCP Cost Sharing
Substance Abuse Disorder Inpatient Services	No Limit*	IP Copay	N/A	$0 cost sharing for any professional svcs associated with IP admission
***Cost Sharing not taken if member readmitted w/in 90 days for same or related condition**				

Laboratory and Imaging Services		IP Fac	OP Fac	Prof
Diagnostic Test (X-Ray and Lab Work)	No Limit Note: only 1 copay applies and does not apply of claims for X-ray interpretation.	N/A	SPEC Cost Sharing	PCP/SPEC Cost Sharing
Imaging (CT/PET Scans, MRI)	No Limit Note: This does not apply to claims for interpretation of imaging	N/A	SPEC Cost Sharing	SPEC Cost Sharing
Preventive and Wellness Services		**IP Fac**	**OP Fac**	**Prof**
Preventive Care/Screening/Immunization	Mammography (limits based on age), cervical cytology, gynecological exams, bone density, prostate cancer screening, etc. $0 cost sharing for ACA preventive svcs and other $0 cost sharing NYS mandates.	N/A	Covered in Full	Covered in Full
Prenatal and Postnatal Care	No Limit - Covered in Full	N/A	Covered in Full	Covered in Full
Pediatric Vision		**IP Fac**	**OP Fac**	**Prof**
Vision examinations performed by a physician, or optometrist for the purpose of determining the need for corrective lenses, and if needed, to provide a prescription.	One exam per 12 month period. Up to age 19 end of month.	N/A	N/A	PCP Cost Sharing
Prescription Lenses	Must provide coverage for eye exam, lenses and frames (once in any 12 month period) and contact lenses (only when deemed medically necessary)	N/A	N/A	20% coinsurance applies to combined cost of lenses and frames
Frames	At a minimum, standard frames adequate to hold lenses will be covered once in any twelve month period, unless required more frequently with appropriate documentation.	N/A	N/A	20% coinsurance applies to combined cost of lenses and frames
Contact Lenses	in lieu of frames	N/A	N/A	20% coinsurance
Other Services		**IP Fac**	**OP Fac**	**Prof**
Hospice Services (includes End of Life Care)	210 days/year; also includes 5 Bereavement Counseling sessions for members family either before or after the death of the member. For End of Life Care - Non-Par providers are covered. ** Refer to model language for rules	IP Cost Sharing	PCP Cost Sharing	PCP Cost Sharing
Family Planning - Contraceptive drugs and devices, tubal ligations	No Limit * Women's Wellness mandate	N/A	N/A	Covered in Full
Vasectomies-Office		N/A	N/A	SPEC Cost Sharing
Vasectomies-Outpatient/ Amb Surgery		N/A	OP Amb Surgery Cost Sharing	Surgeon Cost Sharing
Hearing Evaluations/testing	No Limit	N/A	N/A	SPEC Cost Sharing

Hearing Aids	Limited to a single purchase for one or both ears (including repair/replacement) every three years.	N/A	N/A	20% coinsurance
Outpatient Cardiac and Pulmonary Therapy	No limits in Model Language.	N/A	PCP Cost Sharing	SPEC Cost Sharing
Second Opinion (surgical)	Second surgical opinion on the need for surgery.	N/A	N/A	SPEC Cost Sharing
Second Opinion (Specialist - cancer)	Second opinion by appropriate specialist, including one affiliated with a specialty care center for cancer. Copay applies to Par and Non Par	N/A	N/A	SPEC Cost Sharing
Transplants	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition * Solely for transplants for surgeries determined to be non-experimental and non-investigational.	IP Cost Sharing	N/A	Surgeon Cost Sharing. $0 cost sharing on all other IP professional svcs
Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery *Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.	IP Cost Sharing	N/A	Surgeon Cost Sharing. $0 cost sharing on all other IP professional svcs.
Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery *Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.	N/A	OP Fac Cost Sharing	Surgeon Cost Sharing

Oral Surgery	No Limit/ Copay not taken if member readmitted w/in 90 days for same or related condition. * Oral Surgery due to injury is limited to sound and natural teeth only; oral surgery due to congenital anomaly; removal of tumors and cysts requiring pathological examination of jaws/cheeks/lips; for the correction of a non-dental physiological condition which has resulted in a sever functional impairment and surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery *Oral Surgery Coverage must be provided for Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.	N/A	N/A	SPEC Cost Sharing.
Infusion Therapy		N/A	N/A	PCP Cost Sharing
Infusion Therapy	If administered in home by Home Care, than count towards Home Care visit limit	N/A	PCP Cost Sharing on Home Care	PCP Cost Sharing on Home Care
Anesthesia (all settings)	No limit	Covered in Full	Covered in Full	Covered in Full
Prescription Drugs		**IP Fac**	**OP Fac**	**Prof**
Enteral Formulas	No Limit Note: Follows current practice for MM and Pharmacy	N/A	N/A	N/A
Retail: Tier 1/Generic: $10 Tier 2/Formulary Brand $35 Tier 3/Non-Formulary $70 *Mail Order up to 90 day supply: 2.5x the 30 day supply cost sharing *Mail Order up to 90 day supply: Tier 1: $25, Tier 2: $88; Tier 3: $175	30 day supply *Mail Order up to a 90 day supply optional benefit	N/A	N/A	N/A
Specialty Drugs	30 day supply *Mail Order up to a 90 day supply optional benefit	N/A	N/A	N/A
Off Label Cancer Drugs	30 day supply	N/A	N/A	N/A

(1) Pediatric Dental removed since standalone

Silver Non Standard Plan Design

Product Type:	HMO Share
Ind/Fam Deductible (Med/Hosp/Vision)	$2,000/$4000 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$6,000/$12,000
Coinsurance	30%
Rx included in Deductible:	No
Rx Deductible	$100
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$35 copay per visit
Specialist Visit	$55 copay per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	Deductible & Coinsurance
Outpatient Facility - Surgery, including free-standing surgicenters	Deductible & Coinsurance
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters (FS)	Deductible & Coinsurance
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$55 copay
Chemotherapy	$35 copay per visit
DME/Medical Supplies	30% Coinsurance
Hearing Aids	30% Coinsurance
Eyewear	30% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Bronze Non Standard Plan Design	
Product Type:	**HMO HD 6300**
Ind/Fam Deductible (Med/Hosp/Vision/Rx)	$6,300/$12,600 (per cal/yr.)
Ind/Fam Maximum OOP (incl Ded):	$6,300/$12,600
Rx included in Deductible:	Yes
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	0% cost sharing per visit
Specialist Visit	0% cost sharing per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	0% cost sharingper admission
Outpatient Facility - Surgery, including free-standing surgicenters	0% cost sharing per visit
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	0% cost sharing per visit
Emergency Room - Facility charge (INN/ONN)	0% cost sharing (waived if admitted as an inpatient)
Emergency room visit - Physician charge	0% cost sharing per visit
Urgent Care (INN)	0% cost sharing per visit
Observation Stay	0% cost sharing (waived if admitted as inpatient)
Anesthesia	0% cost sharing
Emergent Ambulance	0% cost sharing per visit
Non-Emergent Ambulance Hosp to Facility Transfer	0% cost sharing
PT/OT/ST (Rehabilitative & Habilatative)	0% cost sharing per visit
Chemotherapy	0% Coinsurance
DME/Medical Supplies	0% Coinsurance
Hearing Aids	0% Coinsurance
Eyewear	0% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Health Insurance Plan of Greater New York
Small Group Off Exchange Products
Underwriting Guidelines

Please refer to Underwriting Guidelines document attached in this filing.

Health Insurance Plan of Greater New York
Small Group Off Exchange Products
Commission Schedule and Fees

HIP Small Group on Off Exchange Commission	**0% - 3% of premium**
HIP Small Group on Off Exchange General Agent	**$0- $10 PCPM**

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

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EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO HD6300 (Bronze) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0940001 (dependent coverage to age 26 end of month) and 88582NY0950001 (dependent coverage to age 30 end of month)

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EmblemHealth	NYS Department of Financial Services
Attn: Premium Rate Filings	Health Bureau-Premium Rate Adjustments
PO Box 2890	1 State Street
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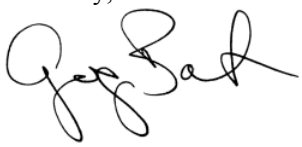

George Babitsch
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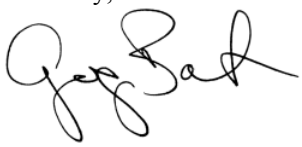

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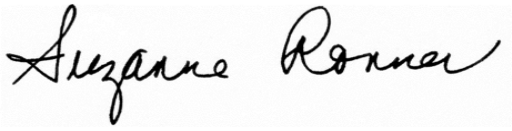

Suzanne Ronner
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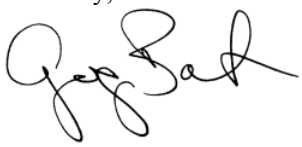

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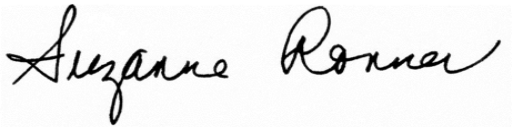

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(Continued)

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EmblemHealth
1-877-444-7417
E-mail: **PremiumRateFilings@emblemhealth.com**
EmblemHealth website: **emblemhealth.com**
EmblemHealth
Attn: Premium Rate Filings
PO Box 2890
New York, NY 10117-2087

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
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If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is 88582NY0840001 for plans with dependent coverage to age 26 end of-month, or 88582NY0850001 for plans with dependent coverage to age 30 end of month

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Notice of Approved Premium Rate

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

Sincerely,

George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_F_HIP_GLD_GR_19677_SG_MHR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates <<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 40/60 (Gold) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0840001 (dependent coverage to age 26 end of month) and 88582NY0850001 (dependent coverage to age 30 end of month)

Dear «CONTACT_FIRST_NAME-CONTACT_LAST_NAME»:

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 rate changes to DFS.

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

Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	9.5%
April to June 2015	8.2%
July to September 2015	7.0%
October to December 2015	5.7%

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

Why We Are Requesting a Rate Change

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 medical services required by many of our members.

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Sincerely,

George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_D_HIP_GLD_GR_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

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EmblemHealth HMO 40/60 (Gold) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0840001 (dependent coverage to age 26 end-of-month) and 88582NY0850001 (dependent coverage to age 30 end-of-month)

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Proposed Premium Rate Changes

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Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	9.5%
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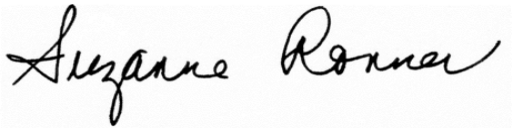

Suzanne Ronner
Vice President, Customer Experience

M_LTR_F_HIP_GLD_MB_19677_SG_LIR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change
EmblemHealth Healthy NY HMO (Gold) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end of month) and 88582NY0890001 (dependent coverage to age 30 end of month)

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Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

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January to March 2015	15.9%
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July to September 2015	13.2%
October to December 2015	11.9%

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

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Sincerely,

George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_A_HIP_HNY_GR_19677_SG_NYCR

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

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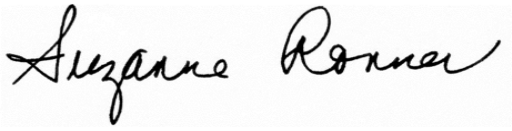

Suzanne Ronner
Vice President, Customer Experience

M_LTR_D _HIP_BHW_MB_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

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«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
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Sincerely,

George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_B_HIP_HNY_GR_19677_SG_LIR

EmblemHealth

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Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

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Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	38.9%
April to June 2015	37.3%
July to September 2015	35.7%
October to December 2015	34.1%

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Senior Vice President, Underwriting & Account Management

G_LTR_C_HIP_HNY_GR_19677_SG_MHR

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Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
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(Continued)

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

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0840001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0850001 for plans with dependent coverage to age 30 end-of-month

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Plain English Summary of Rate Change

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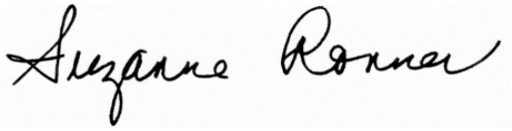
Notice of Approved Premium Rate

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

Sincerely,



Suzanne Ronner
Vice President, Customer Experience

M_LTR_E_HIP_GLD_MB_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth Healthy NY HMO (Gold) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0880001 (dependent coverage to age 26 end-of-month) and 88582NY0890001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	15.9%
April to June 2015	14.5%
July to September 2015	13.2%
October to December 2015	11.9%

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

Why We Are Requesting a Rate Change

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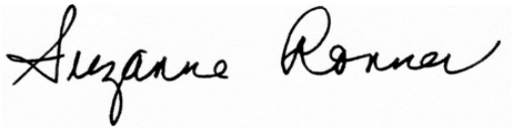

Suzanne Ronner
Vice President, Customer Experience

M_LTR_B _HIP_HNY_MB_19677_SG_LIR

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Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	38.9%
April to June 2015	37.3%
July to September 2015	35.7%
October to December 2015	34.1%

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

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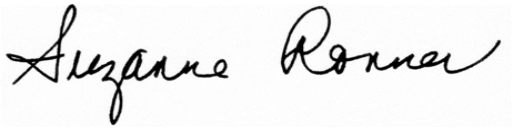

Suzanne Ronner
Vice President, Customer Experience

M_LTR_C _HIP_HNY_MB_19677_SG_MHR

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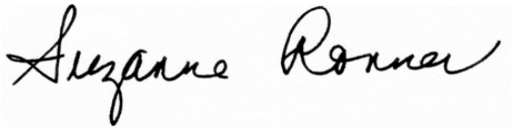

Suzanne Ronner
Vice President, Customer Experience

M_LTR_A _HIP_HNY_MB_19677_SG_NYCR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates <<Date>>

«GROUPNUM»
«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «ZIPCODE»

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 35/55 (Silver) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end of month) and 88582NY0790001 (dependent coverage to age 30 end of month)

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Proposed Premium Rate Changes

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Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	13.9%
April to June 2015	12.6%
July to September 2015	11.3%
October to December 2015	10.0%

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Sincerely,

George Babitsch
Senior Vice President, Underwriting & Account Management

G_LTR_H_HIP_SLV_GR_19677_SG_LIR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

<<Date>>

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«GROUPNAME1» «GROUPNAME2»
«CONTACT_FIRST_NAME-CONTACT_LAST_NAME»
«ADDRESS1» «ADDRESS2»
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Proposed Premium Rate Changes

If approved, the percentage change to your premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	36.5%
April to June 2015	35.0%
July to September 2015	33.4%
October to December 2015	31.8%

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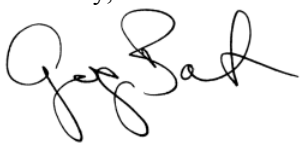

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G_LTR_I_HIP_SLV_GR_19677_SG_MHR

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Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 35/55 (Silver) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end-of-month) and 88582NY0790001 (dependent coverage to age 30 end-of-month)

Dear «FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»:

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 group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

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

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	13.9%
April to June 2015	12.6%
July to September 2015	11.3%
October to December 2015	10.0%

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

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 medical services required by many of our members.

(Continued)

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.

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

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0780001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0790001 for plans with dependent coverage to age 30 end-of-month

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

Plain English Summary of Rate Change

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

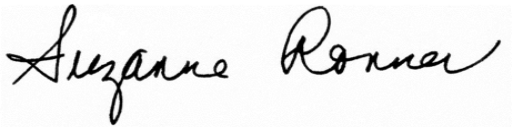
EmblemHealth website: **emblemhealth.com/2015_Rates**

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

Notice of Approved Premium Rate

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

Sincerely,



Suzanne Ronner
Vice President, Customer Experience

M_LTR_I_HIP_SLV_MB_19677_SG_LIR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 35/55 (Silver) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end-of-month) and 88582NY0790001 (dependent coverage to age 30 end-of-month)

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

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is:

Your Group's Renewal Date:	Requested Increase Applied to Your 2014 Renewal Rate:
January to March 2015	36.5%
April to June 2015	35.0%
July to September 2015	33.4%
October to December 2015	31.8%

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

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 medical services required by many of our members.

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E-mail: **PremiumRateFilings@emblemhealth.com**
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Attn: Premium Rate Filings
PO Box 2890
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E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services
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1 State Street
New York, NY 10004
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1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0780001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0790001 for plans with dependent coverage to age 30 end-of-month

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

Notice of Approved Premium Rate

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Sincerely,

Suzanne Ronner
Vice President, Customer Experience

M_LTR_J_HIP_SLV_MB_19677_SG_MHR

EmblemHealth

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

Advance Notice About Proposed Changes To Your EmblemHealth Premium Rates

«Date»

«MAILINGID»
«FIRSTNAME» «MIDDLEINITIAL» «LASTNAME»
«ADDRESS1 »
«ADDRESS2»
<<CITYY», «STATE» «ZIPCODE»

<<GROUPNAME1>>
<<GROUPNAME2>>

Re: Notice of Proposed Premium Rate Change
EmblemHealth HMO 35/55 (Silver) Plan
Health Insurance Oversight System (HIOS) Identification Numbers 88582NY0780001 (dependent coverage to age 26 end-of-month) and 88582NY0790001 (dependent coverage to age 30 end-of-month)

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Proposed Premium Rate Changes

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July to September 2015	11.3%
October to December 2015	10.0%

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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 medical services required by many of our members.

(Continued)

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

New York State Department of Financial Services

E-mail: **PremiumRateIncreases@dfs.ny.gov**

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments
1 State Street
New York, NY 10004
DFS website:
www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer: Health Insurance Plan of Greater New York (HIP)
2. The name of your plan: **<<Plan Name>>**
3. Whether you have individual or group coverage
4. Your plan's HIOS identification number, which is: 88582NY0780001 for plans with dependent coverage to age 26 end-of-month, or 88582NY0790001 for plans with dependent coverage to age 30 end-of-month

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

Notice of Approved Premium Rate

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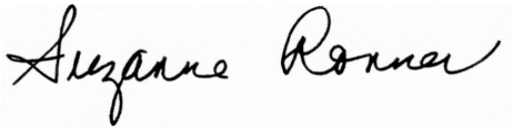
Sincerely,



Suzanne Ronner
Vice President, Customer Experience

M_LTR_H_HIP_SLV_MB_19677_SG_NYCR

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: Health Insurance Plan of Greater New York
NAIC Code: 55247
SERFF Tracking #: HPHP-129572531
Market Segment: Small Groups Off 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-129572531

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

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	No
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	No
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	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-129569943

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.

EmblemHealth

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

Important Plan Information <Date>

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

<Benefit Set>

Dear <Fname><Lname>:

Thank you for letting us provide you with an EmblemHealth benefit plan that helps you stay healthy, get well and live better.

The New York State insurance law that governs health insurance plan premium rates for "community-rated" plans such as yours now requires us to notify you and your employer group of any rate changes about 60 days in advance of the effective date.

Enclosed is a copy of a letter we sent to your employer regarding 2015 rate changes approved by the New York State Department of Financial Services (NYSDFS). Your new group rates take effect on your group's policy renewal date.

Please note that the rates noted in the enclosed letter may not be your group's final renewal rates.

Whether these are your final rates or not will depend on plan changes your group may or may not make during the renewal period. If you contribute to your premium, your employer will let you know what your contribution will be based on the new rates. Should you have questions about your group's renewal, please speak with your employer.

EmblemHealth is committed to providing you and your covered dependents with access to quality health care at the lowest possible cost. 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.

EmblemHealth

SUMMARY OF BENEFITS AND COVERAGE AVAILABLE

Choosing a health plan that's right for you is one of the most important decisions you will make. With this in mind, a summary of benefits and coverage (SBC) is available to help you better understand your health plan and/or compare health plan options.

To view the SBC for your current EmblemHealth plan, visit <emblemhealth.com URL>. You can also get a free printed copy by calling us at**1-888-447-7703**, 8 am to 8 pm, seven days a week (excluding major holidays. If you have a hearing or speech impairment and use a TDD, call 711.

EmblemHealth insurance plans are underwritten by Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC)

EmblemHealth issues SBCs on behalf of Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York (HIPIC).

Small Group Underwriting Guidelines[1]

New York

FOR BUSINESSES WITH 1-50 EMPLOYEES

EmblemHealth Products

Underwritten by GHI and HIP

Small Group Underwriting Guidelines

EmblemHealth's community-rated plans are available for purchase by qualified small groups.

Application	▪ The initial payment equivalent to one month's premium must be made payable to EmblemHealth and submitted with the new group application form. Only business checks are acceptable forms of payment. ▪ New business contract periods will begin on the 1st of a month only ▪ New business must be submitted by the twenty-third day of the month prior to the requested effective date, e.g. new business with a requested effective date of February 1st must be received by EmblemHealth on or before January 23rd. ▪ Documentation requested by EmblemHealth to determine group or employee eligibility must be supplied within five (5) business days from the date of EmblemHealth's request in order to secure the requested effective date of coverage. If documentation is not supplied within five (5) business days, EmblemHealth will establish an effective date of coverage pending receipt and verification of the data. 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.
Benefit Changes	Benefit downgrades: A plan change is a downgrade when the premium rates for the new product are lower than the premium rates for the old product as of the requested plan change date. ▪ A group can downgrade its coverage at any time during the year except in the three months preceding the contract anniversary date. The effective date of the benefit downgrade will become the group's new anniversary date. Benefit upgrades: • A group can only upgrade coverage at its contract anniversary date. **All plan change requests must be received by EmblemHealth five business days prior to the desired effective date.**

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. 1. 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.
EmblemHealth Suite	• Multiple option plans (employee choice at point of enrollment) are allowed, choosing from among any of the products marketed through the EmblemHealth Suite. • A group may change the Plan Types offered only on the group's anniversary. • An employee may only change the plan option elected on the group's anniversary.
Rating Tiers	• EmblemHealth small group business (1 – 50 employees) will be offered on a 4-tier rating basis only.

Employee Eligibility	Groups must demonstrate an employer/employee relationship for all eligible employees.
	
	EmblemHealth evaluates eligibility based on the United States Internal Revenue Service's definition of an employee of an employer group or a bona fide employer member of an association group.
	
	▪ EmblemHealth only covers full-time employees. EmblemHealth defines full-time eligible employees as employees who work 20 or more hours per week, each week. If an employer requires a longer number of hours worked in order to meet eligibility, then EmblemHealth will use the employer's criteria to define full-time eligible employees.
	▪ The following categories of employees are not eligible for small group coverage:
	  ▪ Retirees and their dependent(s).
	  ▪ Individuals who receive 1099 Forms and their dependents can be covered at the employer's option provided the 1099 is considered to be an employee pursuant to IRS rules.
	  ▪ Seasonal employees and their dependents.
	  ▪ Leased employees.
	
	A group must provide proof of employment for each employee at the time of application or at the time of periodic eligibility audits. Each employee to be enrolled must appear on a NYS-45 or NYS-45-ATT. Individuals and/or groups not meeting eligibility requirements as a result of these audits will be terminated.
	
	▪ The NYS-45 or NYS-45-ATT must be the filed copy for the quarter preceding the desired effective date of coverage. The status of each employee must be indicated on the form as applicable: Full-time, Part-time (less than 20 hours worked per week), Permanent, Temporary, Waiving, Eligible, not-Eligible, Enrolling, Class distinction if applicable.

	▪ In the absence of providing a NYS-45 or a NYS-45-ATT, the group must provide a signed copy of its full tax return, such as an 1120, 1065, 1120S, LLC or LLP with Schedule K-1, Schedule C or Schedule E. ▪ If the employer has a benefit waiting period, the employer must provide documentation verifying the terms of the waiting period. Two Life Group ▪ **A two life group consisting of a husband and wife is considred to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.** Recent Hires ▪ In the event that a newly hired employee is not yet listed on filed tax documentation, then a copy of the employee's W-4 or recent payroll check stub must be supplied to qualify for provisional enrollment. If a payroll check stub is supplied, it must include the company name, employee name, number of hours worked and payroll dates. The payroll dates cannot be more than 30 days prior to the date of application. ▪ The group must produce tax documents within 90 days after the effective date of coverage to substantiate a recent hire's eligibility. If acceptable documentation is not provided to EmblemHealth, then coverage will be terminated as of the individuals and/or groups original effective date. COBRA Members ▪ COBRA enrollees must supply a letter of election and a copy of their last payroll report.

Employer Eligibility	A group must be actively operating its business at all times that EmblemHealth coverage will be in effect. Two Life Group ▪ **A two life group consisting of a husband and wife is considered to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.** A group applying for a community-rated plan must provide EmblemHealth with all of the following documentation: ▪ a Federal Employer Identification Number (EIN) and evidence of authority to conduct business in New York State ▪ confirmation that the group's worksite(s) is in New York State. Street addresses must be provided even for worksite(s) with post office box listings. If a new business is not able to supply the data above, then EmblemHealth's Letter of Certification from the group's attorney or certified public accountant explaining the specific situation will temporarily suffice. Neither the attorney nor the C.P.A. can be an employee or the relative of an employee of the group. In addition, the Letter of Certification must be accompanied by: ▪ Articles of Incorporation issued by the State of New York, or ▪ a certificate to do business issued by the State of New York and ▪ a payroll record acceptable to EmblemHealth. The group must produce tax documents within 90 days after the effective date of coverage to substantiate its business operation. Coverage will be terminated if acceptable documentation is not provided within 90 days. ▪
Enrollment Policy	▪ New enrollees must enroll as of their date of hire. ▪ If the employer has a benefit waiting period, the employee must enroll on the first day of benefit eligibility. ▪ The benefit waiting period can not exceed 90 days. ▪ New groups enrolling with EmblemHealth may waive the waiting period for all employees at the time of initial enrollment. **Eligible employees and/or dependents who do not enroll on the first day of benefit eligibility will not be eligible to enroll until the employer's next annual enrollment period, except in the circumstances below.** The enrollment period commences on the anniversary date of

	coverage and ends after 30 days.
	▪ The individual was covered under another plan or policy at the time the individual was initially eligible to enroll and has lost coverage under the other plan or policy as a result of exhaustion of the period of continuation under State of Federal law or
	▪ The loss of eligibility was related to one or more of the following reasons:
	  ▪ termination of employment
	  ▪ termination of the other plan or contract
	  ▪ death of the spouse
	  ▪ legal separation, divorce or annulment
	  ▪ reduction in the number of hours of employment
	  ▪ contract holder contributions toward the payment of premium for the other plan or contract were terminated.
	▪ A court has ordered coverage be provided for a spouse or minor children under a covered employee or member's health benefit plan and the request for enrollment is made within 30 days after issuance of the court order.

Headquarters in New York	If a group has: ▪ its principal location within New York State and ▪ it employs one to fifty employees at a worksite(s) in New York State then the group can purchase community-rated coverage for its eligible employees, subject to any applicable service area restrictions. Groups with more than one office/location within the State of New York must identify each location and the employees that work at that location.
Headquarters outside New York	If a group has: ▪ its principal location outside New York State and ▪ it employs one to fifty employees at a worksite(s) in New York State then, • The group can purchase community-rated coverage for its New York employees. The contract for coverage must be delivered to a New York worksite and the contract will only cover employees working at the New York worksite(s).
High Deductible Health Plans	▪ The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product. ▪ .

Ongoing Qualification	Periodic surveys of enrolled small groups may be taken by EmblemHealth and/or EmblemHealth's designated administrators to ensure that the group is actively operating its business and remains qualified to be enrolled in a community-rated product.
	The survey can include, but not be limited to, any or all of the following to verify continued eligibility:
	  ▪ The group's most recently-filed NYS-45 or NYS-45-ATT
	  ▪ Tax documentation as requested by EmblemHealth and/or EmblemHealth's designated administrators.
	  ▪ Payroll information as requested by EmblemHealth and/or EmblemHealth's designated administrators.

Participation	▪ There is no minimum participation requirement for HMO products. ▪ For non_HMO products a minimum of 60% of the eligible employees, excluding waivers, must be covered by EmblemHealth except during the annual open enrollment period from November 15 to December 15 of each year. ▪ The 60% threshold will be determined by multiplying the number of eligible employees by .60 and rounding fractions down to the nearest whole number. ▪ For groups offering multiple EmblemHealth Suite products, the total number of

	individuals enrolled in all products will count toward the above minimums. For example, a group with 9 eligible employees has 2 employees waiving coverage, leaving 7 eligible for the purposes of determining participation. Of those 7, 60%, or 4 employees must enroll in order for the group to qualify for coverage. (7 eligible employees x .60 = 4.2, rounded down to 4) ▪ Valid waivers for the purpose of determining participation requirements are: o Covered under spousal coverage, o Covered by Medicare, o Covered by COBRA o Covered through the VA

Premium Rates	Premium rates are based on the group's New York State worksite location(s). Premium rates are not based on the residence of the employee. ▪ Premium rates for satellite office(s) within New York State but outside of the principal worksite's rating region will be rated based on the rating region of the satellite office.

[1] *These guidelines do not encompass Government Sponsored programs that EmblemHealth may offer for sale (e.g., Medicare, Healthy New York, etc.) The product sponsor should be consulted for policies and procedures that are applicable to their products. Additionally, these guidelines do not apply to legacy GHI or HIP products, as defined by EmblemHealth. The respective legacy product organization's guidelines apply.*

"EmblemHealth provides health benefit coverage and services through its subsidiary companies in New York State: Group Health Incorporated, HIP Health Plan of New York, HIP Insurance Company of New York, GHI HMO Select Inc., The PerfectHealth Insurance Company, Connecticare of New York Inc. and EmblemHealth Services Company, L.L.C."

Small Group Underwriting Guidelines[1]

New York

FOR BUSINESSES WITH 12-50 EMPLOYEES

EmblemHealth Products

Underwritten by GHI and HIP

Small Group Underwriting Guidelines

EmblemHealth's community-rated plans are available for purchase by qualified small groups ~~that employ no fewer than two (2) and no more than fifty (50) eligible employees.~~ .

Application	▪ The initial payment equivalent to one month's premium must be made payable to EmblemHealth and submitted with the new group application form. Only business checks are acceptable forms of payment. ▪ New business contract periods will begin on the 1st of a month only ▪ New business must be submitted by the ~~first~~ twenty-third day of the month prior to the requested effective date, e.g. new business with a requested effective date of February 1st must be received by EmblemHealth on or before January 23rd ~~1st~~. ▪ Documentation requested by EmblemHealth to determine group or employee eligibility must be supplied within **five (5) business days** from the date of EmblemHealth's request in order to secure the requested effective date of coverage. If documentation is not supplied within five (5) business days, EmblemHealth will establish an effective date of coverage pending receipt and verification of the data. **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.
Benefit Changes	**Benefit downgrades**: A plan change is a downgrade when the premium rates for the new product are lower than the premium rates for the old product as of the requested plan change date. ▪ A group can downgrade its coverage at any time during the year except in the three months preceding the contract anniversary date. The effective date of the benefit downgrade will become the group's new anniversary date. **Benefit upgrades:** • A group can only upgrade coverage at its contract anniversary date. **All plan change requests must be received by EmblemHealth five business days prior to the desired effective date.**

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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. 1. 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.
EmblemHealth Suite	• Multiple option plans (employee choice at point of enrollment) are allowed, choosing from among any of the products marketed through the EmblemHealth Suite. • ~~Each group may choose up to two EmblemHealth Suite options to be available to its employees provided, they have a minimum of 5 enrolled employees. A group may choose up to three EmblemHealth Suite options to be available to its employees provided they have a minimum of 20 enrolled employees. Only one plan of any particular Plan Type may be included in the plans offered.~~ • A group may change the Plan Types offered only on the group's anniversary. • An employee may only change the plan option elected on the group's anniversary.
Rating Tiers	• EmblemHealth small group business (~~2-50 eligible employees~~1 - 50 employees) will be offered on a 4-tier rating basis only.

Employee Eligibility	Groups must demonstrate an employer/employee relationship for all eligible employees.
	
	EmblemHealth evaluates eligibility based on the United States Internal Revenue Service's definition of an employee of an employer group or a bona fide employer member of an association group.
	
	▪ EmblemHealth only covers full-time employees. EmblemHealth defines full-time eligible employees as employees who work **20 or more hours per week**, each week. If an employer requires a longer number of hours worked in order to meet eligibility, then EmblemHealth will use the employer's criteria to define full-time eligible employees.
	▪ The following categories of employees are **not eligible for small group coverage**:
	  ▪ Retirees and their dependent(s).
	  ▪ Individuals ~~-~~who receive 1099 Forms and their dependents can be covered at the employer's option provided the 1099 is considered to be an employee pursuant to IRS rules.~~-~~
	  ▪ Seasonal employees and their dependents.
	  ▪ Leased employees.
	
	A group must provide proof of employment for each employee at the time of application or at the time of periodic eligibility audits. Each employee to be enrolled must appear on a NYS-45 or NYS-45-ATT. Individuals and/or groups not meeting eligibility requirements as a result of these audits will be terminated.

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- The NYS-45 or NYS-45-ATT must be the filed copy for the quarter preceding the desired effective date of coverage. The status of each employee must be indicated on the form as applicable: Full-time, Part-time (less than 20 hours worked per week), Permanent, Temporary, Waiving, Eligible, not-Eligible, Enrolling, Class distinction if applicable.
- In the absence of providing a NYS-45 or a NYS-45-ATT, the group must provide a signed copy of its full tax return, such as an 1120, 1065, 1120S, LLC or LLP with Schedule K-1, Schedule C or Schedule E.
- If the employer has a benefit waiting period, the employer must provide documentation verifying the terms of the waiting period.

Two Life Group

- A two life group consisting of a husband and wife is considred to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.

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Recent Hires

- In the event that a newly hired employee is not yet listed on filed tax documentation, then a copy of the employee's W-4 or recent payroll check stub must be supplied to qualify for provisional enrollment. If a payroll check stub is supplied, it must include the company name, employee name, number of hours worked and payroll dates. The payroll dates cannot be more than 30 days prior to the date of application.
- The group must produce tax documents within 90 days after the effective date of coverage to substantiate a recent hire's eligibility. If acceptable documentation is not provided to EmblemHealth, then coverage will be terminated as of the individuals and/or groups original effective date.

COBRA Members

- COBRA enrollees must supply a letter of election and a copy of their last payroll report.

Employer Eligibility

A group must be actively operating its business at all times that EmblemHealth coverage will be in effect.

Two Life Group

- A two life group consisting of a husband and wife is considered to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.

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A group applying for a community-rated plan must provide EmblemHealth with all of the following documentation:

- a Federal Employer Identification Number (EIN) and evidence of authority to conduct business in New York State
- confirmation that the group's worksite(s) is in New York State. Street addresses must be provided even for worksite(s) with post office box listings.

If a new business is not able to supply the data above, then EmblemHealth's Letter of Certification from the group's attorney or certified public accountant explaining the specific situation will temporarily suffice. Neither the attorney nor the C.P.A. can be an employee or the relative of an employee of the group. In addition, the Letter of Certification must be accompanied by:

- Articles of Incorporation issued by the State of New York, or
- a certificate to do business issued by the State of New York and
- a payroll record acceptable to EmblemHealth.

The group must produce tax documents within 90 days after the effective date of coverage to substantiate its business operation. Coverage will be terminated if acceptable documentation is not provided within 90 days.

~~•If a group has been terminated within the prior 12 months due to non-payment of premium, EmblemHealth will not issue the group a contract.~~

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Enrollment Policy

- New enrollees must enroll as of their date of hire.
- If the employer has a benefit waiting period, the employee must enroll on the first day of benefit eligibility.

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	▪ The benefit waiting period can not exceed 90 days.
	▪ New groups enrolling with EmblemHealth may waive the waiting period for all employees at the time of initial enrollment.
	
	Eligible employees and/or dependents who do not enroll on the first day of benefit eligibility will not be eligible to enroll until the employer's next annual enrollment period, except in the circumstances below. The enrollment period commences on the anniversary date of coverage and ends after 30 days.
	
	▪ The individual was covered under another plan or policy at the time the individual was initially eligible to enroll and has lost coverage under the other plan or policy as a result of exhaustion of the period of continuation under State of Federal law or
	▪ The loss of eligibility was related to one or more of the following reasons:
	  ▪ termination of employment
	  ▪ termination of the other plan or contract
	  ▪ death of the spouse
	  ▪ legal separation, divorce or annulment
	  ▪ reduction in the number of hours of employment
	  ▪ contract holder contributions toward the payment of premium for the other plan or contract were terminated.
	
	▪ A court has ordered coverage be provided for a spouse or minor children under a covered employee or member's health benefit plan and the request for enrollment is made within 30 days after issuance of the court order.

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Headquarters in New York	If a group has: ▪ its principal location **within** New York State and ▪ it employs ~~no fewer than two (2) and no more than fifty (50) eligible~~one to fifty employees at a worksite(s) in New York State then the group can purchase community-rated coverage for its eligible employees, subject to any applicable service area restrictions. Groups with more than one office/location within the State of New York must identify each location and the employees that work at that location.
Headquarters outside New York	If a group has: ▪ its principal location **outside** New York State and ▪ it employs ~~no fewer than two (2) and no more than fifty (50) eligible~~one to fifty employees at a worksite(s) in New York State then, • The group can purchase community-rated coverage for its New York employees. The contract for coverage must be delivered to a New York worksite and the contract will only cover employees working at the New York worksite(s).
High Deductible Health Plans	▪ The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product. ▪ ~~The member's deductible cannot being funded by an employer or any other first dollar coverage plan~~.
Ongoing Qualification	Periodic surveys of enrolled small groups may be taken by EmblemHealth and/or EmblemHealth's designated administrators to ensure that the group is actively operating its business and remains qualified to be enrolled in a community-rated product. The survey can include, but not be limited to, any or all of the following to verify continued eligibility: ▪ The group's most recently-filed NYS-45 or NYS-45-ATT ▪ Tax documentation as requested by EmblemHealth and/or EmblemHealth's designated administrators. ▪ Payroll information as requested by EmblemHealth and/or EmblemHealth's

	designated administrators.

Participation	▪ There is no minimum participation requirement for HMO products. ▪ For non HMO products a minimum of 60% of the eligible employees, excluding waivers, must be covered by EmblemHealth except during the annual open enrollment period from November 15 to December 15 of each year. ▪ The 60% threshold will be determined by multiplying the number of eligible employees by .60 and rounding fractions down to the nearest whole number. ▪ For groups offering multiple EmblemHealth Suite products, the total number of individuals enrolled in all products will count toward the above minimums. For example, a group with 9 eligible employees has 2 employees waiving coverage, leaving 7 eligible for the purposes of determining participation. Of those 7, 60%, or 4 employees must enroll in order for the group to qualify for coverage. (7 eligible employees x .60 = 4.2, rounded down to 4) ▪ Valid waivers for the purpose of determining participation requirements are: o Covered under spousal coverage, o Covered by Medicare, o Covered by COBRA o Covered through the VA

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Premium Rates	Premium rates are based on the group's New York State worksite location(s). Premium rates are not based on the residence of the employee. ▪ Premium rates for satellite office(s) within New York State but outside of the principal worksite's rating region will be rated based on the rating region of the satellite office.

[1] *These guidelines do not encompass Government Sponsored programs that EmblemHealth may offer for sale (e.g., Medicare, Healthy New York, etc.) The product sponsor should be consulted for policies and procedures that are applicable to their products. Additionally, these guidelines do not apply to legacy GHI or HIP products, as defined by EmblemHealth. The respective legacy product organization's guidelines apply.*

"EmblemHealth provides health benefit coverage and services through its subsidiary companies in New York State: Group Health Incorporated, HIP Health Plan of New York, HIP Insurance Company of New York, GHI HMO Select Inc., The PerfectHealth Insurance Company, Connecticare of New York Inc. and EmblemHealth Services Company, L.L.C."

EmblemHealth

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

Important Plan Information About Your Renewal Rates <Date>

<<Group Name 1>> <<Group Name 2>>
<<Contact Fname>> <<Contact Lname>>
<<Street Add1>>
<<Street Add2>>
<<City,>> <<State>> <<Zip Code>>

<<**Group No**:>>

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 HIP Health Plan of New York ("HIP") «**PLAN**» plan under group number «**GROUP_NO**» 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»**

The premium rates above reflect an adjustment to your group's premium rate that was approved by the New York State Department of Financial Services (NYSDFS). This is the rate that we will charge your group for coverage; this change in rate may or may not affect the current contribution level for your employees.

Please note that you must notify your employees about any additional premium contribution (if any) that they must pay resulting from this rate adjustment as soon as possible.

If you have any questions, please contact your account representative

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,

George Babitsch
Senior Vice President
Account Management and Underwriting

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.

Unified Rate Review v2.0.2

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

Market Level Calculations (Same for all Plans)

Section I: Experience period data

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

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$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	61.13	$22,020.35	$112.18	0.804	0.861	1.064	1.030	52.17	$21,463.61	$93.32	0.00	$0.00	$0.00
Outpatient Hospital	Services	635.49	1,398.52	74.06	0.804	0.862	1.073	1.040	553.05	1,388.04	63.97	0.00	0.00	0.00
Professional	Services	14,242.21	127.50	151.32	0.804	0.859	1.018	1.040	12,394.49	113.57	117.30	0.00	0.00	0.00
Other Medical	Other	12,000.00	19.01	19.01	0.804	0.862	1.104	1.000	9,649.74	19.97	16.06	0.00	0.00	0.00
Capitation	Other	12,000.00	35.67	35.67	0.804	0.857	1.033	1.000	9,649.74	32.59	26.20	0.00	0.00	0.00
Prescription Drug	Prescriptions	9,025.37	96.03	72.22	0.804	0.860	1.051	1.020	7,552.39	91.10	57.34	0.00	0.00	0.00
Total				$464.46							$374.18			$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%	$374.18	$134,706,231
Paid to Allowed Average Factor in Projection Period			0.760	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$284.50	$102,418,758
Projected Risk Adjustments PMPM			-72.26	(26,012,715)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$356.75	$128,431,473
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$356.75	$128,431,473
Administrative Expense Load		13.19%	56.63	20,387,300
Profit & Risk Load		1.00%	4.29	1,545,788
Taxes & Fees		2.73%	11.71	4,214,203
Single Risk Pool Gross Premium Avg. Rate, PMPM			$429.39	$154,578,764
Index Rate for Projection Period			$374.18	
% increase over Experience Period			10.88%	
% Increase, annualized:			5.30%	
Projected Member Months				360,000

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: **Small Group**
Effective Date of Rate Change(s): **1/1/2015**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product Product ID:		Terminated Products 88582NY999	Select Care Gold, Gold, NS, INN, Dep25 88582NY043	Select Care Silver, Silver, NS, INN, Dep25 88582NY039	Select Care Bronze, Bronze, NS, INN, Dep25 88582NY049	Select Care HNY Gold, Gold, ST, INN, Dep25 88582NY045	Select Care Platinum HMO 15/35, ST, Dep25 88582NY182	Select Care Platinum, Platinum, ST, INN, Dep25 88582NY117	Select Care Gold, Gold, ST, INN, Dep25 88582NY125	Select Care Silver, Silver, ST, INN, Dep25 88582NY133	Select Care Bronze, Bronze, ST, INN, Dep25 88582NY141	Select Care Gold, Gold, NS, INN, Dep25 88582NY157	Select Care Silver, Silver, NS, INN, Dep25 88582NY165	Select Care Bronze, Bronze, NS, INN, Dep25 88582NY173
Metal:		Catastrophic	Gold	Silver	Bronze	Gold	Platinum	Platinum	Gold	Silver	Bronze	Gold	Silver	Bronze
AV Metal Value		0.851	0.817	0.719	0.582	0.790	0.881	0.881	0.790	0.707	0.620	0.817	0.719	0.582
AV Pricing Value		0.851	0.815	0.732	0.595	0.816	0.909	0.909	0.816	0.725	0.654	0.815	0.732	0.595
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Products	HMO 40 / 60	HMO 35 / 55	HMO HD6300	Healthy NY HMO	HMO 15/35	Platinum S	Gold S	Silver S	Bronze S	HMO 40/60 S	HMO 35/55 S	HMO HD6300 S
Plan ID (Standard Component ID):		88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
Exchange Plan?		No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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%	-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%	-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%	-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	1/1/2015	1/1/2015
Rate Change % (over prior filing)		0.00%	9.50%	13.90%	9.55%	15.88%	0.00%	0.00%	0.00%	0.00%	0.00%	9.50%	13.90%	9.55%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	9.50%	13.90%	9.55%	15.88%	0.00%	0.00%	0.00%	0.00%	0.00%	9.50%	13.90%	9.55%
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!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!	9.50%	13.89%	9.54%	15.87%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
Inpatient	$0.00	$0.00	$4.11	$6.92	$3.15	$8.45	$0.00	$0.00	$0.00	$0.00	$0.00	$4.11	$6.92	$3.15
Outpatient	$0.00	$0.00	$2.82	$4.74	$2.16	$5.79	$0.00	$0.00	$0.00	$0.00	$0.00	$2.82	$4.74	$2.16
Professional	$0.00	$0.00	$5.17	$8.70	$3.95	$10.62	$0.00	$0.00	$0.00	$0.00	$0.00	$5.17	$8.70	$3.95
Prescription Drug	$0.00	$0.00	$2.53	$4.25	$1.93	$5.19	$0.00	$0.00	$0.00	$0.00	$0.00	$2.53	$4.25	$1.93
Other	$0.00	$0.00	$0.65	$1.09	$0.50	$1.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.65	$1.09	$0.50
Capitation	$0.00	$0.00	$1.15	$1.94	$0.88	$2.37	$0.00	$0.00	$0.00	$0.00	$0.00	$1.15	$1.94	$0.88
Administration	$0.00	$0.00	$9.98	$10.42	$7.56	$11.26	$0.00	$0.00	$0.00	$0.00	$0.00	$9.98	$10.42	$7.56
Taxes & Fees	$0.00	$0.00	$0.07	$0.11	-$0.35	$0.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.07	$0.11	-$0.35
Risk & Profit Charge	$0.00	$0.00	$0.63	$0.76	$0.57	$0.82	$0.00	$0.00	$0.00	$0.00	$0.00	$0.63	$0.76	$0.57
Total Rate Increase	$0.00	$0.00	$27.11	$38.94	$20.35	$46.10	$0.00	$0.00	$0.00	$0.00	$0.00	$27.11	$38.94	$20.35
Member Cost Share Increase	$0.00	$0.00	$17.11	$1.90	$14.03	$12.94	$0.00	$0.00	$0.00	$0.00	$0.00	$17.11	$1.90	$14.03

Average Current Rate PMPM	$399.64	$0.00	$434.32	$370.56	$323.55	$370.85	$0.00	$0.00	$0.00	$0.00	$0.00	$434.32	$370.56	$323.55
Projected Member Months	360,000	0	171,543	124,281	10,331	53,845	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
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	$0.00	$0.00
Member Months	376,254	376,254	0	0	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	$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%	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%	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%	100.00%	100.00%
Total Allowed Claims (TAC)	$154,009,301	$154,009,301	$0	$0	$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%	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%	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%	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	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
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!	#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	$0	$0
Net Amt of Rein	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Net Amt of Risk Adj	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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!	#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!	#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!	#DIV/0!	#DIV/0!

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

Plan ID (Standard Component ID):	Total	88582NY9999999	88582NY0430001	88582NY0390001	88582NY0490001	88582NY0450001	88582NY1820001	88582NY1170001	88582NY1250001	88582NY1330001	88582NY1410001	88582NY1570001	88582NY1650001	88582NY1730001
Plan Adjusted Index Rate	$433.48	$0.00	$461.43	$409.50	$343.90	$416.95	$530.01	$530.01	$462.12	$406.62	$368.10	$461.43	$409.50	$343.90
Member Months	360,000	-	171,543	124,281	10,331	53,845	-	-	-	-	-	-	-	-
Total Premium (TP)	$156,052,368	$0	$79,155,835	$50,892,893	$3,552,833	$22,450,807	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TP, [see instructions]	99.98%	100.00%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.02%	0.00%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%
Total Allowed Claims (TAC)	$160,718,948	$0	$77,767,706	$54,149,173	$4,391,851	$24,410,218	$0	$0	$0	$0	$0	$0	$0	$0
EHB Percent of TAC, [see instructions]	99.98%	100.00%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%	99.98%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.02%	0.00%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%	0.02%
Allowed Claims which are not the issuer's obligation	$31,045,224	$0	$11,876,300	$11,931,063	$1,461,934	$5,775,927	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$129,673,724	$0	$65,891,405	$42,218,110	$2,929,917	$18,634,291	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Risk Adj	-$26,012,715	$0	-$12,395,276	-$8,980,240	-$746,493	-$3,890,707	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	$360.20	#DIV/0!	$384.11	$339.70	$283.60	$346.07	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$446.44	#DIV/0!	$453.34	$435.70	$425.11	$453.34	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$446.36	#DIV/0!	$453.26	$435.62	$425.04	$453.26	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Small Group Underwriting Guidelines[1]

New York

FOR BUSINESSES WITH 1-50 EMPLOYEES

EmblemHealth Products

Underwritten by GHI and HIP

Small Group Underwriting Guidelines

EmblemHealth's community-rated plans are available for purchase by qualified small groups.

Application	▪ The initial payment equivalent to one month's premium must be made payable to EmblemHealth and submitted with the new group application form. Only business checks are acceptable forms of payment. ▪ New business contract periods will begin on the 1st of a month only ▪ New business must be submitted by the twenty-third day of the month prior to the requested effective date, e.g. new business with a requested effective date of February 1st must be received by EmblemHealth on or before January 23rd. ▪ Documentation requested by EmblemHealth to determine group or employee eligibility must be supplied within five (5) business days from the date of EmblemHealth's request in order to secure the requested effective date of coverage. If documentation is not supplied within five (5) business days, EmblemHealth will establish an effective date of coverage pending receipt and verification of the data. 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.
Benefit Changes	Benefit downgrades: A plan change is a downgrade when the premium rates for the new product are lower than the premium rates for the old product as of the requested plan change date. ▪ A group can downgrade its coverage at any time during the year except in the three months preceding the contract anniversary date. The effective date of the benefit downgrade will become the group's new anniversary date. Benefit upgrades: • A group can only upgrade coverage at its contract anniversary date. **All plan change requests must be received by EmblemHealth five business days prior to the desired effective date.**

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. 1. 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.
EmblemHealth Suite	• Multiple option plans (employee choice at point of enrollment) are allowed, choosing from among any of the products marketed through the EmblemHealth Suite. • A group may change the Plan Types offered only on the group's anniversary. • An employee may only change the plan option elected on the group's anniversary.
Rating Tiers	• EmblemHealth small group business (1 – 50 employees) will be offered on a 4-tier rating basis only.

Employee Eligibility	Groups must demonstrate an employer/employee relationship for all eligible employees.
	
	EmblemHealth evaluates eligibility based on the United States Internal Revenue Service's definition of an employee of an employer group or a bona fide employer member of an association group.
	
	▪ EmblemHealth only covers full-time employees. EmblemHealth defines full-time eligible employees as employees who work 20 or more hours per week, each week. If an employer requires a longer number of hours worked in order to meet eligibility, then EmblemHealth will use the employer's criteria to define full-time eligible employees.
	▪ The following categories of employees are not eligible for small group coverage:
	  ▪ Retirees and their dependent(s).
	  ▪ Individuals who receive 1099 Forms and their dependents can be covered at the employer's option provided the 1099 is considered to be an employee pursuant to IRS rules.
	  ▪ Seasonal employees and their dependents.
	  ▪ Leased employees.
	
	A group must provide proof of employment for each employee at the time of application or at the time of periodic eligibility audits. Each employee to be enrolled must appear on a NYS-45 or NYS-45-ATT. Individuals and/or groups not meeting eligibility requirements as a result of these audits will be terminated.
	
	▪ The NYS-45 or NYS-45-ATT must be the filed copy for the quarter preceding the desired effective date of coverage. The status of each employee must be indicated on the form as applicable: Full-time, Part-time (less than 20 hours worked per week), Permanent, Temporary, Waiving, Eligible, not-Eligible, Enrolling, Class distinction if applicable.

	▪ In the absence of providing a NYS-45 or a NYS-45-ATT, the group must provide a signed copy of its full tax return, such as an 1120, 1065, 1120S, LLC or LLP with Schedule K-1, Schedule C or Schedule E. ▪ If the employer has a benefit waiting period, the employer must provide documentation verifying the terms of the waiting period. Two Life Group ▪ **A two life group consisting of a husband and wife is considred to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.** Recent Hires ▪ In the event that a newly hired employee is not yet listed on filed tax documentation, then a copy of the employee's W-4 or recent payroll check stub must be supplied to qualify for provisional enrollment. If a payroll check stub is supplied, it must include the company name, employee name, number of hours worked and payroll dates. The payroll dates cannot be more than 30 days prior to the date of application. ▪ The group must produce tax documents within 90 days after the effective date of coverage to substantiate a recent hire's eligibility. If acceptable documentation is not provided to EmblemHealth, then coverage will be terminated as of the individuals and/or groups original effective date. COBRA Members ▪ COBRA enrollees must supply a letter of election and a copy of their last payroll report.

Employer Eligibility	A group must be actively operating its business at all times that EmblemHealth coverage will be in effect. Two Life Group ▪ **A two life group consisting of a husband and wife is considered to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.** A group applying for a community-rated plan must provide EmblemHealth with all of the following documentation: ▪ a Federal Employer Identification Number (EIN) and evidence of authority to conduct business in New York State ▪ confirmation that the group's worksite(s) is in New York State. Street addresses must be provided even for worksite(s) with post office box listings. If a new business is not able to supply the data above, then EmblemHealth's Letter of Certification from the group's attorney or certified public accountant explaining the specific situation will temporarily suffice. Neither the attorney nor the C.P.A. can be an employee or the relative of an employee of the group. In addition, the Letter of Certification must be accompanied by: ▪ Articles of Incorporation issued by the State of New York, or ▪ a certificate to do business issued by the State of New York and ▪ a payroll record acceptable to EmblemHealth. The group must produce tax documents within 90 days after the effective date of coverage to substantiate its business operation. Coverage will be terminated if acceptable documentation is not provided within 90 days. ▪
Enrollment Policy	▪ New enrollees must enroll as of their date of hire. ▪ If the employer has a benefit waiting period, the employee must enroll on the first day of benefit eligibility. ▪ The benefit waiting period can not exceed 90 days. ▪ New groups enrolling with EmblemHealth may waive the waiting period for all employees at the time of initial enrollment. **Eligible employees and/or dependents who do not enroll on the first day of benefit eligibility will not be eligible to enroll until the employer's next annual enrollment period, except in the circumstances below.** The enrollment period commences on the anniversary date of

	coverage and ends after 30 days.
	▪ The individual was covered under another plan or policy at the time the individual was initially eligible to enroll and has lost coverage under the other plan or policy as a result of exhaustion of the period of continuation under State of Federal law or
	▪ The loss of eligibility was related to one or more of the following reasons:
	  ▪ termination of employment
	  ▪ termination of the other plan or contract
	  ▪ death of the spouse
	  ▪ legal separation, divorce or annulment
	  ▪ reduction in the number of hours of employment
	  ▪ contract holder contributions toward the payment of premium for the other plan or contract were terminated.
	▪ A court has ordered coverage be provided for a spouse or minor children under a covered employee or member's health benefit plan and the request for enrollment is made within 30 days after issuance of the court order.

Headquarters in New York	If a group has: ▪ its principal location within New York State and ▪ it employs one to fifty employees at a worksite(s) in New York State then the group can purchase community-rated coverage for its eligible employees, subject to any applicable service area restrictions. Groups with more than one office/location within the State of New York must identify each location and the employees that work at that location.
Headquarters outside New York	If a group has: ▪ its principal location outside New York State and ▪ it employs one to fifty employees at a worksite(s) in New York State then, • The group can purchase community-rated coverage for its New York employees. The contract for coverage must be delivered to a New York worksite and the contract will only cover employees working at the New York worksite(s).
High Deductible Health Plans	▪ The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product. ▪ .

Ongoing Qualification	Periodic surveys of enrolled small groups may be taken by EmblemHealth and/or EmblemHealth's designated administrators to ensure that the group is actively operating its business and remains qualified to be enrolled in a community-rated product.
	The survey can include, but not be limited to, any or all of the following to verify continued eligibility:
	  ▪ The group's most recently-filed NYS-45 or NYS-45-ATT
	  ▪ Tax documentation as requested by EmblemHealth and/or EmblemHealth's designated administrators.
	  ▪ Payroll information as requested by EmblemHealth and/or EmblemHealth's designated administrators.

Participation	▪ There is no minimum participation requirement for HMO products. ▪ For non_HMO products a minimum of 60% of the eligible employees, excluding waivers, must be covered by EmblemHealth except during the annual open enrollment period from November 15 to December 15 of each year. ▪ The 60% threshold will be determined by multiplying the number of eligible employees by .60 and rounding fractions down to the nearest whole number. ▪ For groups offering multiple EmblemHealth Suite products, the total number of

	individuals enrolled in all products will count toward the above minimums. For example, a group with 9 eligible employees has 2 employees waiving coverage, leaving 7 eligible for the purposes of determining participation. Of those 7, 60%, or 4 employees must enroll in order for the group to qualify for coverage. (7 eligible employees x .60 = 4.2, rounded down to 4) ▪ Valid waivers for the purpose of determining participation requirements are: o Covered under spousal coverage, o Covered by Medicare, o Covered by COBRA o Covered through the VA

Premium Rates	Premium rates are based on the group's New York State worksite location(s). Premium rates are not based on the residence of the employee. ▪ Premium rates for satellite office(s) within New York State but outside of the principal worksite's rating region will be rated based on the rating region of the satellite office.

[1] *These guidelines do not encompass Government Sponsored programs that EmblemHealth may offer for sale (e.g., Medicare, Healthy New York, etc.) The product sponsor should be consulted for policies and procedures that are applicable to their products. Additionally, these guidelines do not apply to legacy GHI or HIP products, as defined by EmblemHealth. The respective legacy product organization's guidelines apply.*

"EmblemHealth provides health benefit coverage and services through its subsidiary companies in New York State: Group Health Incorporated, HIP Health Plan of New York, HIP Insurance Company of New York, GHI HMO Select Inc., The PerfectHealth Insurance Company, Connecticare of New York Inc. and EmblemHealth Services Company, L.L.C."

Small Group Underwriting Guidelines[1]

New York

FOR BUSINESSES WITH 12-50 EMPLOYEES

EmblemHealth Products

Underwritten by GHI and HIP

Small Group Underwriting Guidelines

EmblemHealth's community-rated plans are available for purchase by qualified small groups ~~that employ no fewer than two (2) and no more than fifty (50) eligible employees.~~ .

Application	▪ The initial payment equivalent to one month's premium must be made payable to EmblemHealth and submitted with the new group application form. Only business checks are acceptable forms of payment. ▪ New business contract periods will begin on the 1st of a month only ▪ New business must be submitted by the ~~first~~ twenty-third day of the month prior to the requested effective date, e.g. new business with a requested effective date of February 1st must be received by EmblemHealth on or before January 23rd ~~1st~~. ▪ Documentation requested by EmblemHealth to determine group or employee eligibility must be supplied within **five (5) business days** from the date of EmblemHealth's request in order to secure the requested effective date of coverage. If documentation is not supplied within five (5) business days, EmblemHealth will establish an effective date of coverage pending receipt and verification of the data. **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.
Benefit Changes	**Benefit downgrades**: A plan change is a downgrade when the premium rates for the new product are lower than the premium rates for the old product as of the requested plan change date. ▪ A group can downgrade its coverage at any time during the year except in the three months preceding the contract anniversary date. The effective date of the benefit downgrade will become the group's new anniversary date. **Benefit upgrades:** • A group can only upgrade coverage at its contract anniversary date. **All plan change requests must be received by EmblemHealth five business days prior to the desired effective date.**

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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. 1. 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.
EmblemHealth Suite	• Multiple option plans (employee choice at point of enrollment) are allowed, choosing from among any of the products marketed through the EmblemHealth Suite. • ~~Each group may choose up to two EmblemHealth Suite options to be available to its employees provided, they have a minimum of 5 enrolled employees. A group may choose up to three EmblemHealth Suite options to be available to its employees provided they have a minimum of 20 enrolled employees. Only one plan of any particular Plan Type may be included in the plans offered.~~ • A group may change the Plan Types offered only on the group's anniversary. • An employee may only change the plan option elected on the group's anniversary.
Rating Tiers	• EmblemHealth small group business (~~2-50 eligible employees~~1 - 50 employees) will be offered on a 4-tier rating basis only.

Employee Eligibility	Groups must demonstrate an employer/employee relationship for all eligible employees.
	
	EmblemHealth evaluates eligibility based on the United States Internal Revenue Service's definition of an employee of an employer group or a bona fide employer member of an association group.
	
	▪ EmblemHealth only covers full-time employees. EmblemHealth defines full-time eligible employees as employees who work **20 or more hours per week**, each week. If an employer requires a longer number of hours worked in order to meet eligibility, then EmblemHealth will use the employer's criteria to define full-time eligible employees.
	▪ The following categories of employees are **not eligible for small group coverage**:
	  ▪ Retirees and their dependent(s).
	  ▪ Individuals ~~-~~who receive 1099 Forms and their dependents can be covered at the employer's option provided the 1099 is considered to be an employee pursuant to IRS rules.~~-~~
	  ▪ Seasonal employees and their dependents.
	  ▪ Leased employees.
	
	A group must provide proof of employment for each employee at the time of application or at the time of periodic eligibility audits. Each employee to be enrolled must appear on a NYS-45 or NYS-45-ATT. Individuals and/or groups not meeting eligibility requirements as a result of these audits will be terminated.

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- The NYS-45 or NYS-45-ATT must be the filed copy for the quarter preceding the desired effective date of coverage. The status of each employee must be indicated on the form as applicable: Full-time, Part-time (less than 20 hours worked per week), Permanent, Temporary, Waiving, Eligible, not-Eligible, Enrolling, Class distinction if applicable.
- In the absence of providing a NYS-45 or a NYS-45-ATT, the group must provide a signed copy of its full tax return, such as an 1120, 1065, 1120S, LLC or LLP with Schedule K-1, Schedule C or Schedule E.
- If the employer has a benefit waiting period, the employer must provide documentation verifying the terms of the waiting period.

Two Life Group

- A two life group consisting of a husband and wife is considred to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.

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Recent Hires

- In the event that a newly hired employee is not yet listed on filed tax documentation, then a copy of the employee's W-4 or recent payroll check stub must be supplied to qualify for provisional enrollment. If a payroll check stub is supplied, it must include the company name, employee name, number of hours worked and payroll dates. The payroll dates cannot be more than 30 days prior to the date of application.
- The group must produce tax documents within 90 days after the effective date of coverage to substantiate a recent hire's eligibility. If acceptable documentation is not provided to EmblemHealth, then coverage will be terminated as of the individuals and/or groups original effective date.

COBRA Members

- COBRA enrollees must supply a letter of election and a copy of their last payroll report.

Employer Eligibility

A group must be actively operating its business at all times that EmblemHealth coverage will be in effect.

Two Life Group

- A two life group consisting of a husband and wife is considered to be a sole proprietor per Federal guidelines, and is not eligible for Small Group coverage.

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A group applying for a community-rated plan must provide EmblemHealth with all of the following documentation:

- a Federal Employer Identification Number (EIN) and evidence of authority to conduct business in New York State
- confirmation that the group's worksite(s) is in New York State. Street addresses must be provided even for worksite(s) with post office box listings.

If a new business is not able to supply the data above, then EmblemHealth's Letter of Certification from the group's attorney or certified public accountant explaining the specific situation will temporarily suffice. Neither the attorney nor the C.P.A. can be an employee or the relative of an employee of the group. In addition, the Letter of Certification must be accompanied by:

- Articles of Incorporation issued by the State of New York, or
- a certificate to do business issued by the State of New York and
- a payroll record acceptable to EmblemHealth.

The group must produce tax documents within 90 days after the effective date of coverage to substantiate its business operation. Coverage will be terminated if acceptable documentation is not provided within 90 days.

~~•If a group has been terminated within the prior 12 months due to non-payment of premium, EmblemHealth will not issue the group a contract.~~

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Enrollment Policy

- New enrollees must enroll as of their date of hire.
- If the employer has a benefit waiting period, the employee must enroll on the first day of benefit eligibility.

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	▪ The benefit waiting period can not exceed 90 days.
	▪ New groups enrolling with EmblemHealth may waive the waiting period for all employees at the time of initial enrollment.
	
	Eligible employees and/or dependents who do not enroll on the first day of benefit eligibility will not be eligible to enroll until the employer's next annual enrollment period, except in the circumstances below. The enrollment period commences on the anniversary date of coverage and ends after 30 days.
	
	▪ The individual was covered under another plan or policy at the time the individual was initially eligible to enroll and has lost coverage under the other plan or policy as a result of exhaustion of the period of continuation under State of Federal law or
	▪ The loss of eligibility was related to one or more of the following reasons:
	  ▪ termination of employment
	  ▪ termination of the other plan or contract
	  ▪ death of the spouse
	  ▪ legal separation, divorce or annulment
	  ▪ reduction in the number of hours of employment
	  ▪ contract holder contributions toward the payment of premium for the other plan or contract were terminated.
	
	▪ A court has ordered coverage be provided for a spouse or minor children under a covered employee or member's health benefit plan and the request for enrollment is made within 30 days after issuance of the court order.

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Headquarters in New York	If a group has: ▪ its principal location **within** New York State and ▪ it employs ~~no fewer than two (2) and no more than fifty (50) eligible~~one to fifty employees at a worksite(s) in New York State then the group can purchase community-rated coverage for its eligible employees, subject to any applicable service area restrictions. Groups with more than one office/location within the State of New York must identify each location and the employees that work at that location.
Headquarters outside New York	If a group has: ▪ its principal location **outside** New York State and ▪ it employs ~~no fewer than two (2) and no more than fifty (50) eligible~~one to fifty employees at a worksite(s) in New York State then, • The group can purchase community-rated coverage for its New York employees. The contract for coverage must be delivered to a New York worksite and the contract will only cover employees working at the New York worksite(s).
High Deductible Health Plans	▪ The same member may not have an underlying insured or non-insured plan in conjunction with an HDHP product. ▪ ~~The member's deductible cannot being funded by an employer or any other first dollar coverage plan~~.
Ongoing Qualification	Periodic surveys of enrolled small groups may be taken by EmblemHealth and/or EmblemHealth's designated administrators to ensure that the group is actively operating its business and remains qualified to be enrolled in a community-rated product. The survey can include, but not be limited to, any or all of the following to verify continued eligibility: ▪ The group's most recently-filed NYS-45 or NYS-45-ATT ▪ Tax documentation as requested by EmblemHealth and/or EmblemHealth's designated administrators. ▪ Payroll information as requested by EmblemHealth and/or EmblemHealth's

	designated administrators.

Participation	▪ There is no minimum participation requirement for HMO products. ▪ For non HMO products a minimum of 60% of the eligible employees, excluding waivers, must be covered by EmblemHealth except during the annual open enrollment period from November 15 to December 15 of each year. ▪ The 60% threshold will be determined by multiplying the number of eligible employees by .60 and rounding fractions down to the nearest whole number. ▪ For groups offering multiple EmblemHealth Suite products, the total number of individuals enrolled in all products will count toward the above minimums. For example, a group with 9 eligible employees has 2 employees waiving coverage, leaving 7 eligible for the purposes of determining participation. Of those 7, 60%, or 4 employees must enroll in order for the group to qualify for coverage. (7 eligible employees x .60 = 4.2, rounded down to 4) ▪ Valid waivers for the purpose of determining participation requirements are: o Covered under spousal coverage, o Covered by Medicare, o Covered by COBRA o Covered through the VA

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Premium Rates	Premium rates are based on the group's New York State worksite location(s). Premium rates are not based on the residence of the employee. ▪ Premium rates for satellite office(s) within New York State but outside of the principal worksite's rating region will be rated based on the rating region of the satellite office.

[1] *These guidelines do not encompass Government Sponsored programs that EmblemHealth may offer for sale (e.g., Medicare, Healthy New York, etc.) The product sponsor should be consulted for policies and procedures that are applicable to their products. Additionally, these guidelines do not apply to legacy GHI or HIP products, as defined by EmblemHealth. The respective legacy product organization's guidelines apply.*

"EmblemHealth provides health benefit coverage and services through its subsidiary companies in New York State: Group Health Incorporated, HIP Health Plan of New York, HIP Insurance Company of New York, GHI HMO Select Inc., The PerfectHealth Insurance Company, Connecticare of New York Inc. and EmblemHealth Services Company, L.L.C."

Appendix A

Health Insurance Plan of Greater New York

Metal Level	Standard Plan / Non Standard Plan	Product Name	On Exchange	Metal AV Value
		Small Group Exchange Plans		
Platinum	Standard	Platinum S	On Exchange	0.881
Gold	Standard	Gold S	On Exchange	0.790
Silver	Standard	Silver S	On Exchange	0.707
Bronze	Standard	Bronze S	On Exchange	0.620
Gold	Non-Standard	HMO 40/60 S	On Exchange	0.817
Silver	Non-Standard	HMO 35/55 S	On Exchange	0.719
Bronze	Non-Standard	HMO HD6300 S	On Exchange	0.582
		Small Group Off Exchange Plans		
Platinum	Standard	HMO 15/35	Off Exchange	0.881
Gold	Non-Standard	HMO 40 / 60	Off Exchange	0.817
Silver	Non-Standard	HMO 35 / 55	Off Exchange	0.719
Bronze	Non-Standard	HMO HD6300	Off Exchange	0.582
Healthy New York Gold	Non-Standard	Healthy NY HMO	Off Exchange	0.790

Appendix B1
STANDARD BENEFIT DESIGN COST SHARING DESCRIPTION CHART (4-25-2014)

SHOP Standard Plans

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.

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
DEDUCTIBLE (single)	$0	$600	$2,000	$3,000
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	$2,000	$4,000	$5,500	$6,350
COST SHARING - MEDICAL SERVICES				
Inpatient Facility/SNF/Hospice	$500 per admission	$1,000 per admission	$1,500 per admission	50% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	$100	$100	$100	50% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	$100	$100	$100	50% 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	50% cost sharing
Telemedicine	$10	$10	$10	$10
Telemedicine Dietician	$5	$5	$5	$5
Specialist	$35	$40	$50	50% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	$25	$30	$30	50% cost sharing
ER	$100	$150	$150	50% cost sharing
Ambulance	$100	$150	$150	50% cost sharing
Urgent Care	$55	$60	$70	50% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	50% 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
Hospital services - non-maternity	Inpatient Facility copay per admission #			50% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #			50% cost sharing
Mental health/Behavorial health care	Inpatient Facility copay per admission #			50% cost sharing
Detoxification	Inpatient Facility copay per admission #			50% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #			50% 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
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
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
Physician charge - Emergency Room visit	$0 copay per visit			50% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit			50% cost sharing
Physician charge - Free standing urgent care center visit	$0 copay per visit			50% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case			50% cost sharing

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
OUTPATIENT HOSPITAL/FACILITY SERVICES				
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters		Outpatient Facility-Surgery copay per case		50% cost sharing
Pre-admission/pre-operative testing		$0 copay		50% cost sharing
Diagnostic and routine laboratory and pathology		Specialist copay per visit		50% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI		Specialist copay per visit		50% cost sharing
Imaging: CAT/PET scans, MRI		Specialist copay		50% cost sharing
Chemotherapy		PCP copay per visit		50% cost sharing
Radiation therapy		PCP copay per visit		50% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		50% cost sharing
Mental health/Behavorial health care		PCP copay per visit		50% cost sharing
Substance abuse disorder services		PCP copay per visit		50% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative		PT/OT/ST copay per visit		50% cost sharing
Home care		PCP copay per visit		50% cost sharing
Hospice		PCP copay per visit		50% 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.		
Cervical cytology		Otherwise the cost sharing indicated below applies to all services in this benefit service category.		
Colonoscopy screening				
Gynecological exams				
Immunizations		PCP/Specialist copay per visit (based on type of physician performing the service)		50% 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
Outpatient hospital and freestanding surgicenter - surgeon		Surgeon copay per case		50% cost sharing
Office surgery		PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Anesthesia (any setting)		Covered in full, no deductible and no cost sharing applies		50% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative		PT/OT/ST copay per visit		50% cost sharing
Additional surgical opinion		Specialist copay per visit		50% cost sharing
Second medical opinion for cancer		Specialist copay per visit		50% 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
In-hospital physician visits		$0 copay per visit		50% cost sharing
Diagnostic office visits		PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Diagnostic and routine laboratory and pathology		PCP/Specialist copay per visit		50% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI		PCP/Specialist copay per visit		50% cost sharing
Imaging: CAT/PET scans, MRI		Specialist copay per visit		50% cost sharing
Allergy testing		PCP/Specialist copay per visit		50% cost sharing
Allergy shots		PCP/Specialist copay per visit		50% cost sharing
Office/outpatient consultations		PCP/Specialist copay per visit (based on type of physician performing the service)		50% cost sharing
Mental health/Behavorial health care		PCP copay per visit		50% cost sharing
Substance abuse disorder services		PCP copay per visit		50% cost sharing
Chemotherapy		PCP copay per visit		50% cost sharing
Radiation therapy		PCP copay per visit		50% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		50% cost sharing
Chiropractic care		Specialist copay per visit		50% cost sharing

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Bronze (AV = 0.58 to 0.62)
ADDITIONAL BENEFITS/SERVICES				
ABA treatment for Autism Specturm Disorder	PCP copay per visit			50% cost sharing
Assistive Communiciation Devices for Autism Spectrum Disorder	PCP copay per device			50% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies			50% cost sharing
Hearing evaluations/testing	Specialist copay per visit			50% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies			50% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply			50% cost sharing
Diabetic education and self-management	PCP copay per visit			50% cost sharing
Home care	PCP copay per visit			50% 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
PEDIATRIC VISION SERVICES				
Eye exam visit	PCP copay per visit			50% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames			50% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies			50% cost sharing
PRESCRIPTION DRUGS				
Generic or Tier 1	$10	$10	$10	$10
Formulary Brand or Tier 2	$30	$35	$35	$35
Non-Formulary Brand or Tier 3	$60	$70	$70	$70
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.

Appendix B-2 - Gold Non Standard Plan Design

Product Type:	HMO 40/60
Ind/Fam Deductible (Med/Hosp/Vision)	$0 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$4,000/$8,000
Rx Deductible	$100
Rx included in Deductible:	No
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$40 copay
Specialist Visit	$60 copay
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	$1,500 copay per admission
Outpatient Facility - Surgery, including free-standing surgicenters or Ambulatory Surgery	$150 copay
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	Covered in Full
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$100 copay
Non-Emergent Ambulance- Hosp to Facility transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$60 copay
Chemotherapy	$40 copay
DME/Medical Supplies	10% Coinsurance
Hearing Aids	10% Coinsurance
Eyewear	10% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Appendix B-3 - Silver Non Standard Plan Design

Product Type:	HMO Share
Ind/Fam Deductible (Med/Hosp/Vision)	$2,000/$4000 (per cal/yr.)
Ind/Fam Maximum OOP (incl. Ded.)	$6,000/$12,000
Coinsurance	30%
Rx included in Deductible:	No
Rx Deductible	$100
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	$35 copay per visit
Specialist Visit	$55 copay per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	Deductible & Coinsurance
Outpatient Facility - Surgery, including free-standing surgicenters	Deductible & Coinsurance
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters (FS)	Deductible & Coinsurance
Emergency Room - Facility charge (INN/ONN)	$200 copay (waived if admitted as an inpatient)
Emergency room visit - Physician charge	$0 copay per visit
Urgent Care (INN)	$60 copay
Observation Stay	$200 copay (waived if admitted as inpatient)
Anesthesia	Covered in Full
Emergent Ambulance	$150 copay
Non-Emergent Ambulance Hosp to Facility Transfer	Copay waived
PT/OT/ST (Rehabilitative & Habilitative)	$55 copay
Chemotherapy	$35 copay per visit
DME/Medical Supplies	30% Coinsurance
Hearing Aids	30% Coinsurance
Eyewear	30% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Appendix B-4 - Bronze Non Standard Plan Design

Product Type:	HMO HD 6300
Ind/Fam Deductible (Med/Hosp/Vision/Rx)	$6,300/$12,600 (per cal/yr.)
Ind/Fam Maximum OOP (incl Ded):	$6,300/$12,600
Rx included in Deductible:	Yes
Rx included in OOP maximum:	Yes
Q4 Deductible Carry Over	No
PCP Visit (injury or illness)	0% cost sharing per visit
Specialist Visit	0% cost sharing per visit
Telemedicine Consultation Fee	$10
Telemedicine Nutritionist Fee	$5
Inpatient Facility/SNF/Hospice	0% cost sharingper admission
Outpatient Facility - Surgery, including free-standing surgicenters	0% cost sharing per visit
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	0% cost sharing per visit
Emergency Room - Facility charge (INN/ONN)	0% cost sharing (waived if admitted as an inpatient)
Emergency room visit - Physician charge	0% cost sharing per visit
Urgent Care (INN)	0% cost sharing per visit
Observation Stay	0% cost sharing (waived if admitted as inpatient)
Anesthesia	0% cost sharing
Emergent Ambulance	0% cost sharing per visit
Non-Emergent Ambulance Hosp to Facility Transfer	0% cost sharing
PT/OT/ST (Rehabilitative & Habilatative)	0% cost sharing per visit
Chemotherapy	0% Coinsurance
DME/Medical Supplies	0% Coinsurance
Hearing Aids	0% Coinsurance
Eyewear	0% Coinsurance
Exercise Facility Reimbursement	**Subscriber reimbursed at the lesser of $200 or actual cost of membership per six-month period and 50 visits. Subscriber's spouse reimbursed at the lesser of $100 or actual cost of membership per six-month period and 50 visits.** *** Incentive not applied to OOP or Deductible**

Appendix C

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

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	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

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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 HNY *****

Output

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

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

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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

HIP SG 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 ($)	$0.00	$100.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑		
Specialist Visit	☐	☐		$60.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$60.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$60.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$60.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$24.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$60.00	☑	☑		
Skilled Nursing Facility	☐	☐		$1,500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG GOLD

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.7%
Metal Tier:	Gold

Appendix C

User Inputs for Plan Parameters

HIP SG 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	$100.00				
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%				
OOP Maximum ($)	$6,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑		$0.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$35.00	☑	☑		
Specialist Visit	☐	☐		$55.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$35.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$55.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$55.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$55.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$22.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$55.00	☑	☑		
Skilled Nursing Facility	☑	☑		$0.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$75.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$75.00	☑	☑		

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):	☐

HIP SG SILVER

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.9%
Metal Tier:	Silver

Appendix C

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

HIP SG 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 ($)			$6,300.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,300.00			
OOP Maximum if Separate ($)						

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

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):	☐

HIP SG Bronze

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	58.2%
Metal Tier:	Bronze

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	25
12	Inpatient	9.6%
13	Outpatient	11.6%
14	Professional	6.0%
15	Pharmacy	7.2%
16	HCRA Surcharge	10.4%
17	No Rx Coverage Adjustment	7.2%
18	Rx Rebates	7.2%
19	Ancillary Caps	3.3%
20	**Total**	**7.9%**
	Trended - Small Group Paid PMPMs - CY 2015	
21	Inpatient	$115.52
22	Outpatient	$79.19
23	Professional	$145.21
24	Pharmacy	$65.10
25	HCRA Surcharge	$18.25
26	No Rx Coverage Adjustment	$10.67
27	Rx Rebates	($4.79)
28	Ancillary Caps	$32.44
29	**Total**	**$461.59**
30	EHB Adjustment	$1.63
31	Product/Neighborhood Adjustment	0.888
32	New Member Morbidity Factor	0.970
33	Include MG/GR members	0.933
34	SelectCare Network Savings	0.898
35	Current Pricing AV	0.851
36	Expected Pricing AV	0.760
37	Expected/Current Pricing AV	0.894
38	Current Induced Demand	1.115
39	Expected Induced Demand	1.060
40	Expected/Current Induced Demand	0.951
41	**Index Rate**	**$284.50**
42	Risk Adjustment	$72.26
43	Reinsurance	$0.00
44	**Adjusted Index Rate**	**$356.75**

Appendix E

2015 Rate Development

		Off Exchange					On Exchange						
45		**Gold - Non Standard**	**Silver - Non Standard**	**Bronze - Non-Standard**	**HNY Gold**	**Platinum - Standard**	**Platinum - Standard**	**Gold - Standard**	**Silver - Standard**	**Bronze - Standard**	**Gold - Non-Standard**	**Silver - Non-Standard**	**Bronze - Non-Standard**
46	Deductible	$0	$2,000	$6,300	$600	$0	$0	$600	$2,000	$3,000	$0	$2,000	$6,300
47	Coinsurance Max	$4,000	$6,000	$0	$3,400	$2,000	$2,000	$3,400	$3,500	$3,350	$4,000	$6,000	$0
48	Coinsurance	0%	30%	0%	0%	0%	0%	0%	0%	50%	0%	30%	0%
49	IP Copay	$1,500	Ded & Coins	$0	$1,000	$500	$500	$1,000	$1,500	50%	$1,500	Ded & Coins	$0
50	OP Facility/Surgery	$150	Ded & Coins	$0	$100	$100	$100	$100	$100	50%	$150	Ded & Coins	$0
51	PCP	$40	$35	$0	$25	$15	$15	$25	$30	50%	$40	$35	$0
52	SPC	$60	$55	$0	$40	$35	$35	$40	$50	50%	$60	$55	$0
53	PT/OT/ST	$60	$55	$0	$30	$25	$25	$30	$30	50%	$60	$55	$0
54	ER	$200	$200	$0	$150	$100	$100	$150	$150	50%	$200	$200	$0
55	Ambulance	$100	$150	$0	$150	$100	$100	$150	$150	50%	$100	$150	$0
56	Urgent Care	$60	$60	$0	$60	$55	$55	$60	$70	50%	$60	$60	$0
57	DME	10%	30%	0%	20%	10%	10%	20%	30%	50%	10%	30%	0%
58	Rx	$15/$35/$75/$100	$15/$35/$75/$100	$0/$0/$0	$10/$35/$70	$10/$30/$60	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70	$15/$35/$75/$100	$15/$35/$75/$100	$0/$0/$0
59	Bottoms Up Model PMPM	$314.99	$283.03	$230.04	$315.58	$351.70	$351.70	$315.58	$280.40	$252.72	$314.99	$283.03	$230.04
60	Pricing Actuarial Value (Paid/Allowed ratio)	0.8146	0.7319	0.5949	0.8161	0.9095	0.9095	0.8161	0.7251	0.6535	0.8146	0.7319	0.5949
61	Expected Pricing AV	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603	0.7603
62	Composite Pricing AV	1.0713	0.9626	0.7824	1.0734	1.1962	1.1962	1.0734	0.9537	0.8596	1.0713	0.9626	0.7824
63	Induced Demand Factor	1.0800	1.0300	1.0000	1.0800	1.1500	1.1500	1.0800	1.0300	1.0000	1.0800	1.0300	1.0000
64	Expected Induced Demand	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604	1.0604
65	Composite Induced Demand	1.0184	0.9713	0.9430	1.0184	1.0845	1.0845	1.0184	0.9713	0.9430	1.0184	0.9713	0.9430
66	**Top Down Adjusted PMPM - Adjusted for Plan Specific**	**$310.41**	**$266.00**	**$209.91**	**$311.00**	**$369.06**	**$369.06**	**$311.00**	**$263.54**	**$230.60**	**$310.41**	**$266.00**	**$209.91**
67	Risk Adjustment PMPM	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26	$72.26
68	HNY Stop Loss PMPM	$0.00	$0.00	$0.00	($38.62)	0	0	0	0	0	0	0	0
69	**Top Down Adjusted PMPM - Total**	**$382.67**	**$338.26**	**$282.17**	**$344.64**	**$441.31**	**$441.31**	**$383.26**	**$335.80**	**$302.86**	**$382.67**	**$338.26**	**$282.17**
70	HCRA CLA	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88	$10.88
71	SMCP Credits	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)	($9.45)
72	**Top Down Adjusted PMPM w HCRA**	**$384.11**	**$339.70**	**$283.60**	**$346.07**	**$442.75**	**$442.75**	**$384.70**	**$337.23**	**$304.30**	**$384.11**	**$339.70**	**$283.60**
73	PCORI	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17	$0.17
74	Exchange Fee	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
75	Reinsurance Fee	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67	$3.67
76	Insurance Fee	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%
77	Risk Adjustment Fee	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08	$0.08
78	**Total ACA Fees - Based off Total PMPM**	**$8.29**	**$7.80**	**$7.18**	**$7.87**	**$8.94**	**$8.94**	**$8.30**	**$7.77**	**$7.41**	**$8.29**	**$7.80**	**$7.18**
79	Admin That Improves Health Care Quality	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%	2.17%
80	332 Assessments	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%	0.87%
81	Commissions	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
82	GA Payments	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55	$6.55
83	All Other Admin	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%
84	**Total Admin**	**13.96%**	**14.14%**	**14.45%**	**14.11%**	**13.78%**	**13.78%**	**13.96%**	**14.15%**	**14.32%**	**13.96%**	**14.14%**	**14.45%**
85	**Margin for Adverse Results**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**	**1.00%**
86	**2014 Premium PMPM**	**$434.32**	**$370.56**	**$323.55**	**$370.85**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
87	**2015 Premium PMPM**	**$461.43**	**$409.50**	**$343.90**	**$416.95**	**$530.01**	**$530.01**	**$462.12**	**$406.62**	**$368.10**	**$461.43**	**$409.50**	**$343.90**
88	**2014 Premium PEPM**	**$481.44**	**$410.77**	**$358.66**	**$411.09**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
89	**2015 Premium PEPM**	**$527.19**	**$467.85**	**$392.91**	**$476.37**	**$605.54**	**$605.54**	**$527.97**	**$464.56**	**$420.56**	**$527.19**	**$467.85**	**$392.91**
90	**Rate Increase**	**9.5%**	**13.9%**	**9.5%**	**15.9%**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Appendix E

2015 Rate Development

	Regional Factors												
91	New York City Area	0.956								0.956			
92	Long Island Area	1.086								1.086			
93	Mid-Hudson Area	1.146								1.146			
94	Albany Area	1.145								1.145			
95	Syracuse Area	1.145								1.145			
96	Utica/Watertown Area	1.145								1.145			
95	**Final PMPM - New York City Area**	**$440.94**	**$391.32**	**$328.63**	**$398.44**	**$506.48**	**$506.48**	**$441.60**	**$388.57**	**$351.76**	**$440.94**	**$391.32**	**$328.63**
96	**Final PMPM - Long Island Area**	**$501.11**	**$444.72**	**$373.48**	**$452.81**	**$575.59**	**$575.59**	**$501.86**	**$441.59**	**$399.76**	**$501.11**	**$444.72**	**$373.48**
97	**Final PMPM - Mid-Hudson Area**	**$528.61**	**$469.12**	**$393.97**	**$477.66**	**$607.18**	**$607.18**	**$529.40**	**$465.82**	**$421.70**	**$528.61**	**$469.12**	**$393.97**
98	**Final PMPM - Albany Area**	**$528.38**	**$468.92**	**$393.80**	**$477.45**	**$606.91**	**$606.91**	**$529.17**	**$465.62**	**$421.51**	**$528.38**	**$468.92**	**$393.80**
99	**Final PMPM - Syracuse Area**	**$528.38**	**$468.92**	**$393.80**	**$477.45**	**$606.91**	**$606.91**	**$529.17**	**$465.62**	**$421.51**	**$528.38**	**$468.92**	**$393.80**
100	**Final PMPM - Utica/Watertown Area**	**$528.38**	**$468.92**	**$393.80**	**$477.45**	**$606.91**	**$606.91**	**$529.17**	**$465.62**	**$421.51**	**$528.38**	**$468.92**	**$393.80**
101	PEPM Adjustment	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425	1.1425
	New York City Area												
102	**Individual**	**$503.78**	**$447.08**	**$375.46**	**$455.21**	**$578.65**	**$578.65**	**$504.53**	**$443.94**	**$401.88**	**$503.78**	**$447.08**	**$375.46**
103	**Individual + Spouse**	**$1,007.56**	**$894.16**	**$750.92**	**$910.42**	**$1,157.30**	**$1,157.30**	**$1,009.06**	**$887.88**	**$803.76**	**$1,007.56**	**$894.16**	**$750.92**
104	**Individual + Child(ren)**	**$856.43**	**$760.04**	**$638.28**	**$773.86**	**$983.71**	**$983.71**	**$857.70**	**$754.70**	**$683.20**	**$856.43**	**$760.04**	**$638.28**
105	**Family**	**$1,435.77**	**$1,274.18**	**$1,070.06**	**$1,297.35**	**$1,649.15**	**$1,649.15**	**$1,437.91**	**$1,265.23**	**$1,145.36**	**$1,435.77**	**$1,274.18**	**$1,070.06**
	Long Island Area												
106	**Individual**	**$572.52**	**$508.09**	**$426.70**	**$517.33**	**$657.61**	**$657.61**	**$573.38**	**$504.52**	**$456.72**	**$572.52**	**$508.09**	**$426.70**
107	**Individual + Spouse**	**$1,145.04**	**$1,016.18**	**$853.40**	**$1,034.66**	**$1,315.22**	**$1,315.22**	**$1,146.76**	**$1,009.04**	**$913.44**	**$1,145.04**	**$1,016.18**	**$853.40**
108	**Individual + Child(ren)**	**$973.28**	**$863.75**	**$725.39**	**$879.46**	**$1,117.94**	**$1,117.94**	**$974.75**	**$857.68**	**$776.42**	**$973.28**	**$863.75**	**$725.39**
109	**Family**	**$1,631.68**	**$1,448.06**	**$1,216.10**	**$1,474.39**	**$1,874.19**	**$1,874.19**	**$1,634.13**	**$1,437.88**	**$1,301.65**	**$1,631.68**	**$1,448.06**	**$1,216.10**
	Mid-Hudson Area												
110	**Individual**	**$603.94**	**$535.97**	**$450.11**	**$545.72**	**$693.70**	**$693.70**	**$604.84**	**$532.20**	**$481.79**	**$603.94**	**$535.97**	**$450.11**
111	**Individual + Spouse**	**$1,207.88**	**$1,071.94**	**$900.22**	**$1,091.44**	**$1,387.40**	**$1,387.40**	**$1,209.68**	**$1,064.40**	**$963.58**	**$1,207.88**	**$1,071.94**	**$900.22**
112	**Individual + Child(ren)**	**$1,026.70**	**$911.15**	**$765.19**	**$927.72**	**$1,179.29**	**$1,179.29**	**$1,028.23**	**$904.74**	**$819.04**	**$1,026.70**	**$911.15**	**$765.19**
113	**Family**	**$1,721.23**	**$1,527.51**	**$1,282.81**	**$1,555.30**	**$1,977.05**	**$1,977.05**	**$1,723.79**	**$1,516.77**	**$1,373.10**	**$1,721.23**	**$1,527.51**	**$1,282.81**
	Albany Area												
114	**Individual**	**$603.68**	**$535.74**	**$449.92**	**$545.49**	**$693.40**	**$693.40**	**$604.58**	**$531.97**	**$481.58**	**$603.68**	**$535.74**	**$449.92**
115	**Individual + Spouse**	**$1,207.36**	**$1,071.48**	**$899.84**	**$1,090.98**	**$1,386.80**	**$1,386.80**	**$1,209.16**	**$1,063.94**	**$963.16**	**$1,207.36**	**$1,071.48**	**$899.84**
116	**Individual + Child(ren)**	**$1,026.26**	**$910.76**	**$764.86**	**$927.33**	**$1,178.78**	**$1,178.78**	**$1,027.79**	**$904.35**	**$818.69**	**$1,026.26**	**$910.76**	**$764.86**
117	**Family**	**$1,720.49**	**$1,526.86**	**$1,282.27**	**$1,554.65**	**$1,976.19**	**$1,976.19**	**$1,723.05**	**$1,516.11**	**$1,372.50**	**$1,720.49**	**$1,526.86**	**$1,282.27**
	Syracuse Area												
118	**Individual**	**$603.68**	**$535.74**	**$449.92**	**$545.49**	**$693.40**	**$693.40**	**$604.58**	**$531.97**	**$481.58**	**$603.68**	**$535.74**	**$449.92**
119	**Individual + Spouse**	**$1,207.36**	**$1,071.48**	**$899.84**	**$1,090.98**	**$1,386.80**	**$1,386.80**	**$1,209.16**	**$1,063.94**	**$963.16**	**$1,207.36**	**$1,071.48**	**$899.84**
120	**Individual + Child(ren)**	**$1,026.26**	**$910.76**	**$764.86**	**$927.33**	**$1,178.78**	**$1,178.78**	**$1,027.79**	**$904.35**	**$818.69**	**$1,026.26**	**$910.76**	**$764.86**
121	**Family**	**$1,720.49**	**$1,526.86**	**$1,282.27**	**$1,554.65**	**$1,976.19**	**$1,976.19**	**$1,723.05**	**$1,516.11**	**$1,372.50**	**$1,720.49**	**$1,526.86**	**$1,282.27**
	Utica/Watertown Area												
122	**Individual**	**$603.68**	**$535.74**	**$449.92**	**$545.49**	**$693.40**	**$693.40**	**$604.58**	**$531.97**	**$481.58**	**$603.68**	**$535.74**	**$449.92**
123	**Individual + Spouse**	**$1,207.36**	**$1,071.48**	**$899.84**	**$1,090.98**	**$1,386.80**	**$1,386.80**	**$1,209.16**	**$1,063.94**	**$963.16**	**$1,207.36**	**$1,071.48**	**$899.84**
124	**Individual + Child(ren)**	**$1,026.26**	**$910.76**	**$764.86**	**$927.33**	**$1,178.78**	**$1,178.78**	**$1,027.79**	**$904.35**	**$818.69**	**$1,026.26**	**$910.76**	**$764.86**
125	**Family**	**$1,720.49**	**$1,526.86**	**$1,282.27**	**$1,554.65**	**$1,976.19**	**$1,976.19**	**$1,723.05**	**$1,516.11**	**$1,372.50**	**$1,720.49**	**$1,526.86**	**$1,282.27**

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 Distribution

Medical + Rx Claims Small Group Only	Product / Neighborhood / Market Adjusted	Factor
$343.52	$305.15	0.888

Appendix I

Medical Group / Global Risk Adjustment

	Risk Score
Fee-for-Service/Unassigned	1.455
Medical Group	1.007
Global Risk	1.261
Total	1.358
Factor	**0.933**

Appendix J

SMCP Credits

Market	Year	Amount Distributed	Projected 2015 Members	Premium Distribution PMPM	Expected MER	Claims Impact
Small Group	2015	$4,096,776	30,000	$11.38	83%	$9.45
Small Group	Future Filings	$4,096,776				

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 - Small Group

Subscriber distribution	% Distribution	Census Tiers (a)	Avg Contract Size (b)
Individual	75.6%	1.000	1.00
Husband Wife	8.0%	2.000	2.00
Parent Child	4.8%	1.700	2.69
Family	11.6%	2.850	4.07
Total	100.0%	1.328	1.518

Proposed Conversion Factor (b)/(a)	1.143

Appendix M

Quarterly Rate Increases

		2015Q1	2015Q2	2015Q3	2015Q4
2015 Annual Trend:	7.9%	$433.48	$441.82	$450.32	$458.99

PCORI

2015	2016
$0.17	$0.18

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	$0.00	$0.01	$0.01

Reinsurance

2015	2016
$3.67	$2.49

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	($0.30)	($0.59)	($0.89)

Risk Adjustment Fee

2015	2016
$0.08	$0.08

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	$0.00	$0.00	$0.00

Insurer Assessment

2015	2016
0.95%	0.95%

2015Q1	2015Q2	2015Q3	2015Q4
$0.00	$0.00	$0.00	$0.00

Total	$433.48	$441.53	$449.74	$458.11
Quarterly Step-Up		**1.9%**	**1.9%**	**1.9%**