

State: New York **Filing Company:** MetroPlus Health Plan
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: MetroPlus Individual
Project Name/Number: /

Filing at a Glance

Company: MetroPlus Health Plan
Product Name: MetroPlus Individual
State: New York
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Prior Approval Exchange Form & Rate Filing
Date Submitted: 06/13/2014
SERFF Tr Num: MPHP-129571498
SERFF Status: Assigned
State Tr Num: 2014060253
State Status:
Co Tr Num: IND-MP-003
Implementation: 01/01/2015
Date Requested:
Author(s): 
Reviewer(s): 
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: New York Filing Company: MetroPlus Health Plan
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General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 06/16/2014
 State Status Changed:
 Deemer Date: Created By: [REDACTED]
 Submitted By: [REDACTED] Corresponding Filing Tracking Number: MPHP-129571497
 PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null
 Include Exchange Intentions: No

Filing Description:
 MetroPlus Health Plan is submitting a Rate and Form Prior Approval Filing for the second year for the NY State of Health Marketplace.

Corresponding SERFF Tracking Number: MPHP-129571497

Company and Contact

Filing Contact Information

[REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED] [REDACTED]

Filing Company Information

MetroPlus Health Plan	CoCode: 95546	State of Domicile: New York
160 Water Street, 3rd Floor	Group Code:	Company Type: Health
New York, NY 10038	Group Name:	Insurance
[REDACTED]	FEIN Number: 13-4115685	State ID Number: 13-4115685

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

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4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group prefilling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): 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.): No
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary 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

SERFF Tracking #:

MPHP-129571498

State Tracking #:

2014060253

Company Tracking #:

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State: New York

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Product Name: MetroPlus Individual

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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):
MetroPlus Health Plan	Increase	%	%				%	%

SERFF Tracking #:

MPHP-129571498

State Tracking #:

2014060253

Company Tracking #:

IND-MP-003

State: New York

Filing Company: MetroPlus Health Plan

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Product Name: MetroPlus Individual

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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		Individual Rate Manual		New		2015 Individual Rate Manual MetroPlus.pdf,

MetroPlus Health Plan, Inc.

**NY Health Benefits Exchange Products
Individual Market**

Rates Effective 2015

Submitted June 13, 2014

MetroPlus Health Plan, Inc.

NY Health Benefits Exchange Products Individual Market

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MetroPlus Health Plan, Inc.
NY Health Exchange Products - Individual Market

Premium Rates Effective 2015
Rating Area 4 - New York City Area

					2015 Premium Rates				
<u>Metal</u>	<u>Plan</u>	<u>Plan ID</u>	<u>Age 29 Rider</u>	<u>Adult Dental & Vision</u>	<u>Single</u>	<u>Single and Spouse</u>	<u>Single and Child(ren)</u>	<u>Single, Spouse, Child(ren)</u>	<u>Child Only</u>
Bronze	BronzePlus - B1	11177NY0010001	No	No	\$ 378.82	\$ 757.65	\$ 644.00	\$ 1,079.65	
	BronzePlus - B1	11177NY0160001	No	Yes	394.61	789.22	670.84	1,124.64	
	BronzePlus - B2	11177NY0010002	Yes	No	408.81	817.61	694.97	1,165.10	
	BronzePlus - B2	11177NY0160002	Yes	Yes	424.60	849.19	721.81	1,210.10	
	BronzePlus - B3	11177NY0030001	N/A	No	156.08				156.08
Silver	SilverPlus - S1	11177NY0040001	No	No	421.52	843.03	716.58	1,201.32	
	SilverPlus - S1	11177NY0070001	No	Yes	439.42	878.84	747.01	1,252.34	
	SilverPlus - S2	11177NY0040002	Yes	No	455.51	911.03	774.37	1,298.21	
	SilverPlus - S2	11177NY0070002	Yes	Yes	473.41	946.83	804.81	1,349.23	
	SilverPlus - S3	11177NY0030002	N/A	No	173.67				173.67
Gold	GoldPlus - G1	11177NY0080001	No	No	482.87	965.75	820.89	1,376.19	
	GoldPlus - G1	11177NY0170001	No	Yes	503.81	1,007.62	856.48	1,435.87	
	GoldPlus - G2	11177NY0080002	Yes	No	522.64	1,045.27	888.48	1,489.51	
	GoldPlus - G2	11177NY0170002	Yes	Yes	543.57	1,087.15	924.08	1,549.19	
	GoldPlus - G3	11177NY0030003	N/A	No	198.94				198.94
Platinum	PlatinumPlus - P1	11177NY0110001	No	No	567.52	1,135.04	964.78	1,617.42	
	PlatinumPlus - P1	11177NY0180001	No	Yes	592.64	1,185.29	1,007.50	1,689.04	
	PlatinumPlus - P2	11177NY0110002	Yes	No	615.23	1,230.47	1,045.90	1,753.41	
	PlatinumPlus - P2	11177NY0180002	Yes	Yes	640.36	1,280.72	1,088.61	1,825.03	
	PlatinumPlus - P3	11177NY0030004	N/A	No	233.82				233.82
Catastrophic	MedPlus - M1	11177NY0140001	N/A	No	252.16	504.32	428.67	718.65	

- Notes:**
1. All medical, drug and pediatric dental benefit designs follow the state-mandated essential health benefits for the indicated metal level.
 2. Where indicated, adult dental and vision benefits have been added to the essential health benefits design and the same cost sharing is applied to adult dental & vision as to pediatric dental vision
 3. All Plans are to be sold on the NY Health Exchange, and only in Rating Area 4 (New York City Area)
 4. There are no commission fees included in the above rates.
 5. Tier relativities are 1.00 for Single Coverage, 2.00 for Single and Spouse Coverage, 1.70 for Single and Children Coverage, 2.85 for Single, Spouse and Child(ren) Coverage and 0.412 for Child Only Coverage.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - Individual Market

Sample Rate Calculation

Medical Plan: SilverPlus - S1
Effective Date: 1/1/2015
Market: Individual
Region: Rating Area 4 - New York City Area

Medical and Drug Calculation

Medical and Drug Index Rate	\$	482.83	(1)
Silver Pricing Value		0.7136	(2)
Plan Design Level Adjustments	\$	<u>76.97</u>	(3)
Silver Medical and Drug Start Rate		421.52	(4)
Effective Date Adjustment		1.00	(5)
Area Factor		1.00	(6)
Area and Trend Adjusted Medical and Drug Start Rate		421.52	(7)

Optional Rider

Age 29 Rider	\$34.00	(8)
Adult Dental and Vision	\$17.90	(9)

Tier Relativities

Single	1.000	(10)
Single and Spouse	2.000	
Single and Child(ren)	1.700	
Single, Spouse, Child(ren)	2.850	

Monthly Rates

		With Age 29 Rider
Single	421.52	455.51
Single and Spouse	843.03	911.03
Single and Child(ren)	716.58	774.37
Single, Spouse, Child(ren)	1,201.32	1,298.21

- (1) Starting index rate for all metals.
- (2) Silver Pricing Actuarial Value
- (3) Plan level adjustments.
- (4) = (1) x (2) + (3)
- (5) Rates effective for 2015
- (6) Single rating area
- (7) = (4) x (5) x (6)
- (8) Coverage to age 29 optional rider
- (9) Adult Dental and Vision available to Non-Standard Products
- (10) Tier Factors as prescribed by New York State.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - Individual Market
Page 3

Premium Rates Effective 2015

Counties in Rating Area

New York County
Kings County
Bronx County
Queens County

MetroPlus Health Plan, Inc.
NY Health Exchange Products - Individual Market
Page 4

Premium Rates Effective 2015

Commissions

No commissions are built into the premium rates.

MetroPlus Health Plan, Inc.
NY Health Exchange Products - Individual Market
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Premium Rates Effective 2015

Expected Loss Ratio

Expected Loss Ratio 87%

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

NOTE: The standard plan design descriptions are based on current understanding of HHS Regulations and the Actuarial Value Calculator (Final versions for 2015) and NYS laws/regulations.

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

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$1,200	\$250	\$0	\$3,000	\$6,600	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	\$4,000	\$5,500	\$5,200	\$2,000	\$1,000	\$6,350	\$6,600	\$0
COST SHARING - MEDICAL SERVICES									
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	\$15	\$25	\$30	\$30	\$15	\$10	50% cost sharing	0% cost sharing	0% cost sharing
Specialist	\$35	\$40	\$50	\$50	\$35	\$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habitative therapies	\$25	\$30	\$30	\$30	\$25	\$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
INPATIENT HOSPITAL SERVICES									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Detoxification	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #						50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility Inpatient Facility copay per admission # Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility						50% cost sharing	0% cost sharing	0% cost sharing
EMERGENCY MEDICAL SERVICES									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
	Silver - CSR Versions								
TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)	Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL

Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case						50% cost sharing	0% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing	\$0 copay						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hospice	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
PREVENTIVE & PRIMARY CARE SERVICES									
Bone density testing	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies.								
Cervical cytology	Otherwise the cost sharing indicated below applies to all services in this benefit service category.								
Colonoscopy screening	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Gynecological exams									
Immunizations									
Mammography									
Prenatal maternity care									
Prostate cancer screening									
Routine exams									
Women's preventive health services									
PHYSICIAN/PROFESSIONAL SERVICES									
Inpatient hospital surgery - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case						50% cost sharing	0% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
	Platinum	Gold	Silver	Silver - CSR Versions			Bronze	Catastrophic	sharing variation
	(AV = 0.88 to 0.92)	(AV = 0.78 to 0.82)	(AV = 0.68 to 0.72)	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	(AV = 0.58 to 0.62)		Less than or equal to 300% FPL
				(AV = 0.72 to 0.74)	(AV = 0.86 to 0.88)	(AV = 0.93 to 0.95)			
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)						50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits	\$0 copay per visit						50% cost sharing	0% cost sharing	0% cost sharing

Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing

Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)						50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing

ADDITIONAL BENEFITS/SERVICES

ABA treatment for Autism Spectrum Disorder	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder	PCP copay per device						50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing	Specialist copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies	PCP copay per 30 days supply						50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Home care	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.								

PEDIATRIC DENTAL SERVICES

Dental office visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
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PEDIATRIC VISION SERVICES

Eye exam visit	PCP copay per visit						50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames						50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies						50% cost sharing	0% cost sharing	0% cost sharing

PRESCRIPTION DRUGS

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

Additional Instructions:

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.

Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing

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.

State: New York **Filing Company:** MetroPlus Health Plan
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: MetroPlus Individual
Project Name/Number: /

Supporting Document Schedules

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

Satisfied - Item:	Actuarial Value Calculations
Comments:	See attached.
Attachment(s):	AV Calculator Results IND.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	See Attached.
Attachment(s):	Exhibit 13 Ind.xlsx Exhibit 13 Ind.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	See Attached.
Attachment(s):	Exhibit 14A Ind.pdf Exhibit 14A Ind.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	Exhibit 15A Ind.pdf Exhibit 15A Ind.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	See attached.

State: New York **Filing Company:** MetroPlus Health Plan
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: MetroPlus Individual
Project Name/Number: /

Attachment(s):	Exhibit 16 Ind.pdf Exhibit 16 Ind.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	See attached.
Attachment(s):	Exhibit 17A Ind.xlsx Exhibit 17A Ind.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	See attached.
Attachment(s):	Exhibit 18 IND 20140610.pdf Exhibit 18 IND 20140610.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	See attached.
Attachment(s):	Exhibit 19 IND 20140610.pdf Exhibit 19 IND 20140610.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	See attached.
Attachment(s):	Exhibit 20 IND 20140610.pdf Exhibit 20 IND 20140610.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 21A-Hospital Inpatient-Unit Costs
Comments:	See attached.
Attachment(s):	Exhibit 21A Ind.pdf Exhibit 21A Ind.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

MPHP-129571498

State Tracking #:

2014060253

Company Tracking #:

IND-MP-003

State: New York

Filing Company:

MetroPlus Health Plan

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

Product Name: MetroPlus Individual

Project Name/Number: /

Satisfied - Item:	Exhibit 21B-Hospital Outpatient-Unit Costs
Comments:	
Attachment(s):	Exhibit 21B IND.pdf Exhibit 21B IND.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	Exhibit 22A Ind.pdf Exhibit 22A Ind.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	See attached.
Attachment(s):	Exhibit 23 IND 20140610.pdf Exhibit 23 IND 20140610.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Consumer Disclosure Form
Comments:	See attached.
Attachment(s):	Exhibit 13 Ind.pdf Exhibit 13 Ind.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	See attached.
Attachment(s):	Individual Rate adjustment notice 6.9.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	See attached.
Attachment(s):	Individual Final Rate Adjustment 6.12.pdf

SERFF Tracking #:

MPHP-129571498

State Tracking #:

2014060253

Company Tracking #:

IND-MP-003

State: New York**Filing Company:**

MetroPlus Health Plan

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other**Product Name:** MetroPlus Individual**Project Name/Number:** /

Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	2015 MetroPlus Actuarial Memorandum Individual 6_13_14 REDACTED.pdf Exhibit 11 Individual Redacted.pdf Exhibit 11 Redacted.xlsx MetroPlus Health Plan HHS Act Memo Part III 6_13_2014 REDACTED.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Individual Filing Description Letter
Comments:	See attached.
Attachment(s):	IND Filing Description Letter.pdf
Item Status:	
Status Date:	

State:

New York

Filing Company:

MetroPlus Health Plan

TOI/Sub-TOI:

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

Product Name:

MetroPlus Individual

Project Name/Number:

/

Attachment Exhibit 13 Ind.xlsx is not a PDF document and cannot be reproduced here.

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Attachment Exhibit 17A Ind.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 18 IND 20140610.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 19 IND 20140610.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 20 IND 20140610.xlsx is not a PDF document and cannot be reproduced here.

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Attachment Exhibit 21B IND.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 22A Ind.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 23 IND 20140610.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 13 Ind.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 11 Redacted.xlsx is not a PDF document and cannot be reproduced here.

Attachment URR Individual.xlsm is not a PDF document and cannot be reproduced here.

Rate Filing Instructions for On and Off Exchange Plans

MetroPlus Health Plan has complied with and followed the Instructions for the Submission of 2015 Prior Approval Exchange Form & Rate Filing.

Attachment 9
**Print outs of all AV calculation pages using the HHS AV
Calculator**

*****STANDARD PLATINUM PLAN (4-23-2014)*****

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.12%

Metal Tier:

Platinum

*****STANDARD GOLD PLAN (4-23-2014)*****

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.05%

Gold

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.69%

Metal Tier:

Silver

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.99%
Silver

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
86.66%
Gold

User Inputs for Plan Parameters

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

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

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.43%

Platinum

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.99%

Metal Tier:

Bronze

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company MetroPlus Health Plan, Inc.
 NAIC Code: 95546
 SERFF Trac MPHP-129571498
 Market Segment: Individual

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

A. Average 2014 and 2015 Premium Rates:

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

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$ 456.90	\$ 405.99	\$ 368.38	\$ 344.30	\$ 328.38
2015 Premium Rates	\$ 585.16	\$ 495.45	\$ 432.29	\$ 390.02	\$ 252.16

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	18.8%

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	NA	NA	NA

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

	2011	2012	2013
MLR	NA	NA	NA

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		5.09%	5.16%
Expense Ratios		12.03%	10.01%
Pre Tax Profit Ratios		3.00%	3.00%

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

Narrative Summary

Rates changed for the following reasons:

Claim Cost.

We project medical costs will increase 17% for platinum, 11% for gold, 7% for silver, and 3% for bronze. 8% is due to higher hospital and other provider reimbursements rates. We project higher utilization for the richer metals (platinum and gold).

Federal Reimbursement Programs

The Federal Transitional Reinsurance Program is not providing as much subsidy in 2015, increasing costs by 3%. MetroPlus is projected to contribute more to the risk adjustment pool, increasing costs by 11%

Taxes and Fees

Taxes and fees are projected to increase costs by 3.8%.

Administrative Expenses

Administrative expenses are consistent.

Profit and Margin

Profit ratio did not increase.

EXHIBIT 14A

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

-- for Individual Medical Plans

Company Name: MetroPlus Health Plan, Inc.
 NAIC Code: 95546
 SERFF Tracking #: MPHP-129571498
 Market Segment: Individual

- 1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
- 2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- 3) Market segment refers to Individual plans.
- 4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of metal level, rating region, and product name.
- 5) The product name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with DFS). A separate row is to be used for each combination of metal level, rating region and product name.
- 6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).
- 7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
- 8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
- 9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes plan designs included in this rate filing which have no actual members.
- 10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	4 - New York City Area	PlatinumPlus - P1	PlatinumPlus - Standard	27%	28%	28%
Individual	01/01/15	Gold	4 - New York City Area	GoldPlus - G1	GoldPlus - Standard	21%	22%	22%
Individual	01/01/15	Silver	4 - New York City Area	SilverPlus - S1	SilverPlus - Standard	16%	17%	17%
Individual	01/01/15	Bronze	4 - New York City Area	BronzePlus - B1	BronzePlus - Standard	12%	13%	13%
Individual	01/01/15	Catastrophic	4 - New York City Area	MedPlus - M1	MedPlus - Catastrophic	-23%	-23%	-23%
Individual	01/01/15	Platinum	4 - New York City Area	PlatinumPlus - P2	PlatinumPlus - Non-Standard	27%	28%	28%
Individual	01/01/15	Gold	4 - New York City Area	GoldPlus - G2	GoldPlus - Non-Standard	21%	22%	22%
Individual	01/01/15	Silver	4 - New York City Area	SilverPlus - S2	SilverPlus - Non-Standard	16%	17%	17%

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: MediPlus Health Plan, Inc.
 NAIC Code: 95549
 SBEFF Number: MICH-100571698
 Market Segment: Individual

Separate column for each plan design box or off Exchange

Line #	General	PlatinumPlus - P1	GoldPlus - G1	SilverPlus - S1	BronzePlus - B1	MedPlus - M1	PlatinumPlus - P2	GoldPlus - G2	SilverPlus - S2	BronzePlus - B2	PlatinumPlus - P1	GoldPlus - G1	SilverPlus - S1	BronzePlus - B1	PlatinumPlus - P2	GoldPlus - G2	SilverPlus - S2	BronzePlus - B2	CHS Only	CHS Only	CHS Only	CHS Only
1	Product ID*	11177N0011	11177N0008	11177N0004	11177N0001	11177N0014	11177N0018	11177N0017	11177N0007	11177N0016	11177N0011	11177N0008	11177N0004	11177N0001	11177N0018	11177N0017	11177N0007	11177N0016	11177N0003	11177N0003	11177N0003	11177N0003
2	Metal Level or category**	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze
3	AV Metal Value (MS Calculator)*	0.88	0.79	0.71	0.62	0.67	0.88	0.79	0.71	0.62	0.88	0.79	0.71	0.62	0.88	0.79	0.71	0.62	0.36	0.33	0.29	0.26
4	AV Pricing Value (total risk pool experience based)**	0.87	0.77	0.69	0.63	0.61	0.87	0.77	0.69	0.63	0.87	0.77	0.69	0.63	0.87	0.77	0.69	0.63	0.36	0.34	0.30	0.28
5	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
6	Plan Name*	PlatinumPlus - P1	GoldPlus - G1	SilverPlus - S1	BronzePlus - B1	MedPlus - M1	PlatinumPlus - P2	GoldPlus - G2	SilverPlus - S2	BronzePlus - B2	PlatinumPlus - P1	GoldPlus - G1	SilverPlus - S1	BronzePlus - B1	PlatinumPlus - P2	GoldPlus - G2	SilverPlus - S2	BronzePlus - B2	CHS Only	CHS Only	CHS Only	CHS Only
7	Exchange Plan**	11177N0010001	11177N0008001	11177N0004001	11177N0001001	11177N0014001	11177N0018001	11177N0017001	11177N0007001	11177N0016001	11177N0011001	11177N0008001	11177N0004001	11177N0001001	11177N0018001	11177N0017001	11177N0007001	11177N0016001	11177N0003001	11177N0003001	11177N0003001	11177N0003001
8	* This field should be the same as used in the Unified Rate Review Template, Worksheet 2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Experience Period Index Data	
10A	Incurred Claims (see Reg 148 & Stop Loss pools & federal risk sharing and reinsurance pools) for L&AB v2 Experience Period
10B	Member Months for L&AB v2 Experience Period
10C	Average PMPM Incurred Claims (L&AB v2) Initial Index Rate Factor
11	Average Pricing Actuarial Value Inflation in experience period
12	AV Adjusted Experience Period Index Rate PMPM (L10C x L11)

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate	
13	Impact of adjusting experience period data to ERB benefit level
14	Market wide adjustment for changes in provider network**
15	Market wide adjustment for fee schedule changes**
16	Market wide adjustment for utilization management changes**
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives**
18	Impact on risk pool of changes in expected covered membership risk characteristics**
19	Post ACA Ratio Individual risk pool to Small Group risk pool Ratio - Only
20	Adjustment for changes in distribution of risk pool membership in certain segments**
21	Federal Risk Adjustment Program Impact
22	Federal Transitional Reinsurance Program Recovery (see Item 10C) reflect recovery
23	Impact of adjustments due to experience period claim data
24	Claim trend projection factor (adjustor of experience period)
25	Other 1 (incident Case Increases)
26	Other 2 (specify)
27	Other 3 (specify)
28	Impact of Market Wide Adjustments (products L13 through L27)

** Not Included in Claim Trend Adjustment

Plan Level Adjustments	
29	Pricing actuarial value (without induced demand factor) #
30	Pricing actuarial value (only the induced demand factor) #
31	Impact of provider network characteristics #
32	Impact of delivery system characteristics #
33	Impact of utilization management practices #
34	Impact on claim costs from quality improvement and cost containment initiatives #
35	Receipts in addition to ERB (greater than 1.00)
36	Administrative costs (including Exchange user fees and profits)
37	Profit/Contribution to surplus margins
38	Impact of stability categories (catastrophic plans only)
39	Action of Out of Network Benefit Design (e.g., POS or PPO, if applicable)
40	Impact of Adjustment for NPI's (Stop Loss commitments on SGL) (N/A)
41	Other 1 (Federal Case and NY State 300 Assessment)
42	Other 2 (Controlled Lives Assessment)
43	Impact of Plan Level Adjustments (products L29 through L43)

Changes that affect an entire standard population are 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)	587.82	482.87	421.52	378.92	252.16	882.64	803.81	439.42	394.61	615.23	522.64	455.51	406.81	640.36	543.87	473.41	424.60	233.82	198.94	173.87	156.08
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EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: MetroPlus Health Plan, Inc.
 NAIC Code: 95546
 SERFF Number: MPHP-129571498
 Market Segment: Individual

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

1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 01/01/2015	For the rate period included in this rate adjustment filing										For the rate period included in this rate adjustment filing								
			4.1 Period assumed beginning date (mm/dd/yy)	4.2 Period assumed ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribu tion to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10		
Platinum	Standard	1399	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.71%	6.65%	8.23%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.23%	XX
Gold	Standard	1726	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.84%	7.66%	9.36%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.36%	XX
Silver	Standard	15850	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.96%	8.65%	10.47%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.47%	XX
Bronze	Standard	777	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	1.07%	9.52%	11.45%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.45%	XX
Catastrophic	Standard	4	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	1.60%	13.85%	16.31%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.31%	XX
Platinum	Non-Standard	3299	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.68%	6.41%	7.95%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.95%	XX
Gold	Non-Standard	2598	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.80%	7.38%	9.04%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.04%	XX
Silver	Non-Standard	23941	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.92%	8.33%	10.11%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.11%	XX
Bronze	Non-Standard	1896	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	1.02%	9.18%	11.06%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.06%	XX
Platinum	Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.66%	6.21%	7.72%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.72%	XX
Gold	Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.77%	7.15%	8.78%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.78%	XX
Silver	Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.89%	8.07%	9.82%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.82%	XX
Bronze	Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.99%	8.89%	10.74%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.74%	XX
Platinum	Non-Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.63%	6.00%	7.49%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.49%	XX
Gold	Non-Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.74%	6.91%	8.51%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.51%	XX
Silver	Non-Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.85%	7.80%	9.51%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.51%	XX
Bronze	Non-Standard		XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.95%	8.59%	10.40%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.40%	XX
Platinum	Standard	164	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.71%	6.65%	8.23%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.23%	XX
Gold	Standard	47	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.84%	7.66%	9.36%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.36%	XX
Silver	Standard	386	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	0.96%	8.65%	10.47%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.47%	XX
Bronze	Standard	108	XX	01/01/15	12/31/15	5.16%	0.86%	0.00%	0.00%	0.00%	1.07%	9.52%	11.45%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.45%	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 01/01/2015	14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20				
Platinum	Standard	1399	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.30%	8.19%	10.35%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.35%				
Gold	Standard	1726	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.45%	9.17%	11.49%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.49%				
Silver	Standard	15850	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.60%	10.11%	12.57%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.57%				
Bronze	Standard	777	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.72%	10.85%	13.44%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.44%				
Catastrophic	Standard	4	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.75%	11.06%	13.67%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.67%				
Platinum	Non-Standard	3299	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.24%	7.85%	9.95%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.95%				
Gold	Non-Standard	2598	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.39%	8.79%	11.05%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.05%				
Silver	Non-Standard	23941	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.54%	9.70%	12.09%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.09%				
Bronze	Non-Standard	1896	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.65%	10.42%	12.93%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.93%				
Platinum	Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.30%	8.19%	10.35%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.35%				
Gold	Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.45%	9.17%	11.49%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.49%				
Silver	Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.60%	10.11%	12.57%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.57%				
Bronze	Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.72%	10.85%	13.44%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.44%				
Platinum	Non-Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.25%	7.87%	9.98%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.98%				
Gold	Non-Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.40%	8.83%	11.08%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.08%				
Silver	Non-Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.54%	9.73%	12.13%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.13%				
Bronze	Non-Standard		XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.66%	10.46%	12.97%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.97%				
Platinum	Standard	164	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.30%	8.19%	10.35%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.35%				
Gold	Standard	47	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.45%	9.17%	11.49%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.49%				
Silver	Standard	386	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.60%	10.11%	12.57%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.57%				
Bronze	Standard	108	XX	01/01/14	12/31/14	5.09%	0.86%	0.00%	0.00%	1.72%	10.85%	13.44%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.44%				

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: MetroPlus Health Plan, Inc.
 NAIC Code: 95546
 SERFF Number: MPHP-129571498
 Market Segment: Individual

- 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)
11177NY0110001	PlatinumPlus - P1	Platinum	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0080001	GoldPlus - G1	Gold	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0040001	SilverPlus - S1	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0010001	BronzePlus - B1	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0140001	MedPlus - M1	Catastrophic	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0180001	PlatinumPlus - P2	Platinum	ON	NO	26	NO	INCLUDED	YES	NO	YES
11177NY0170001	GoldPlus - G2	Gold	ON	NO	26	NO	INCLUDED	YES	NO	YES
11177NY0070001	SilverPlus - S2	Silver	ON	NO	26	NO	INCLUDED	YES	NO	YES
11177NY0160001	BronzePlus - B2	Bronze	ON	NO	26	NO	INCLUDED	YES	NO	YES
11177NY0110002	PlatinumPlus - P1	Platinum	ON	YES	29	NO	INCLUDED	YES	NO	NO
11177NY0080002	GoldPlus - G1	Gold	ON	YES	29	NO	INCLUDED	YES	NO	NO
11177NY0040002	SilverPlus - S1	Silver	ON	YES	29	NO	INCLUDED	YES	NO	NO
11177NY0010002	BronzePlus - B1	Bronze	ON	YES	29	NO	INCLUDED	YES	NO	NO
11177NY0180002	PlatinumPlus - P2	Platinum	ON	NO	29	NO	INCLUDED	YES	NO	YES
11177NY0170002	GoldPlus - G2	Gold	ON	NO	29	NO	INCLUDED	YES	NO	YES
11177NY0070002	SilverPlus - S2	Silver	ON	NO	29	NO	INCLUDED	YES	NO	YES
11177NY0160002	BronzePlus - B2	Bronze	ON	NO	29	NO	INCLUDED	YES	NO	YES
11177NY0030004	Child Only	Platinum	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0030003	Child Only	Gold	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0030002	Child Only	Silver	ON	YES	26	NO	INCLUDED	YES	NO	NO
11177NY0030001	Child Only	Bronze	ON	YES	26	NO	INCLUDED	YES	NO	NO

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: MetroPlus Health Plan, Inc.
 NAIC Code: 95546
 SERFF Number: MPHP-129571498
 Market Segment: Individual

This Exhibit is Not Applicable because MetroPlus has no 2011-2013 experience.

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

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

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: MetroPlus Health Plan, Inc.
 NAIC Code: 95546
 SERFF Number: MPHP-129571498
 Market Segment: Individual

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

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
11177NY0110001	Platinum	IND	On	Standard	Yes				\$567.52				
11177NY0080001	Gold	IND	On	Standard	Yes				\$482.87				
11177NY0040001	Silver	IND	On	Standard	Yes				\$421.52				
11177NY0010001	Bronze	IND	On	Standard	Yes				\$378.82				
11177NY0140001	Catastrophic	IND	On	Standard	Yes				\$252.16				
11177NY0180001	Platinum	IND	On	Non-Standard	Yes				\$592.64				
11177NY0170001	Gold	IND	On	Non-Standard	Yes				\$503.81				
11177NY0070001	Silver	IND	On	Non-Standard	Yes				\$439.42				
11177NY0160001	Bronze	IND	On	Non-Standard	Yes				\$394.61				
11177NY0110002	Platinum	IND	On	Standard	Yes				\$615.23				
11177NY0080002	Gold	IND	On	Standard	Yes				\$522.64				
11177NY0040002	Silver	IND	On	Standard	Yes				\$455.51				
11177NY0010002	Bronze	IND	On	Standard	Yes				\$408.81				
11177NY0180002	Platinum	IND	On	Non-Standard	Yes				\$640.36				
11177NY0170002	Gold	IND	On	Non-Standard	Yes				\$543.57				
11177NY0070002	Silver	IND	On	Non-Standard	Yes				\$473.41				
11177NY0160002	Bronze	IND	On	Non-Standard	Yes				\$424.60				
11177NY0030004	Platinum	IND	On	Standard	Yes				\$233.82				
11177NY0030003	Gold	IND	On	Standard	Yes				\$198.94				
11177NY0030002	Silver	IND	On	Standard	Yes				\$173.67				
11177NY0030001	Bronze	IND	On	Standard	Yes				\$156.08				

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company MetroPlus Health Plan, Inc.
 NAIC Code: 95546
 SERFF Trac MPHP-129571498
 Market Segment: Individual

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

A. Average 2014 and 2015 Premium Rates:

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

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$ 456.90	\$ 405.99	\$ 368.38	\$ 344.30	\$ 328.38
2015 Premium Rates	\$ 585.16	\$ 495.45	\$ 432.29	\$ 390.02	\$ 252.16

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	18.8%

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	NA	NA	NA

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

	2011	2012	2013
MLR	NA	NA	NA

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		5.09%	5.16%
Expense Ratios		12.03%	10.01%
Pre Tax Profit Ratios		3.00%	3.00%

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

Narrative Summary

Rates changed for the following reasons:

Claim Cost.

We project medical costs will increase 17% for platinum, 11% for gold, 7% for silver, and 3% for bronze. 8% is due to higher hospital and other provider reimbursements rates. We project higher utilization for the richer metals (platinum and gold).

Federal Reimbursement Programs

The Federal Transitional Reinsurance Program is not providing as much subsidy in 2015, increasing costs by 3%. MetroPlus is projected to contribute more to the risk adjustment pool, increasing costs by 11%

Taxes and Fees

Taxes and fees are projected to increase costs by 3.8%.

Administrative Expenses

Administrative expenses are consistent.

Profit and Margin

Profit ratio did not increase.

[Letter ID]

[Date]

[Contact Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change

[Product Name and Health Insurance Oversight System (HIOS) identification number]

Dear [Name]:

MetroPlus Health Plan is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

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

Proposed Premium Rate Change

Your current monthly premium is: \$_____.

If approved, the proposed monthly premium is \$_____.

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

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

Why We Are Requesting a Rate Change

We continually review the amounts we charge (our rates) versus the amounts we are required to spend to manage our members' healthcare needs. Rates are adjusted in order to ensure we can appropriately cover those needs. Though we do our best to keep our rates as reasonable as possible, rising healthcare costs, provider contracting costs to maintain a high quality network, and higher prescription drugs costs are factors that require us to change our rates. You can find more information about our rate changes on our website and the DFS website.

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 MetroPlus Health Plan for additional information at:

MetroPlus Health Plan
160 Water Street
New York, NY 10038
1-855-809-4073
www.metroplus.org

If you need assistance because you are hearing impaired and/or speech impaired, please call TTY: 711. Please be advised that oral interpretation and written materials in other languages are available, as needed.

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

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

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

1. The name of your insurer, which is MetroPlus Health Plan
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have individual coverage
4. Your HIOS identification number, which is [Insert the HIOS ID #]

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:

MetroPlus Health Plan website: www.metroplus.org/RateChange2015

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

Notice of Approved Premium Rate

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

Sincerely,

MetroPlus Marketplace Plans

[Letter ID]

[Date]

[Contact Name]

[Address]

[City State Zip]

Re: Notice of Premium Rate Change

[Product Name and Health Insurance Oversight System (HIOS) identification number]

Dear [Name]:

MetroPlus Health Plan has received approval from the New York State Department of Financial Services (DFS) to change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you 60 days in advance of a change to your premium rate. The new rate will go into effect on January 1, 2015.

Premium Rate Change

Your current monthly premium is: \$_____.

The 2015 monthly premium is \$_____.

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

Why We Have Changed Our Rates

We continually review the amounts we charge (our rates) versus the amounts we are required to spend to manage our members' healthcare needs. Rates are adjusted in order to ensure we can appropriately cover those needs. Though we do our best to keep our rates as reasonable as possible, rising healthcare costs, provider contracting costs to maintain a high quality network, and higher prescription drugs costs are factors that require us to change our rates. You can find more information about our rate changes on our website and the DFS website.

Contact Us

You can contact MetroPlus Health Plan for additional information at:

MetroPlus Health Plan
160 Water Street
New York, NY 10038
1-855-809-4073
www.metroplus.org

If you need assistance because you are hearing impaired and/or speech impaired, please call TTY: 711. Please be advised that oral interpretation and written materials in other languages are available, as needed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why we are changing our premium rates being requested. You can find this information at the following websites:

MetroPlus Health Plan website: www.metroplus.org/RateChange2015

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

Sincerely,

MetroPlus Marketplace Plans

MetroPlus Health Plan
SERFF Number: MPHP-129571498
Rate Development and Actuarial Memorandum

New York Health Benefits Exchange

2015 - Individual Market

6/13/2014

Organization Name: MetroPlus Health Plan Inc.

SERFF Number: MPHP-129571498

Effective Date: 1/1/2015

Product Narrative

MetroPlus Health Plan Inc. (MetroPlus), a wholly-owned subsidiary of the New York City Health and Hospitals Corporation (HHC), is submitting the following bids:

- 2015 Exchange Standard and Non-Standard Plans – Individual market

HHC is the largest public health system in the United States. The mission of HHC is to serve all residents of NYC without regard to one's ability to pay. MetroPlus, in operation since 1985, is a Prepaid Health Services Plan (PHSP) certified under Section 4403-a of the New York State Public Health Law. The Plan's mission is to further expand HHC's mission. In that context, the Plan historically offered government sponsored managed care products, Medicaid, Family Health Plus, Child Health Plus, and Medicare Advantage. MetroPlus currently serves over 400,000 NYC residents. As part of its NYS Medicaid programs, the Plan offers a benefit package designed specifically for HIV+ enrollees.

Enrollment is focused to 4 of the 5 boroughs within NYC (Manhattan, Brooklyn, Queens and the Bronx), as HHC does not have facilities in Staten Island. Marketing efforts focus within the HHC Network which includes 11 acute care hospitals and 6 Diagnostic and Treatment Centers. HHC also has numerous clinics throughout the 4 boroughs. MetroPlus also contracts with "Community Providers," physicians who are based within the communities that HHC serves. These physicians expand coverage options and offer primary and specialty care services to beneficiaries in a local setting.

Aside from contracting with HHC and its physicians, MetroPlus also contracts with other providers within NYC. These include contracts for specialty inpatient services, DME, vision, dental, home care, radiology, and pharmacy. The purpose is to ensure that there is sufficient capacity within the MetroPlus network to serve all its beneficiaries in a timely and convenient fashion.

This submission is for the 2nd year of MetroPlus' Exchange Products. As a PHSP, MetroPlus did not underwrite any Individual or Small Group policies prior to 2014. Partial 2014 claim experience is not credible. Therefore we are unable to use MetroPlus Individual or Small Group claim experience in development of the Exchange

Product rates. For 2015 (and consistent with 2014), MetroPlus anticipates attracting members who reside in the 4 boroughs, and are comfortable seeking care at HHC facilities. We expect membership in the Individual Exchange products will utilize services relatively consistent with members enrolled in its FHP program; therefore FHP claims form the basis of our manual rates.

Included Materials:

1. Exhibit 11
2. Exhibit 13
3. Exhibit 14
4. Exhibit 15
5. Exhibit 18
6. Exhibit 19
7. Exhibit 20
8. Exhibit 23

Consistent with our pricing exhibits, the admin PMPM is based on adult members.

9. Print outs of all AV calculation pages using the HHS AV Calculator. Each page indicates the plan identifier so the Department can cross check input to the cost sharing parameters for the particular plan-design.
10. Quality Improvements: We are not including any quality improvements/cost containment programs.
11. Actuarial Memorandum
12. Premium Rate Manuals

The following Exhibits are not required because MetroPlus did not participate in the Small Group Market in calendar year 2013.

1. Exhibit 16
2. Exhibit 17
3. Exhibit 21
4. Exhibit 22

**MetroPlus
 Health Exchange
 Individual Plan Descriptions**

Plan	On Exchange or Off	Product Name	Associated Metal Tier Level	Metal AV Value	Description of the Cost Sharing Features and Benefits
Individual	On	BronzePlus - B1	Bronze	0.6199	Bronze with Dependent Age 26 & Pediatric Dental
Individual	On	SilverPlus - S1	Silver	0.7069	Silver with Dependent Age 26 & Pediatric Dental
Individual	On	GoldPlus - G1	Gold	0.7905	Gold with Dependent Age 26 & Pediatric Dental
Individual	On	PlatinumPlus - P1	Platinum	0.8812	Platinum with Dependent Age 26 & Pediatric Dental
Individual	On	MedPlus - M1	Catastrophic	0.6199	Catastrophic with Dependent Age 26 & Pediatric Dental
Individual	On	BronzePlus - B3	Bronze	0.6199	Child-Only Bronze with Pediatric Dental
Individual	On	SilverPlus - S3	Silver	0.7069	Child-Only Silver with Pediatric Dental
Individual	On	GoldPlus - G3	Gold	0.7905	Child-Only Gold with Pediatric Dental
Individual	On	PlatinumPlus - P3	Platinum	0.8812	Child-Only Platinum with Pediatric Dental
Non-Standard Individual	On	BronzePlus - B2	Bronze	0.6199	Non-Standard Bronze with Dependent Age 26 & Adult Dental
Non-Standard Individual	On	SilverPlus - S2	Silver	0.7069	Non-Standard Silver with Dependent Age 26 & Adult Dental
Non-Standard Individual	On	GoldPlus - G2	Gold	0.7905	Non-Standard Gold with Dependent Age 26 & Adult Dental
Non-Standard Individual	On	PlatinumPlus - P2	Platinum	0.8812	Non-Standard Platinum with Dependent Age 26 & Adult Dental

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: MetroPlus Health Plan, Inc.
NAIC Code: 95546
SERFF Tracking #: MPHP-129571498
Market Segment: Individual

A. Insurer Information: MetroPlus Health Plan HMO - 44 Not-for-Profit 95546
Company submitting the rate filing request Company Type Org. Type Company NAIC Code
160 Water Street - New York, NY - 10038
Company mailing address

B. Contact Person: [REDACTED] [REDACTED] [REDACTED]
Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (If different from above): [REDACTED] [REDACTED] [REDACTED]
Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: 1/1/2015 1/1/2015 MPHP-128975207
New rate applicability period New rate effective date SERFF Tracking Number

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

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	<u>No</u>
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.	<u>No</u>
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).	<u>YES</u>
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?	<u>YES</u>
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	<u>No</u>

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.

Actuarial Memorandum:

Process in Development of Index Rates and Premium Rates:

Please see the attached **Attachment 1- A** for projected Premium rates for all Individual Exchange rates, **Attachment 1- B** for projected Premium rates for all non-Standard Individual Exchange rates.

Attachment 1-D provides all rate combinations for the Individual market.

The labeled lines in **Attachments 1 A-C** reflect:

- 1) ***Basis for Manual Rates: Average PMPM Incurred Claims for the latest experience period.***

MetroPlus does not have current individual or SHOP experience to use in developing the index PMPM. As noted in the Product Narrative, we believe the population that will enroll in MetroPlus's Exchange products will be consistent with the population currently enrolled in MetroPlus's FHP product. We used MetroPlus FHP claims incurred 1/1/2013 through 12/31/2013 as the experience base. We believe 2013 data best reflects current utilization. The paid data was completed by analyzing completion patterns over 36 months.

FHP is an adult population, thus all of our source data is on a Per Adult Per Month basis. During our rate development, we continue to use PMPM to mean Per Adult Per Month unless otherwise noted. We did make adjustments in our administrative expense section to keep all costs on a consistent basis.

We adjusted the manual rates by an average actuarial value of the baseline experience, the average induced demand of the baseline experience, and trend to arrive at the single risk pool Index rate.

- 2) ***Average AV Pricing Value determined for all inforce plans in effect during the latest experience period, based on member-months in the experience period for each inforce plan.***

The average actuarial value of MetroPlus' FHP plan was estimated by taking the ratio of FHP claims incurred from 10/1/2012 through 9/30/2013 to gross claims incurred over the same period. Based on this calculation, the average actuarial value of the baseline experience is 97%.

- 3) *Average Induced Demand Adjustment factor determined based on member-months in the experience period for each inforce plan.*

Individual: We normalized the manual rate by dividing it by 1.089 (1.15/1.056). 1.15 normalizes the index rate for the rich FHP experience. 1.056 normalizes the index rate for the shortfall in the Silver induced demand factor. (Per regulations we used 1.03 for FPL Silver when that population should have higher induced demand factors.)

- 4) *Assumption as to average annual claim trend rates for all components, including inflation, utilization, leverage, and other factors.*

We selected total trends based on industry survey data from Buck Consultant's **National Health Care Trend Survey, 28th Edition**. (See **Attachment 7**.) MetroPlus plans to reimburse providers based on a percent of the Medicare provider reimbursement rates; therefore we used the weighted average Medicare Supplement trend reported to us by health insurers of 5.5% for medical. We estimate a unit cost trend of 3.2% and a utilization trend of 2.2%.

PBMs participating in the Buck trend survey reported an average drug claim trend of 4.1% per year. We assume a unit cost trend of 2.0% and a utilization trend of 2.1%.

The composite of the Medical and Drug trend is 5.2%.

Aging: We verified the average age of the FHP 2013 experience population is within ½% of the age of the 2014 enrolled health exchange members; therefore, we did not adjust for aging.

- 5) *Projection trend factor from midpoint of experience period to midpoint of applicability for First Quarter 2015 premium rates.*

We projected claims from the midpoint of the experience period (7/1/2013) to the midpoint of the rating period. **Attachment 5B** shows projected adult membership by month throughout 2015. Assuming constant rates for one year after the 2015 policy effective date, we calculated the midpoint of all new and renewing Individual policies sold in 2015, weighted on new enrollment, to be 8/10/2015.

We projected rates for small groups enrolling in the 2nd, 3rd and 4th quarters of 2015 by trending the 1st quarter rates by 1.27% per quarter. 1.27% is the quarterly health care trend factor equivalent to the 5.2% composite medical and drug annual trend factor.

- 6) **Index Rate:** *Projected Average PMPM Incurred Claims determined from (1) and (5) above.*
- 7) **Market-wide index rate adjustments** *as discussed in Section J, not already reflected.*

Adjustments described in support section below.

- 8) *“Index” PMPM Claim Rate for all inforce plans combined. This step reflects the Projected PMPM Incurred Claims per (6) above with the Market-Wide adjustments prescribed in HHS regulation per (7) above. Adjustments do not vary by plan-design level.*

The Index PMPM is calculated as:

Trended Experience Rate
x Provider Reimbursement Rates
x Benefit Changes
x Indigent Care Fee Increases
x Adverse Selection
x Federal Reinsurance Recoveries
x Risk Adjustment

- 9) *Starting point PMPM Claim Rate for each plan. Index PMPM Claim Rate (9) is multiplied by*

- a) *The AV Pricing Value at each Metal tier*

Actuarial Value relatives are calculated using Buck's Rating Manual.

Buck's Manual Rating Model is a pricing tool developed by OptumInsight which develops per member per month (PMPM) cost by medical service based on estimated utilization rates and unit costs. It utilizes data in the OptumInsight benchmark utilization database for enrollment adjusted utilization for all CPTs and DRGs, which are adjusted geographically by MSA to reflect regional variations. The benchmark database is derived from commercial data representing approximately 20.8 million covered lives, and public sources such as state discharge databases, HCUP databases, and Medicare data.

- b) Induced Demand

We first normalized the index rate (prior to introducing metal tier variations), and then applied the following induced demand factors to each metal:

Metal Level	Factor
Platinum	1.15
Gold	1.08
Silver	1.03
Bronze/Catastrophic	1.00

- c) The cumulative AV pricing value for each plan = (A) Metal AV Pricing x (B) Metal induced demand
- d) *The average AV Pricing Value per (2) above for all inforce plans.*

The average of all plans is 1.0. The index rate has been adjusted for average AV pricing in (2) and average induced demand in (3).

10) ***Plan-Design Level Adjustments for the various differences in characteristics.***

We applied the following plan-design adjustments: Federal reinsurance fee, Federal risk adjustment fee, NY State 332 Assessment, PCORI, covered life assessment and, for the non-standard plans, adult dental and vision benefits.

Adjustments are described in support section below.

11) ***Plan-Design Level Adjustments for Administrative Costs and Profit Margins per Exhibit 19.***

Administrative expenses are developed in **Attachment 2A and 2B** and described in support section below.

12) ***Preliminary PMPM Premium Rate for each Non-Grandfathered Plan, as determined from: (10) + (11).***

13) ***Final (all regions) Premium Rates for Exchange Plans for all Non-Grandfathered Plans for Employees only, for Employees and Spouse, for Employees and Child(ren) no change for Employees and Family, based on census factors prescribed by Department.***

Index rates were developed based on FHP (adult) members; therefore our index rate is appropriate for the single rate. We developed alternate tier rates based on the prescribed relativities:

- a) Single = 1.00
- b) Single + Spouse = 2.00
- c) Single + Child(ren) = 1.70
- d) Single + Spouse + Child(ren) = 2.85
- e) Child-only = .412

14) *Premium Rates for Exchange plans for each respective geographic region.*

MetroPlus will offer the Exchange products in only Region 4 New York City Area.

15) *Premium Rates for subsequent quarters in calendar year 2015.*

The premium rates in the Individual market are effective for policies issued or renewed 1/1/2015 – 12/31/2015.

Market Wide Index Rate Adjustment:

a) *Impact for the compliance with Essential Health Benefits:*

MetroPlus will provide benefits consistent with the New York State Essential Health Benefits. Based on a comparison of benefits currently covered under FHP to the EHB, we adjusted the current claim base to reflect those that will be covered in 2015.

Attachment 4A summarizes the adjustments made to the current claim base and are reflected in the PMPM claim development in **Attachment 1**. Explanations of the amounts in **Attachment 4A** are summarized below:

- Bereavement counseling: Now an EHB. Using Buck's Manual Rating Model and adjusted for assumed utilization, we estimate \$0.72 PMPM.
- Adult Dental and Vision services and routine foot care are not an EHB and have been removed from the claim base. MetroPlus will offer adult dental and vision a non-standard product.
- Outpatient rehabilitation services: Using Buck's Manual Rating Model, we estimate removing the current 20 visit limit will increase costs in this service category by 11.5%.
- Habilitation Services: FHP currently only covers rehabilitative services. Based on a report on habilitative services prepared by the Maryland Department of Health and Mental Hygiene,¹ we project costs associated with habilitation services would be 100% of the current rehabilitation costs.
- Chiropractic services: Now an EHB. Using Buck's Manual Rating Model, we estimate an additional \$4.87 PMPM in chiropractic services.
- Exercise Facility reimbursement: Now an EHB. We project covering this benefit will add \$3.33 PMPM.
- Inpatient habilitative services: Now an EHB. We estimated this amount based on the cost of coverage for IP rehabilitation services, which was developed using Buck's Manual Rating Model. We project covering this benefit will add \$2.45 PMPM.
- Correctible Medical Conditions leading to Infertility: Now an EHB. Using Buck's Manual Rating Model and adjusted for assumed utilization, we project covering this benefit will add \$0.08 PMPM.
- Applied Behavior Analysis (Autism services): We estimate covering this benefit for children will add \$0.36 per adult per month, based on OptumHealth data.

¹ Habilitative Services in Maryland, A Report to the Senate Budget and Taxation Committee and the House Committee on Appropriations, submitted by the Maryland Department of Health and Mental Hygiene, December 20, 2007

b) *Impact of changes in the provider network and fee schedule levels*

MetroPlus reimbursed facilities for FHP inpatient services in 2013 based on Medicaid case rates. These rates are too low for a commercial product, and facilities will require higher reimbursement rates in order to accept MetroPlus Exchange members.

We adjusted the claims for higher reimbursement levels expected to be paid under the exchange product vs. under FHP. We adjusted the FHP claim base as follows:

- Treo Solutions repriced inpatient claims at 100% of the Medicare case rates (vs. 100% of Medicaid).
- 2013 inpatient case rates retroactive to 1/1/2013, promulgated by NYS Department of Health in December 2013.
- In October 2013, Medicare rates increased due to a higher level of DSH payments, in accordance with the ACA.
- Negotiated arrangements with Providers based on payments as a percent of Medicare.
- We assumed 5% of the inpatient claims would be out-of-area and subject to payment of 200% of the Medicare rates.
- The combined effect of these factors is an inpatient adjustment factor of 1.39.

Indigent Care:

The HCRA Indigent Care Surcharge rate is expected to be 9.63% throughout the rating period. The surcharge will apply to all Inpatient Facility claims and to approximately 55% of Outpatient claims (a mix of facility and physician provided services). We adjusted the FHP claim base, which was assessed at the lower Indigent Care Surcharge rate of 7.04%.

c) *Impact on claim costs from quality improvements and cost containment initiatives*

None assumed.

d) *Impact of anticipated changes in the expected covered membership risk characteristics of the market-wide risk pool :*

Our claim base is consistent with current MetroPlus FHP claim experience. To the extent FHP members will now have more plan options (as offered by MetroPlus, as well as from competing health insurers), we believe there will be adverse selection, which would increase costs by 10% for Individual.

e) *Impact of anticipated changes in the distribution of membership in the risk pool by the standard rating regions :*

MetroPlus will offer the Exchange products in only one New York State rating region: Region 4 New York City Area. No adjustment was made.

f) *Federal Risk Adjustments:*

We compared MetroPlus membership to all members enrolled in the Individual, provided by DFS on 4/10/14.

The average age of the MetroPlus population is two years younger than all members in the Individual exchange. Applying Society of Actuaries aging factors to both populations, we calculate a risk adjustment factor based on age/sex alone of:

	All Region 4 Members On/Off Exchange	MetroPlus Region 4 Members	Risk Adjustment
Individual	1.265	1.145	1.105

Federal Reinsurance Recoveries:

In **Attachment 6** we modeled federal reinsurance recoveries for the Individual product using MetroPlus FHP medical and drug claim data incurred for the 12 months ending 9/30/2013. We adjusted claims data for trend, reimbursement differences, indigent care payments, and selection, consistent with adjustments made to the claim base, and collapsed medical and drug claims by individual claimant.

Our model projects 3.23% of claims would be reimbursed through the federal reinsurance formula (i.e., 50% of claims between \$70,000 and \$250,000).

g) Adjustments for experience period claim data not being credible

MetroPlus did not participate in the Small group market in calendar year 2013 and has no experience. With the exception of maternity, we relied on adjusted FHP experience. Adjustments discussed in above ***Basis for Manual Rates*** section.

Maternity: The majority of maternity cases in the FHP experience period are not credible because many FHP pregnant women became Medicaid eligible as a result of their pregnancy (and therefore delivered their baby under the Medicaid program). We assumed maternity PMPM would be consistent with MetroPlus' 2013 Medicaid data (base rate before adjustments: \$13.11 PMPM IP and \$4.91 PMPM OP).

h) User Exchange Fees

In accordance with NYS DFS instructions, we assumed no exchange user fee for 2015.

Plan Level Adjustments:

a) Actuarial value and cost-sharing design of the plan :

Using Buck's Manual Rating Model (reflecting the current FHP population, assumed discounts, and the standard metal plans), we developed the following adjustments due to plan provisions. The model assumes a single-risk pool, so no adjustments have been made for utilization, age, gender, or risk of the group.

- Platinum: 87%
- Gold: 77%
- Silver: 69%
- Bronze: 63%
- Catastrophic: 61%

While all members enrolled in Silver Variation Plans will be charged the Silver Premium Rates, we estimated the relativity of the Silver Variations are:

- Silver 200-250% FPL: 72%
- Silver 150-200% FPL: 86%
- Silver 100-150% FPL: 93%

Attachment 8 provides Buck's Rating Manual output for the relative value between all the metal plans.

We applied the following induced demand factors to each metal:

Metal Level	Factor
Platinum	1.15
Gold	1.08
Silver	1.03
Bronze/Catastrophic	1.00

- b) *Provider network, delivery system , and utilization management practices Actuarial value and cost-sharing design of the plan :*

We assumed the provider network and delivery system would be consistent with the current provider network and delivery system.

- c) *Impact on claim costs from quality improvements and cost containment initiatives.*

None assumed

- d) *Benefits provided under the plan that are in addition to the Essential Health Benefits :*

MetroPlus will offer a non-standard platinum, gold, silver, and bronze plans that will provide adult dental and vision coverage. We have priced these benefits consistent with the benefit design and experience level of the current MetroPlus FHP product, which covers adult dental and vision. Development of the Adult Dental and Vision rates are in **Attachment 4B**.

Attachment 4C provides development of Pediatric Dental and Vision. While Pediatric Dental is an Essential Health Benefit and covered under the Standard products, we provide rates with and without pediatric dental.

- e) *Administrative Expenses*

We reflected the following fees:

- Regulatory fees:
 - Federal Reinsurance Fee: A temporary program to stabilize premiums in the individual market. The fee is applicable to

the individual and SHOP market, and is estimated as \$3.67 PMPM for 2015.

- Federal Risk Adjustment. A permanent program applicable to individual and SHOP plans offered in and out of the exchange to provide payments to plans that enroll higher risk individuals. The program cost/pay off will be based on market experience. Based on information in the 12/7/12 Federal Register, we estimated \$0.08 PMPM.
 - Patient-Centered Outcomes Research Institute Fee (PCORI). Assessed to individual and group policies to fund comparative effectiveness research. The fee is an annual \$2 per covered life in 2015, or \$0.17 PMPM.
 - 332 Assessment: Per NY DFS, we assumed 0.86% of premium.
- Covered Lives Assessment: We assumed a charge of \$17.30 per single (5% increase over the 2013 Covered Lives Assessment).
 - MetroPlus Administrative Expenses

Attachment 2B provides development of MetroPlus expenses associated with: Compensation; Occupancy, Depreciation, and Amortization; Marketing and Facilitated Enrollment, and Other.

Administrative expenses for 2015 have increased over the 2014 level because MetroPlus' administrative structure is now in place and actual costs are known. The following categories have been adjusted from 2014:

- Customer Services went from 2 to 11 to handle the large amount of calls
- Eligibility increased from 2 to 7
- Marketing increased from 14 to 50 CACs.
- There are 5 new Exchange Operations staff that have been added to manage the product
- Printing/Postage, Advertising and Marketing have greatly increased in cost to account for more accurate expenses
- DST Vendor costs are now based off of the true contracted rates

- Consulting costs now include projected fees for Wakely Consultants
- Chase Banking and Credit Card Processing were not accounted for last year
- Dental and Vision vendors have been added this year

Administrative expenses were developed on a per adult basis. In **Attachment 5B** we develop a “step down” factor to convert the administrative expenses from a per member basis to a per adult basis.

We adjusted administrative expenses to a per “equivalent” adult (weighting each child as 41.2% of an adult). MetroPlus provided us with projected adult member months, and we estimated children member months based on emerging 2014 MetroPlus Health Exchange enrollment for Individual and SHOP. This adjustment, which we calculated in **Attachment 5B** as 1.031, is necessary because the final premium rates must follow the relationships between single and family rates as prescribed by NYS Department of Financial Services (DFS).

Based on the above, we project administrative expenses to be \$32.66 per adult member per month (plus .9% of premium) for the Individual market. These amounts are fixed and do not vary by plan.

- We did not project MetroPlus will incur administrative expenses for activities that improve health care quality.
- As a non-profit Prepaid Health Service Plan, MetroPlus would be exempt from the following fees:
 - Federal Insurer Fee
 - State premium taxes, including MTA surcharges, and
 - Federal and state income taxes.

f) *Profit Margin:*

We assumed after tax profit margin of 3% of gross premium consistent with MetroPlus’ profit margin objectives for its other products, including Child Health Plus and Medicare Advantage. It is intended to fund

state reserve requirements, operating reserve requirements, and continued investments in plan operations.

MetroPlus follows NYS Department of Health Statutory Reserve Requirements as well as the Contingent reserve requirements. As a wholly owned subsidiary of the New York Health and Hospitals Corporation, MetroPlus does not measure Return on Equity as a publicly held corporation would. However, when reserves are fully funded, MetroPlus estimates necessary retained earnings to continually invest into its operations to serve its members.

- g) *Stop Loss reimbursements from New York State for Small Group Healthy New York Plans.*

None.

Loss Ratios:

We calculate loss ratios in **Attachment 3A** for Individual and **3B** for SHOP, based on two methodologies: the Federal MLR, to be used for determining rebates to policyholders, and the New York State formula, used during the rate review process.

The Federal MLR is defined in the 12/7/2012 **Federal Register**² by formula as follows:

$$\text{MLR} = [(i + q + n - r) / \{(p + n - r) - t - f - n + r\}] + c$$

Where, i = incurred claims

q = expenditures on quality improving activities

p = earned premiums

t = Federal and State taxes

f = licensing and regulatory fees

n = reinsurance, risk corridors, and risk adjustment payments made by issuer

r = issuer's reinsurance, risk corridors, and risk adjustment related receipts

c = credibility adjustment, if any.

² <http://www.gpo.gov/fdsys/pkg/FR-2012-12-07/pdf/2012-29184.pdf> page 73187

The New York State formula is the ratio of incurred claims to premium.

We developed a composite MLR for all the products in the individual market separate from SHOP.

Based on projected membership in **Attachment 5A**, we calculate the expected loss ratio for the Individual market is **89%** using the federal formula and **87%** using the New York State formula.

Reserve Basis:

MetroPlus will be holding reserves for unpaid claims. The reserves will be calculated quarterly using a standard actuarial claim lag methodology, consistent with the methodology used for its other products. We do not anticipate the need for holding any additional reserves.

Attachments:

- Attachment 1A – Premium Development – Individual Market - Standard
- Attachment 1B – Premium Development – Individual Market – Non-Standard
- Attachment 1D – Rate Variations – Individual Market
- Attachment 1F – Limited Cost Sharing Advance Payment Estimates
- Attachment 2A – Administrative Fees – Per Adult Member
- Attachment 2B – Administrative Expense Budget
- Attachment 3A – Test of Loss Ratio – Individual Market
- Attachment 4A – Benefit Changes
- Attachment 4B – Premium Development – Adult Dental/Vision
- Attachment 4C – Premium Development – Pediatric Dental/Vision
- Attachment 4D – Age to 29 Rider
- Attachment 5A – Enrollment Adjustments
- Attachment 5B – Enrollment by Month
- Attachment 6 – Reinsurance Recovery Model
- Attachment 7 – Excerpt from Buck’s **National Health Care Trend Survey, 28th Edition**
- Attachment 8 –Print out of Actuarial Relativities from Buck’s Manual Rating Model
- Attachment 9 – Print outs of all AV calculation pages using the HHS AV Calculator
- Attachment 10 – Commission Schedule

Actuarial Certification:

I, [REDACTED], am a member of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries.

The filing is in compliance with all applicable laws and regulations of the State of New York. 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 Communication

The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York for the Individual Products and SHOP products.

The benefits are reasonable in relation to the premiums charges; and the rates are not unfairly discriminatory.

Sincerely,

**Attachment 1 A
MetroPlus
Health Exchange
Premium Development - Individual Market**

		2015							
		Adult - FHP Base Experience			Metal Tiers				
		Medical	Drug	Total	Platinum	Gold	Silver	Bronze	Catastrophic
Basis for Manual Rates									
(1)	Claims Incurred per MMCOR	\$ 186.63	\$ 60.13	\$ 246.76					
	Development of Average Actuarial Pricing Value								
(2A)	Actuarial Value of Baseline Experience	0.9846	0.9364	0.9729					
(3)	Average Induced Demand Factor	1.0890	1.0890	1.0890					
(2)	(2A)x(3) Average Actuarial Pricing Value	1.0723	1.0197	1.0595					
(4)	Trend Factors	1.0550	1.0410	1.0516					
	Experience Midpoint	7/2/2013							
	Rating Period Midpoint	8/10/2015							
	Months to Trend	25	25	25					
(5)	Projection Trend Factor	1.1180	1.0873	1.1108					
(6)	(1)/(2)x(5) Projected PMPM Incurred Claims	\$ 194.59	\$ 64.12	\$ 258.71					
(7)	Market wide Index Rate Adjustments				Factor				
	Provider Reimbursement Rates				1.3887				
	Adjust to EHB Benefit Level				1.1241				
	Indigent Care Fee Increase				1.0161				
	Impact of the Risk Pool Due to Adverse Selection				1.1000				
	Federal Transitional Reinsurance Program Recovery				0.9677				
	Risk Adjustment				1.1054				
(8)	(6)x(7) Index PMPM Adjusted Incurred Medical and Drug Claims				\$ 482.83				
Plan Level Adjustments									
Pricing Adjustments:									
(9A)	AV Pricing Value, before Adjustment for Induced Demand				0.8709	0.7728	0.6928	0.6294	0.6062
(9B)	Adjustment for Induced Demand				1.1500	1.0800	1.0300	1.0000	1.0000
(9C)	=(A)x(B) AV Pricing Value				1.0016	0.8346	0.7136	0.6294	0.6062
(9D)	Average AV Pricing Value			1.0000					
	Impact of eligibility categories (catastrophic plans only)				1.0000	1.0000	1.0000	1.0000	0.6261
(9)	(8)x(9C)/(9D) Starting Point PMPM Claim Rate		\$ 482.83	\$ 483.59	\$ 402.98	\$ 344.54	\$ 303.88	\$ 183.25	
Adjustment factors for non-Essential Health Benefits and Plan Variations									
	Adult Rider to Age 29				\$ -	\$ -	\$ -	\$ -	\$ -
	Adult Dental / Vision Costs per Exhibit 5B				\$ -	\$ -	\$ -	\$ -	\$ -
(10)	(10A) Additional amount for non-Essential Health Benefits				\$ -	\$ -	\$ -	\$ -	\$ -
Taxes and Fees									
	Federal reinsurance fee				\$ 3.78	\$ 3.78	\$ 3.78	\$ 3.78	\$ 3.78
	Federal risk adjustment				0.08	0.08	0.08	0.08	0.08
	PCORI				0.18	0.18	0.18	0.18	0.18
	Covered Lives Assessment				20.21	20.21	20.21	20.21	20.21
	332 Assessment				4.88	4.15	3.63	3.26	2.17
(10B)	PMPM Prior to Administrative Expenses and Profit				\$ 29.13	\$ 28.41	\$ 27.88	\$ 27.51	\$ 26.42
Provision for Administrative Costs and Profit Margin									
	Fixed Administrative Expenses				\$ 32.66	\$ 32.66	\$ 32.66	\$ 32.66	\$ 32.66
	Premium Based Administrative Expenses (0.90% of gross premium)				5.11	4.35	3.79	3.41	2.27
	Commissions and Broker Fees (0.00% of gross premium)				-	-	-	-	-
	After Tax Underwriting Margin (3.00% of gross premium)				17.03	14.49	12.65	11.36	7.56
(11)	Total Provision for Expenses and Profit Margin				\$ 54.79	\$ 51.49	\$ 49.10	\$ 47.43	\$ 42.49
(12)	(10A)+(10B)+(11) Preliminary PMPM Premium Rates for Exchange Plans				\$ 567.52	\$ 482.87	\$ 421.52	\$ 378.82	\$ 252.16
(13) and (14)	Index All Regions Premium Rates for Exchange Plans				Effective One Year Beginning 1/1/2015-12/31/2015				
	Single	1.0000			\$ 567.52	\$ 482.87	\$ 421.52	\$ 378.82	\$ 252.16
	Single and Spouse	2.0000			\$ 1,135.04	\$ 965.75	\$ 843.03	\$ 757.65	
	Single and Child(ren)	1.7000			\$ 964.78	\$ 820.89	\$ 716.58	\$ 644.00	
	Single, Spouse, Child(ren)	2.8500			\$ 1,617.42	\$ 1,376.19	\$ 1,201.32	\$ 1,079.65	
	Child Only	0.4120			\$ 233.82	\$ 198.94	\$ 173.67	\$ 156.08	

Attachment 1 B
MetroPlus
Health Exchange
Premium Development - Individual Market - Non-Standard

		2015						
		Adult - FHP Base Experience			Metal Tiers			
		Medical	Drug	Total	Platinum	Gold	Silver	Bronze
Basis for Manual Rates								
(1)	Claims Incurred per Exhibit 2A	\$ 186.63	\$ 60.13	\$ 246.76				
	Development of Average Actuarial Pricing Value							
(2A)	Actuarial Value of Baseline Experience	0.9846	0.9364	0.9729				
(3)	Average Induced Demand Factor	1.0890	1.0890	1.0890				
(2)	(2A)x(3) Average Actuarial Pricing Value	1.0723	1.0197	1.0595				
(4)	Trend Factors	1.0550	1.0410	1.0516				
	Experience Midpoint	7/2/2013						
	Rating Period Midpoint	8/10/2015						
	Months to Trend	25	25	25				
(5)	Projection Trend Factor	1.1180	1.0873	1.1108				
(6)	(1)/(2)x(5) Projected PMPM Incurred Claims	\$ 194.59	\$ 64.12	\$ 258.71				
(7)	Market wide Index Rate Adjustments				Factor			
	Provider Reimbursement Rates				1.3887			
	Adjust to EHB Benefit Level				1.1241			
	Indigent Care Fee Increase				1.0161			
	Impact of the Risk Pool Due to Adverse Selection				1.1000			
	Federal Transitional Reinsurance Program Recovery				0.9677			
	Risk Adjustment				1.1054			
(8)	(6)x(7) Index PMPM Adjusted Incurred Medical and Drug Claims				\$ 482.83			
Plan Level Adjustments								
Pricing Adjustments:								
(9A)	AV Pricing Value, before Adjustment for Induced Demand				0.8709	0.7728	0.6928	0.6294
(9B)	Adjustment for Induced Demand				1.1500	1.0800	1.0300	1.0000
(9C)	=(A)x(B) AV Pricing Value				1.0016	0.8346	0.7136	0.6294
(9D)	Average AV Pricing Value				1.0000			
(9)	(8)x(9C)/(9D) Starting Point PMPM Claim Rate				\$ 482.83	\$ 483.59	\$ 402.98	\$ 303.88
Adjustment factors for non-Essential Health Benefits								
Adult Rider to Age 29					\$ -	\$ -	\$ -	\$ -
Adult Dental / Vision Costs per Exhibit 5B					23.93	19.94	17.05	15.04
(10)	(10A) Additional amount for non-Essential Health Benefits				\$ 23.93	\$ 19.94	\$ 17.05	\$ 15.04
Taxes and Fees								
Federal reinsurance fee					\$ 3.78	\$ 3.78	\$ 3.78	\$ 3.78
Federal risk adjustment					0.08	0.08	0.08	0.08
PCORI					0.18	0.18	0.18	0.18
Covered Lives Assessment					20.21	20.21	20.21	20.21
332 Assessment					5.10	4.33	3.78	3.39
(10B)	PMPM Prior to Administrative Expenses and Profit				\$ 29.35	\$ 28.59	\$ 28.03	\$ 27.65
Provision for Administrative Costs and Profit Margin								
Fixed Administrative Expenses					\$ 32.66	\$ 32.66	\$ 32.66	\$ 32.66
Premium Based Administrative Expenses (0.90% of gross premium)					5.33	4.53	3.95	3.55
Commissions and Broker Fees (0.00% of gross premium)					-	-	-	-
After Tax Underwriting Margin (3.00% of gross premium)					17.78	15.11	13.18	11.84
(11)	Total Provision for Expenses and Profit Margin				\$ 55.77	\$ 52.31	\$ 49.79	\$ 48.05
(12)	(10A)+(10B)+(11) Preliminary PMPM Premium Rates for Exchange Plans				\$ 592.64	\$ 503.81	\$ 439.42	\$ 394.61
(13) and (14)	Index All Regions Premium Rates for Exchange Plans	Effective One Year Beginning 1/1/2015-12/31/2015						
	Single	1.0000			\$ 592.64	\$ 503.81	\$ 439.42	\$ 394.61
	Single and Spouse	2.0000			\$ 1,185.29	\$ 1,007.62	\$ 878.84	\$ 789.22
	Single and Child(ren)	1.7000			\$ 1,007.50	\$ 856.48	\$ 747.01	\$ 670.84
	Single, Spouse, Child(ren)	2.8500			\$ 1,689.04	\$ 1,435.87	\$ 1,252.34	\$ 1,124.64

**Attachment 1 C
MetroPlus
Health Exchange
Premium Development - SHOP**

2015

		Adult - FHP Base Experience			Metal Tiers			
		Medical	Drug	Total	Platinum	Gold	Silver	Bronze
Basis for Manual Rates								
(1)	Claims Incurred per MMCOR+C42	\$ 186.63	\$ 60.13	\$ 246.76				
Development of Average Actuarial Pricing Value								
(2A)	Actuarial Value of Baseline Experience	0.9846	0.9364	0.9729				
(3)	Average Induced Demand Factor	1.1500	1.1500	1.1500				
(2)	(2A)x(3) Average Actuarial Pricing Value	1.1323	1.0768	1.1188				
(4)	Trend Factors	1.0550	1.0410	1.0516				
	Experience Midpoint	7/2/2013						
	Rating Period Midpoint	7/5/2015						
(5)	Months to Trend	24	24	24				
(5)	Projection Trend Factor	1.1130	1.0837	1.1061				
(6)	(1)/(2)x(5) Projected PMPM Incurred Claims	\$ 183.45	\$ 60.51	\$ 243.96				
(7)	Market wide Index Rate Adjustments				Factor			
	Provider Reimbursement Rates				1.3885			
	Adjust to EHB Benefit Level				1.1268			
	Indigent Care Fee Increase				1.0162			
	Impact of the Risk Pool Due to Adverse Selection				1.2000			
	Federal Transitional Reinsurance Program Recovery				1.0000			
	Risk Adjustment				1.1442			
(8)	(6)x(7) Index PMPM Adjusted Incurred Medical and Drug Claims				\$ 532.62			
Plan Level Adjustments								
Pricing Adjustments:								
(9A)	AV Pricing Value, before Adjustment for Induced Demand				0.8709	0.7728	0.6928	0.6294
(9B)	Adjustment for Induced Demand				1.1500	1.0800	1.0300	1.0000
(9C)	=(A)x(B) AV Pricing Value				1.0016	0.8346	0.7136	0.6294
(9D)	Average AV Pricing Value			1.0000				
(9)	(8)x(9C)/(9D) Starting Point PMPM Claim Rate			\$ 532.62	\$ 533.46	\$ 444.54	\$ 380.07	\$ 335.22
Adjustment factors for non-Essential Health Benefits and Plan Variations								
	Adult Rider to Age 29				\$ -	\$ -	\$ -	\$ -
	Family Health Planning per Exhibit 5A				-	-	-	-
(10)	(10A) Additional amount for non-Essential Health Benefits				\$ -	\$ -	\$ -	\$ -
Taxes and Fees								
	Federal reinsurance fee		\$ 3.81		\$ 3.81	\$ 3.81	\$ 3.81	\$ 3.81
	Federal risk adjustment		0.08		0.08	0.08	0.08	0.08
	PCORI		0.18		0.18	0.18	0.18	0.18
	Covered Lives Assessment		18.75		18.75	18.75	18.75	18.75
	332 Assessment		5.62		5.63	4.80	4.21	3.79
(10B)	PMPM Prior to Administrative Expenses and Profit		\$ 28.43		\$ 28.44	\$ 27.62	\$ 27.02	\$ 26.61
Provision for Administrative Costs and Profit Margin								
	Administrative Expenses		\$ 52.95		\$ 52.95	\$ 52.95	\$ 52.95	\$ 52.95
	Commissions and Broker Fees (3.00% of gross premium)		19.60		19.62	16.76	14.68	13.24
	After Tax Underwriting Margin (3.00% of gross premium)		19.60		19.62	16.76	14.68	13.24
(11)	Total Provision for Expenses and Profit Margin		\$ 92.14		\$ 92.19	\$ 86.46	\$ 82.31	\$ 79.42
(12)	(10A)+(10B)+(11) Preliminary PMPM Premium Rates for Exchange Plans		\$ 653.19		\$ 654.10	\$ 558.62	\$ 489.41	\$ 441.25
(13) and (14)	Index All Regions Premium Rates for Exchange Plans	Effective One Year Beginning 1/1/2015-3/31/2015						
	Single	1.0000			\$ 654.10	\$ 558.62	\$ 489.41	\$ 441.25
	Single and Spouse	2.0000			\$ 1,308.19	\$ 1,117.24	\$ 978.81	\$ 882.50
	Single and Child(ren)	1.7000			\$ 1,111.96	\$ 949.65	\$ 831.99	\$ 750.12
	Single, Spouse, Child(ren)	2.8500			\$ 1,864.17	\$ 1,592.06	\$ 1,394.81	\$ 1,257.56
(15)	Premium rates for Exchange plans for subsequent quarters in calendar year 2015	Effective One Year Beginning 4/1/2015-6/30/2015						
	Single	1.0000			662.37	565.69	495.60	446.83
	Single and Spouse	2.0000			1,324.75	1,131.37	991.20	893.66
	Single and Child(ren)	1.7000			1,126.03	961.67	842.52	759.61
	Single, Spouse, Child(ren)	2.8500			1,887.76	1,612.21	1,412.46	1,273.47
		Effective One Year Beginning 7/1/2015-9/30/2015						
	Single	1.0000			670.75	572.85	501.87	452.49
	Single and Spouse	2.0000			1,341.51	1,145.69	1,003.74	904.97
	Single and Child(ren)	1.7000			1,140.28	973.84	853.18	769.23
	Single, Spouse, Child(ren)	2.8500			1,911.65	1,632.61	1,430.34	1,289.59
		Effective One Year Beginning 10/1/2015-12/31/2015						
	Single	1.0000			679.24	580.09	508.22	458.21
	Single and Spouse	2.0000			1,358.49	1,160.19	1,016.45	916.43
	Single and Child(ren)	1.7000			1,154.71	986.16	863.98	778.96
	Single, Spouse, Child(ren)	2.8500			1,935.84	1,653.27	1,448.44	1,305.91

**Attachment 1 D
MetroPlus
Health Exchange**

Individual Market Premiums -- Single Coverage

(1)

Plan Metal Level	Product Name	Standard / Non Standard	Dependent Coverage	Actuarial Value	Baseline Single Premium From Attachment 1A	Rider: Coverage to Age 29	Single Premium Variations	Plan ID
Platinum	PlatinumPlus - P1	Standard	Age 25	0.8709	\$ 567.52	\$ -	\$ 567.52	11177NY0110001
Gold	GoldPlus - G1	Standard	Age 25	0.7728	\$ 482.87	\$ -	\$ 482.87	11177NY0080001
Silver	SilverPlus - S1	Standard	Age 25	0.6928	\$ 421.52	\$ -	\$ 421.52	11177NY0040001
Bronze	BronzePlus - B1	Standard	Age 25	0.6294	\$ 378.82	\$ -	\$ 378.82	11177NY0010001
Catastrophic	MedPlus - M1	Standard	N/A	0.6062	\$ 252.16	\$ -	\$ 252.16	11177NY0140001
Platinum	PlatinumPlus - P2	Non-Standard	Age 25	0.8709	\$ 592.64	\$ -	\$ 592.64	11177NY0180001
Gold	GoldPlus - G2	Non-Standard	Age 25	0.7728	\$ 503.81	\$ -	\$ 503.81	11177NY0170001
Silver	SilverPlus - S2	Non-Standard	Age 25	0.6928	\$ 439.42	\$ -	\$ 439.42	11177NY0070001
Bronze	BronzePlus - B2	Non-Standard	Age 25	0.6294	\$ 394.61	\$ -	\$ 394.61	11177NY0160001
Platinum	PlatinumPlus - P1	Standard	Age 29	0.8709	\$ 567.52	\$ 47.72	\$ 615.23	11177NY0110002
Gold	GoldPlus - G1	Standard	Age 29	0.7728	\$ 482.87	\$ 39.76	\$ 522.64	11177NY0080002
Silver	SilverPlus - S1	Standard	Age 29	0.6928	\$ 421.52	\$ 34.00	\$ 455.51	11177NY0040002
Bronze	BronzePlus - B1	Standard	Age 29	0.6294	\$ 378.82	\$ 29.98	\$ 408.81	11177NY0010002
Platinum	PlatinumPlus - P2	Non-Standard	Age 29	0.8709	\$ 592.64	\$ 47.72	\$ 640.36	11177NY0180002
Gold	GoldPlus - G2	Non-Standard	Age 29	0.7728	\$ 503.81	\$ 39.76	\$ 543.57	11177NY0170002
Silver	SilverPlus - S2	Non-Standard	Age 29	0.6928	\$ 439.42	\$ 34.00	\$ 473.41	11177NY0070002
Bronze	BronzePlus - B2	Non-Standard	Age 29	0.6294	\$ 394.61	\$ 29.98	\$ 424.60	11177NY0160002
Platinum	PlatinumPlus - P3	Standard	N/A	0.8709	\$ 233.82	\$ -	\$ 233.82	11177NY0030004
Gold	GoldPlus - G3	Standard	N/A	0.7728	\$ 198.94	\$ -	\$ 198.94	11177NY0030003
Base	SilverPlus - S3	Standard	N/A	0.6928	\$ 173.67	\$ -	\$ 173.67	11177NY0030002
Bronze	BronzePlus - B4	Standard	N/A	0.6294	\$ 156.08	\$ -	\$ 156.08	11177NY0030001

Notes:

1. Rider for coverage to Age 29 assumes the same enrollment distribution as all the products on the Individual Market

**Attachment 1 E
MetroPlus
Health Exchange**

SHOP Market Premiums -- Single Coverage

(1)

(2)

Plan Metal Level	Product Name	Actuarial Value	Dependent Coverage	Contraceptive & Family Planning	Domestic Partner	Baseline Single Premium From Attachment 1C	Rider: Dependent Up to Age 29	Eliminate Family Planning Coverage	Single Premium Variations	Plan ID
Platinum	PlatinumPlus P4	0.8709	Age 25	Included	Included	\$ 654.10	\$ -	\$ -	\$ 654.10	11177NY0120001
Gold	GoldPlus G4	0.7728	Age 25	Included	Included	\$ 558.62	\$ -	\$ -	\$ 558.62	11177NY0090001
Silver	SilverPlus S4	0.6928	Age 25	Included	Included	\$ 489.41	\$ -	\$ -	\$ 489.41	11177NY0050001
Bronze	BronzePlus B4	0.6294	Age 25	Included	Included	\$ 441.25	\$ -	\$ -	\$ 441.25	11177NY0020001
Platinum	PlatinumPlus P4	0.8709	Age 29	Included	Included	\$ 654.10	\$ 53.82	\$ -	\$ 707.92	11177NY0120002
Gold	GoldPlus G4	0.7728	Age 29	Included	Included	\$ 558.62	\$ 44.85	\$ -	\$ 603.47	11177NY0090002
Silver	SilverPlus S4	0.6928	Age 29	Included	Included	\$ 489.41	\$ 38.35	\$ -	\$ 527.75	11177NY0050002
Bronze	BronzePlus B4	0.6294	Age 29	Included	Included	\$ 441.25	\$ 33.82	\$ -	\$ 475.07	11177NY0020002
Platinum	PlatinumPlus P4	0.8709	Age 25	Included	Not Included	\$ 654.10	\$ -	\$ -	\$ 654.10	11177NY0120003
Gold	GoldPlus G4	0.7728	Age 25	Included	Not Included	\$ 558.62	\$ -	\$ -	\$ 558.62	11177NY0090003
Silver	SilverPlus S4	0.6928	Age 25	Included	Not Included	\$ 489.41	\$ -	\$ -	\$ 489.41	11177NY0050003
Bronze	BronzePlus B4	0.6294	Age 25	Included	Not Included	\$ 441.25	\$ -	\$ -	\$ 441.25	11177NY0020003
Platinum	PlatinumPlus P4	0.8709	Age 29	Included	Not Included	\$ 654.10	\$ 53.82	\$ -	\$ 707.92	11177NY0120004
Gold	GoldPlus G4	0.7728	Age 29	Included	Not Included	\$ 558.62	\$ 44.85	\$ -	\$ 603.47	11177NY0090004
Silver	SilverPlus S4	0.6928	Age 29	Included	Not Included	\$ 489.41	\$ 38.35	\$ -	\$ 527.75	11177NY0050004
Bronze	BronzePlus B4	0.6294	Age 29	Included	Not Included	\$ 441.25	\$ 33.82	\$ -	\$ 475.07	11177NY0020004
Platinum	PlatinumPlus P4	0.8709	Age 25	Not Included	Not Included	\$ 654.10	\$ -	\$ (5.15)	\$ 648.95	11177NY0120005
Gold	GoldPlus G4	0.7728	Age 25	Not Included	Not Included	\$ 558.62	\$ -	\$ (4.29)	\$ 554.33	11177NY0090005
Silver	SilverPlus S4	0.6928	Age 25	Not Included	Not Included	\$ 489.41	\$ -	\$ (3.67)	\$ 485.74	11177NY0050005
Bronze	BronzePlus B4	0.6294	Age 25	Not Included	Not Included	\$ 441.25	\$ -	\$ (3.23)	\$ 438.01	11177NY0020005
Platinum	PlatinumPlus P4	0.8709	Age 29	Not Included	Not Included	\$ 654.10	\$ 53.82	\$ (5.15)	\$ 702.77	11177NY0120006
Gold	GoldPlus G4	0.7728	Age 29	Not Included	Not Included	\$ 558.62	\$ 44.85	\$ (4.29)	\$ 599.18	11177NY0090006
Silver	SilverPlus S4	0.6928	Age 29	Not Included	Not Included	\$ 489.41	\$ 38.35	\$ (3.67)	\$ 524.09	11177NY0050006
Bronze	BronzePlus B4	0.6294	Age 29	Not Included	Not Included	\$ 441.25	\$ 33.82	\$ (3.23)	\$ 471.84	11177NY0020006
Platinum	PlatinumPlus P4	0.8709	Age 25	Not Included	Included	\$ 654.10	\$ -	\$ (5.15)	\$ 648.95	11177NY0120007
Gold	GoldPlus G4	0.7728	Age 25	Not Included	Included	\$ 558.62	\$ -	\$ (4.29)	\$ 554.33	11177NY0090007
Silver	SilverPlus S4	0.6928	Age 25	Not Included	Included	\$ 489.41	\$ -	\$ (3.67)	\$ 485.74	11177NY0050007
Bronze	BronzePlus B4	0.6294	Age 25	Not Included	Included	\$ 441.25	\$ -	\$ (3.23)	\$ 438.01	11177NY0020007
Platinum	PlatinumPlus P4	0.8709	Age 29	Not Included	Included	\$ 654.10	\$ 53.82	\$ (5.15)	\$ 702.77	11177NY0120008
Gold	GoldPlus G4	0.7728	Age 29	Not Included	Included	\$ 558.62	\$ 44.85	\$ (4.29)	\$ 599.18	11177NY0090008
Silver	SilverPlus S4	0.6928	Age 29	Not Included	Included	\$ 489.41	\$ 38.35	\$ (3.67)	\$ 524.09	11177NY0050008
Bronze	BronzePlus B4	0.6294	Age 29	Not Included	Included	\$ 441.25	\$ 33.82	\$ (3.23)	\$ 471.84	11177NY0020008

Notes:

- Rider for coverage to Age 29 assumes the same enrollment distribution as all the products on the SHOP Market
- Family Planning PMPM based on the paid in full amount of \$4.79 as developed in Exhibit 2A, the actuarial value of the plan and increased by 3.00% of premium for underwriting risk and 4.00% for commissions
- Domestic Partners are treated the same as spouses for rating purposes

**Attachment 1 F
MetroPlus
Health Exchange
Limited Cost Sharing Advance Payment Estimates
Per Enrollee Per Month**

Plan ID	Variation Description	AV Pricing	Monthly Expected Allowed Claims Costs for Silver Plan Variation - EHB only	(Silver Plan Variation AV) - (Standard Plan AV)	Per Enrollee Per Month Advance Payment
SilverPlus - S1	11177NY0040001-01	Standard On Exchange Plan	0.6928 \$	344.54	
Standard	11177NY0040001-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$
Coverage to Age 25	11177NY0040001-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54	
	11177NY0040001-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$
	11177NY0040001-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$
	11177NY0040001-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$
SilverPlus - S1	11177NY0040002-01	Standard On Exchange Plan	0.6928 \$	344.54	
Standard	11177NY0040002-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$
Coverage to Age 29	11177NY0040002-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54	
	11177NY0040002-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$
	11177NY0040002-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$
	11177NY0040002-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$
SilverPlus - S2	11177NY0070001-01	Non-Standard On Exchange Plan	0.6928 \$	344.54	
Non-Standard	11177NY0070001-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$
Coverage to Age 25	11177NY0070001-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54	
	11177NY0070001-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$
	11177NY0070001-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$
	11177NY0070001-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$
SilverPlus - S2	11177NY0070002-01	Non-Standard On Exchange Plan	0.6928 \$	344.54	
Non-Standard	11177NY0070002-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$
Coverage to Age 29	11177NY0070002-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54	
	11177NY0070002-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$
	11177NY0070002-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$
	11177NY0070002-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$

Methodology for Developing Estimate of Value of Cost-Sharing Reductions for Silver Plan Variations for 2014 Benefit Year.

Per Enrollee Per Month Advance Payment=

Monthly Expected Allowed Claims Costs for Silver Plan Variation × (Silver Plan Variation AV – Standard Plan AV)

**Attachment 2A
MetroPlus
Health Exchange
Per Member Per Month Fees**

	<u>PMPM Fee</u>	<u>Step-Up Factor from Exhibit 5B</u>	<u>Fee Per Admin Unit</u>
Individual Market			
Federal reinsurance fee	\$ 3.67	1.0310	\$ 3.78
Federal risk adjustment	0.08	1.0310	0.08
PCORI	0.17	1.0310	0.18
Covered Lives Assessment	17.30	1.1685	20.21
SHOP Market			
Federal reinsurance fee	\$ 3.67	1.0375	\$ 3.81
Federal risk adjustment	0.08	1.0375	0.08
PCORI	0.17	1.0375	0.18
Covered Lives Assessment	17.30	1.0837	18.75

Attachment 2 B

**MetroPlus
Health Exchange
Administrative Expense Budget**

1%

Areas	Head Count	Title	Salary	Comp Adjusted	Comp. w-Fringe	Total	FTE Allocation			Cost Allocation		
							Individual	SHOP	Total	Individual	SHOP	Total
Customer Service												
Customer Service	11	Customer Service Position	45,000	45,000	66,780	734,580	10.86	0.14	11	725,087	9,493	734,580
Eligibility	7	Eligibility Service	45,000	45,000	66,780	467,460	6.91	0.09	7	461,419	6,041	467,460
Retention	1	Retention Position	45,000	45,000	66,780	66,780	0.99	0.01	1	65,917	863	66,780
Total	19	Total Customer Service	135,000	135,000	200,340	1,268,820	18.75	0.25	19	1,252,424	49,189	1,268,820
Operations												
MIS	1	MIS Position - Business Analyst	100,000	100,000	148,400	148,400	0.99	0.01	1	146,482	1,918	148,400
	1	MIS Position - Programmer	110,000	110,000	163,240	163,240	0.99	0.01	1	161,131	2,109	163,240
Compliance	1	Compliance Position	70,000	70,000	103,880	103,880	0.50	0.50	1	51,940	51,940	103,880
Marketing	50	CAC	45,000	45,000	66,780	3,339,000	50.00	0.00	50	3,339,000	0	3,339,000
	2	Community Marketing	45,000	45,000	66,780	133,560	0.00	2.00	2	0	133,560	133,560
Operations	1	Exchange Management	160,000	160,000	237,440	237,440	0.99	0.01	1	234,372	3,068	237,440
	1	Exchange Management	90,000	90,000	133,560	133,560	0.99	0.01	1	131,834	1,726	133,560
	1	Exchange Operations Staff	70,000	70,000	103,880	103,880	0.99	0.01	1	102,538	1,342	103,880
	2	Exchange Operations Staff	55,000	55,000	81,620	163,240	1.97	0.03	2	161,131	2,109	163,240
Total	60		745,000	745,000	1,105,580	4,526,200	57.41	2.59	60	4,328,427	197,773	4,526,200
Medical Management												
Utilization Management	4	Utilization Management Position	85,000	85,000	126,140	504,560	3.95	0.05	4	498,040	6,520	504,560
Contracting	1	Out of Network Negotiator	70,000	70,000	103,880	103,880	0.99	0.01	1	102,538	1,342	103,880
	1	Out of Network Negotiator	70,000	70,000	103,880	103,880	0.99	0.01	1	102,538	1,342	103,880
Total	6		225,000	225,000	333,900	712,320	5.92	0.08	6	703,115	9,205	712,320
Finance												
Claims	1	Claims Position	75,000	75,000	111,300	111,300	0.99	0.01	1	109,862	1,438	111,300
Premium Billing	1	Premium Billing Position	65,000	65,000	96,460	96,460	0.99	0.01	1	95,213	1,247	96,460
Accounting	1	Accounting Position	70,000	70,000	103,880	103,880	0.99	0.01	2	102,538	1,342	103,880
Total	3		210,000	210,000	311,640	311,640	2.96	0.04	3	307,613	4,027	311,640
	88	Total Exchange PS	1,315,000	1,315,000	1,951,460	6,818,980	85	3	88	6,591,578	260,194	6,818,980

OTPS Budget :

Office Supplies

Individual	SHOP	Total
49,354	646	50,000

Attachment 2 B

MetroPlus

Printing	1,283,201	16,799	1,300,000
Postage	888,370	11,630	900,000
Advertising	987,078	12,922	1,000,000
Marketing	1,480,616	19,384	1,500,000
Contracted Management - DST	5,312,451	69,549	5,382,000
Consulting for IMB-FAMS/Wakely	542,893	7,107	550,000
Chase Banking	60,000	0	60,000
Chase Credit Processing Fees	0	0	0
Travel for Outside Training	49,354	646	50,000
Actuarial Services	592,247	7,753	600,000
Dental Vendor Admin	510,193	6,679	516,872
Vision Vendor Admin	510,193	6,679	516,872
Cost Treatment Calculator	296,123	3,877	300,000
Software - MIS Request	<u>197,416</u>	<u>2,584</u>	<u>200,000</u>
Subtotal OTPS Charges	12,758,711	167,033	12,925,744
Contingency 8%	<u>1,020,697</u>	<u>13,363</u>	<u>1,034,060</u>
Total Exchange Direct Costs	13,779,408	180,395	13,959,804

Indirect Costs :

Rent - See Rental Space Calculation :	119,580	1,566	121,146.00
MHP Overhead Dept's Indirect cost	740,308	9,692	750,000.00
Total Indirect Costs	859,889	11,257	871,146

Total OTPS and Indirect Exchange Costs

14,639,297 191,653 14,830,950

Total Exchange

21,230,875 451,847 21,649,930

Adult Members 636,027 8,327 644,354

PMPM - Per Adult \$ 33.38 \$ 54.27 \$ 33.60

Step Down 0.978 0.976

Per Adult Equivalent Per Month \$ 32.66 \$ 52.95

**Attachment 3 A
MetroPlus
Health Exchange
Test of Loss Ratio – Individual Market**

	<u>Cost Ratio</u>	<u>Enrollment %</u>	<u>Metal Tiers - Standard</u>					<u>Metal Tiers - Non-Standard</u>				<u>Total/ Composite</u>
			<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	<u>Catastrophic</u>	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	
Total 2015 Projected Contract Months			16,794	19,053	174,371	9,503	47	35,429	27,906	257,154	20,372	560,630
(A) Incurred Claims + Quality Improvements + 3Rs Adjustments												\$ 458.01
Single	1.000	83.8%	507.67	427.06	368.62	327.96	207.32	531.60	447.00	385.67	343.00	
Single and Spouse	2.000	12.6%	1015.34	854.12	737.24	655.92	414.65	1063.20	894.00	771.34	685.99	
Single and Child(ren)	1.700	1.3%	863.04	726.00	626.66	557.53	352.45	903.72	759.90	655.64	583.09	
Single, Spouse, Child(ren)	2.850	1.5%	1446.86	1217.11	1050.57	934.68	590.87	1515.07	1273.95	1099.16	977.54	
Child Only	0.412	<u>0.7%</u>	209.16	175.95	151.87	135.12	85.42	219.02	184.16	158.90	141.31	
		100.0%										
(B) Premiums - fed and state taxes - licenses and fees												\$ 516.17
Single	1.000	83.8%	562.46	478.55	417.72	375.39	249.81	587.37	499.30	435.46	391.04	
Single and Spouse	2.000	12.6%	1124.92	957.09	835.43	750.78	499.63	1174.74	998.61	870.93	782.09	
Single and Child(ren)	1.700	1.3%	956.18	813.53	710.12	638.16	424.69	998.53	848.82	740.29	664.77	
Single, Spouse, Child(ren)	2.850	1.5%	1603.02	1363.86	1190.49	1069.86	711.97	1674.01	1423.02	1241.07	1114.47	
Child Only	0.412	<u>0.7%</u>	231.73	197.16	172.10	154.66	102.92	242.00	205.71	179.41	161.11	
		100.0%										
Federal Formula: Loss Ratio = (A) / (B)			90%	89%	88%	87%	83%	91%	90%	89%	88%	89%
Composite Federal Loss Ratio												
(C) Incurred Claims												\$ 453.53
Single	1.000	83.8%	503.81	423.19	364.76	324.09	203.46	527.74	443.13	381.80	339.13	
Single and Spouse	2.000	12.6%	1007.61	846.38	729.51	648.19	406.92	1055.47	886.27	763.61	678.26	
Single and Child(ren)	1.700	1.3%	856.47	719.43	620.08	550.96	345.88	897.15	753.33	649.07	576.52	
Single, Spouse, Child(ren)	2.850	1.5%	1435.85	1206.10	1039.55	923.67	579.85	1504.05	1262.93	1088.14	966.52	
Child Only	0.412	<u>0.7%</u>	207.57	174.35	150.28	133.53	83.82	217.43	182.57	157.30	139.72	
		100.0%										
(D) Premium												\$ 520.86
Single	1.000	83.8%	567.52	482.87	421.52	378.82	252.16	592.64	503.81	439.42	394.61	
Single and Spouse	2.000	12.6%	1135.04	965.75	843.03	757.65	504.32	1185.29	1007.62	878.84	789.22	
Single and Child(ren)	1.700	1.3%	964.78	820.89	716.58	644.00	428.67	1007.50	856.48	747.01	670.84	
Single, Spouse, Child(ren)	2.850	1.5%	1617.42	1376.19	1201.32	1079.65	718.65	1689.04	1435.87	1252.34	1124.64	
Child Only	0.412	<u>0.7%</u>	233.82	198.94	173.67	156.08	103.89	244.17	207.57	181.04	162.58	
		100.0%										
New York State Formula: Loss Ratio = (C) / (D)			89%	88%	87%	86%	81%	89%	88%	87%	86%	87%
Composite NY State Loss Ratio												

**Attachment 3 B
MetroPlus
Health Exchange
Test of Loss Ratio – SHOP Market**

	<u>Cost Ratio</u>	<u>Enrollment %</u>	<u>Metal Tiers</u>				<u>Total/ Composite</u>
			<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	
Total 2015 Projected Contract Months			3,671	1,692	1,975	481	7,820
(A) Incurred Claims + Quality Improvements + 3Rs Adjustments							\$ 530.41
Single	1.000	92.0%	556.10	467.17	402.71	357.85	
Single and Spouse	2.000	4.6%	1112.20	934.35	805.42	715.71	
Single and Child(ren)	1.700	1.4%	945.37	794.19	684.61	608.35	
Single, Spouse, Child(ren)	2.850	1.9%	1584.89	1331.44	1147.72	1019.89	
Child Only	0.412	0.0%	229.11	192.48	165.92	147.44	
		100.0%					
(B) Premiums - fed and state taxes - licenses and fees							\$ 626.11
Single	1.000	92.0%	648.29	553.64	485.02	437.28	
Single and Spouse	2.000	4.6%	1296.59	1107.27	970.04	874.55	
Single and Child(ren)	1.700	1.4%	1102.10	941.18	824.54	743.37	
Single, Spouse, Child(ren)	2.850	1.9%	1847.64	1577.87	1382.31	1246.24	
Child Only	0.412	0.0%	267.10	228.10	199.83	180.16	
		100.0%					
Federal Formula: Loss Ratio = (A) / (B)			86%	84%	83%	82%	
Composite Federal Loss Ratio							85%
(C) Incurred Claims							\$ 526.16
Single	1.000	92.0%	552.21	463.28	398.82	353.96	
Single and Spouse	2.000	4.6%	1104.42	926.56	797.64	707.93	
Single and Child(ren)	1.700	1.4%	938.76	787.58	677.99	601.74	
Single, Spouse, Child(ren)	2.850	1.9%	1573.80	1320.35	1136.64	1008.80	
Child Only	0.412	0.0%	227.51	190.87	164.31	145.83	
		100.0%					
(D) Premium							\$ 631.73
Single	1.000	92.0%	654.10	558.62	489.41	441.25	
Single and Spouse	2.000	4.6%	1308.19	1117.24	978.81	882.50	
Single and Child(ren)	1.700	1.4%	1111.96	949.65	831.99	750.12	
Single, Spouse, Child(ren)	2.850	1.9%	1864.17	1592.06	1394.81	1257.56	
Child Only	0.412	0.0%	269.49	230.15	201.64	181.79	
		100.0%					
New York State Formula: Loss Ratio = (C) / (D)			84%	83%	81%	80%	
Composite NY State Loss Ratio							83%

**Attachment 4A
MetroPlus
Health Exchange
Essential Health Benefit Changes**

EHB	Medical Services	Benefit adjustment	New Benefit	Limits
Covered	Bereavement Counseling		\$ 0.72	5 sessions for members family either before or after death of the member
Covered	Hospice Services			210 days per year. Combined inpatient and outpatient
Not Covered	Routine Dental Services (Adult)	0%		
Not Covered	Routine Eye Exam (Adult)	0%		
Covered	Non-Preferred Brand Drugs			
Covered	Outpatient Rehabilitation Services	11.5%		
Covered	Outpatient Habilitation Services	100.0%		
Covered	Chiropractic Care		\$ 4.87	
Not Covered	Routine Foot Care	0%		
Covered	Exercise Facility Reimbursement		\$ 3.33	\$200/\$100 every 6 months for member/spouse
Covered	Inpatient Habilitation Services		\$ 2.45	
Covered	Correctable Medical Conditions Leading to Infertility		\$ 0.08	
Covered	Applied Behavior Analysis (Autism)		\$ 0.36	
Experience period not reflective of Rating period				
	Maternity - IP		283%	
	Maternity - OP		136%	
Additional Pediatric Benefits (Exhibit 5C)			<u>Individual</u>	<u>SHOP</u>
Covered	Pediatric Dental		\$ 0.90	\$ 1.05
Covered	Pediatric Vision		\$ 0.27	\$ 0.31
Additional Covered Benefits - FHP			\$ 12.97	\$ 13.18
Capitation adjustment				110%

**Attachment 4B
MetroPlus
Health Exchange
Premium Development - Adult Dental/Vision**

		<u>Adult - FHP Base Experience</u>		
		<u>Dental</u>	<u>Vision</u>	<u>Total</u>
Claims Incurred per MMCOR		\$ 12.31		
Average Actuarial Value of Baseline Experience		0.9456		
Average Induced Demand of Baseline Experience		1.0000		
Trend Factors		1.0470		
Experience Midpoint	5/16/2012			
Rating Period Midpoint	8/10/2015			
Months to Trend		39		
Projection Trend Factor		1.1610		
Projected PMPM Incurred Claims		15.11		
Market wide Index Rate Adjustments				
Provider Reimbursement Rates		1.0000		
Adjust to EHB Benefit Level		1.0000		
Indigent Care Fee Increase		1.0000		
Impact of the Risk Pool Due to Adverse Selection		1.2500		
Index PMPM Adjusted Incurred Medical and Drug Claims		\$ 18.89	\$ 5.00	\$ 23.89

**Attachment 4C
MetroPlus
Health Exchange
Premium Development - Pediatric Dental/Vision**

	<u>Child - CHP Base Experience</u>			<u>Individual</u>			<u>SHOP</u>		
	<u>Dental</u>	<u>Vision</u>	<u>Total</u>	<u>Dental</u>	<u>Vision</u>	<u>Total</u>	<u>Dental</u>	<u>Vision</u>	<u>Total</u>
(1) Per Child Claims Incurred per MMCOR	\$ 12.10	\$ 3.72	\$ 15.82						
Average Actuarial Value of Baseline Experience	1.0000	1.0000							
Average Induced Demand of Baseline Experience	1.0000	1.0000	1.0000						
Trend Factors	1.0470	1.0290	1.0428						
Experience Midpoint		7/2/2013							
Rating Period Midpoint		8/10/2015							
Months to Trend	25	25	25						
(2) Projection Trend Factor	1.1004	1.0614	1.0912						
(3) Impact of the Risk Pool Due to Adverse Selection	1.2500	1.2500	1.2500						
(4) Estimated 2015 Incurred Claims Per Child	\$ 16.64	\$ 4.94	\$ 21.58						
Per Member Rate Adjustment									
Estimated Number of Children Per Contract				0.0610	0.0610	0.0610	0.0675	0.0675	0.0675
Estimated Number of Members Per Contract				1.1339	1.1339	1.1339	1.0651	1.0651	1.0651
(4) Adjustment Factor				0.0538	0.0538	0.0538	0.0633	0.0633	0.0633
(5) Index PMPM Adjusted Incurred Medical and Drug Claims				\$ 0.90	\$ 0.27	\$ 1.16	\$ 1.05	\$ 0.31	\$ 1.37

**Attachment 4D
MetroPlus
Health Exchange
Age to 29 Rider**

	<u>Cost Ratio</u>	<u>Rider Cost Ratio</u>	<u>Enrollment %</u>
Number of Contracts			
Single	1.0000	1.0000	0.0%
Single and Spouse	2.0000	2.0000	0.0%
Single and Child(ren)	1.7000	1.8960	45.1%
Single, Spouse, Child(ren)	2.8500	3.0881	54.9%
Child Only	0.4120	1.0000	<u>0.0%</u>
			100.0%
Weighted Average Cost without Rider			2.3319
Weighted Average Cost with Rider			2.5510
Adjustment factor			1.0940

Assume enrollment purchasing Dependent to Age 29 Rider will be split between coverage with child(ren) consistent with % of enrollment in {Single and Child(ren)} and {Single, Spouse, Child(ren)} for total population.

Development of Rider Cost Ratio:

	<u>Single, Spouse, Child(ren)</u>		
	<u># covered</u>	<u>cost relativity</u>	<u>cost ratio</u>
Adults	2.0000	1.0000	2.0000
Children to 26	2.0631	0.4120	0.8500
Children to 26-29	0.2381	1.0000	<u>0.2381</u>
			3.0881

	<u>Single and Child(ren)</u>		
	<u># covered</u>	<u>cost relativity</u>	<u>cost ratio</u>
Adults	1.0000	1.0000	1.0000
Children to 26	1.6990	0.4120	0.7000
Children to 26-29	0.1960	1.0000	<u>0.1960</u>
			1.8960

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

INDIVIDUAL

Bronze	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(49)	(44)	(48)	(52)	(45)	(55)	(50)	(44)	(61)	(50)	(50)	(548)
New Enrollment	776	61	59	62	67	60	57	51	43	60	51	51	1,398
Members/Month	776	788	803	817	832	847	849	850	849	848	849	850	9,958
Bronze - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(6)	(6)	(6)	(7)	(6)	(7)	(7)	(6)	(8)	(7)	(7)	(73)
New Enrollment	107	8	8	8	9	8	7	7	6	8	7	7	190
Members/Month	107	109	111	113	115	117	117	117	117	117	117	117	1,374
Bronze-American Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Bronze-American Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Silver BASE	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(161)	(145)	(156)	(170)	(148)	(179)	(165)	(143)	(201)	(165)	(165)	(1,798)
New Enrollment	2,522	200	193	204	219	196	186	168	138	199	167	170	4,562
Members/Month	2,522	2,561	2,609	2,657	2,706	2,754	2,761	2,764	2,759	2,757	2,759	2,764	32,373
Silver - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(3)	(3)	(3)	(4)	(3)	(4)	(3)	(3)	(4)	(3)	(3)	(36)
New Enrollment	60	3	5	4	5	4	4	3	3	4	3	3	101
Members/Month	60	60	62	63	64	65	65	65	65	65	65	65	764
Silver FPL 200-250	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(185)	(167)	(179)	(195)	(170)	(205)	(190)	(164)	(230)	(189)	(189)	(2,063)
New Enrollment	2,893	229	222	235	250	226	213	193	158	227	192	195	5,233
Members/Month	2,893	2,937	2,992	3,048	3,103	3,159	3,167	3,170	3,164	3,161	3,164	3,170	37,128
Silver Ped FPL 200-250	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(3)	(5)	(4)	(4)	(44)
New Enrollment	70	5	5	5	6	5	4	4	3	5	4	4	120
Members/Month	70	71	72	73	75	76	76	76	76	76	76	76	893
Silver FPL 150-200	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(451)	(408)	(438)	(476)	(416)	(501)	(463)	(402)	(563)	(463)	(463)	(5,044)
New Enrollment	7,062	559	543	574	611	551	522	469	389	556	470	476	12,782
Members/Month	7,062	7,170	7,305	7,441	7,576	7,711	7,732	7,738	7,725	7,718	7,725	7,738	90,641
Silver FPL 150-200 Ped	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(13)	(11)	(12)	(13)	(12)	(14)	(13)	(11)	(16)	(13)	(13)	(141)
New Enrollment	205	16	15	16	17	16	14	13	11	16	13	13	365
Members/Month	205	208	212	216	220	224	224	224	224	224	224	224	2,629
Silver FPL 100-150	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(215)	(194)	(209)	(227)	(198)	(239)	(221)	(191)	(268)	(220)	(221)	(2,403)
New Enrollment	3,368	267	258	274	291	263	248	225	184	265	223	228	6,094
Members/Month	3,368	3,420	3,484	3,549	3,613	3,678	3,687	3,691	3,684	3,681	3,684	3,691	43,230
Silver FPL 100-150 Ped	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(3)	(2)	(3)	(3)	(2)	(3)	(3)	(2)	(3)	(3)	(3)	(30)
New Enrollment	50	3	3	4	4	3	3	3	2	3	3	3	84
Members/Month	50	50	51	52	53	54	54	54	54	54	54	54	634
Silver - Am. Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	5	-	-	-	-	-	-	-	-	-	-	-	5
Members/Month	5	5	5	5	5	5	5	5	5	5	5	5	60
Silver - Ped Am. Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Gold	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(110)	(99)	(107)	(116)	(101)	(122)	(113)	(98)	(137)	(113)	(113)	(1,229)
New Enrollment	1,725	137	132	140	149	134	127	115	94	136	114	117	3,120
Members/Month	1,725	1,752	1,785	1,818	1,851	1,884	1,889	1,891	1,887	1,886	1,887	1,891	22,146
Gold - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(2)	(2)	(2)	(3)	(2)	(3)	(3)	(2)	(3)	(3)	(3)	(28)
New Enrollment	46	3	3	3	4	3	3	3	2	3	3	3	79
Members/Month	46	47	48	49	50	51	51	51	51	51	51	51	597

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

Gold - Am. Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Gold - Am. Indian Ped	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Platinum	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(89)	(80)	(86)	(94)	(82)	(99)	(91)	(79)	(111)	(91)	(91)	(993)
New Enrollment	1,398	111	107	112	121	109	103	92	77	109	93	93	2,525
Members/Month	1,398	1,420	1,447	1,473	1,500	1,527	1,531	1,532	1,530	1,528	1,530	1,532	17,948
Platinum - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(10)	(9)	(10)	(11)	(9)	(11)	(10)	(9)	(13)	(10)	(10)	(112)
New Enrollment	163	13	12	13	14	12	12	10	9	12	11	10	291
Members/Month	163	166	169	172	175	178	179	179	179	178	179	179	2,096
Platinum - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Platinum - Ped Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Catastrophic	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	4	-	-	-	1	-	-	-	-	-	-	-	5
Members/Month	4	4	4	4	5	5	5	5	5	5	5	5	56
Catastrophic - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	-	-	-	-	-	-	-	-	-	-	-	-	-
Members/Month	-	-	-	-	-	-	-	-	-	-	-	-	-

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

INDIVIDUAL - NON STANDARD

Bronze	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(120)	(109)	(117)	(127)	(111)	(134)	(124)	(107)	(150)	(123)	(124)	(1,346)
New Enrollment	1,890	149	145	154	163	147	140	125	104	148	125	127	3,417
Members/Month	1,890	1,919	1,955	1,992	2,028	2,064	2,070	2,071	2,068	2,066	2,068	2,071	24,262
Bronze - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	6	-	1	-	-	-	-	-	-	-	-	-	7
Members/Month	6	6	7	7	7	7	7	7	7	7	7	7	82
Silver BASE	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(219)	(198)	(212)	(231)	(202)	(243)	(225)	(195)	(273)	(224)	(225)	(2,447)
New Enrollment	3,430	272	264	278	296	268	253	228	189	269	228	231	6,206
Members/Month	3,430	3,483	3,549	3,615	3,680	3,746	3,756	3,759	3,753	3,749	3,753	3,759	44,032
Silver FPL 200-250	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(278)	(251)	(270)	(293)	(256)	(308)	(285)	(247)	(347)	(285)	(285)	(3,105)
New Enrollment	4,351	345	334	353	377	339	321	289	238	343	289	294	7,873
Members/Month	4,351	4,418	4,501	4,584	4,668	4,751	4,764	4,768	4,759	4,755	4,759	4,768	55,846
Silver FPL 150-200	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(735)	(664)	(713)	(774)	(677)	(815)	(754)	(654)	(917)	(753)	(754)	(8,210)
New Enrollment	11,490	911	884	933	994	897	848	765	632	906	764	776	20,800
Members/Month	11,490	11,666	11,886	12,106	12,326	12,546	12,579	12,590	12,568	12,557	12,568	12,590	147,472
Silver FPL 100-150	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(298)	(269)	(289)	(314)	(275)	(330)	(306)	(265)	(372)	(305)	(306)	(3,329)
New Enrollment	4,663	369	358	379	403	364	344	310	256	368	309	315	8,438
Members/Month	4,663	4,734	4,823	4,913	5,002	5,091	5,105	5,109	5,100	5,096	5,100	5,109	59,845
Silver Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	7	-	-	-	-	1	-	-	-	-	-	-	8
Members/Month	7	7	7	7	7	8	8	8	8	8	8	8	91
Gold	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(166)	(150)	(161)	(174)	(153)	(184)	(170)	(147)	(207)	(170)	(170)	(1,852)
New Enrollment	2,595	206	200	210	224	203	191	173	142	204	173	175	4,696
Members/Month	2,595	2,635	2,685	2,734	2,784	2,834	2,841	2,844	2,839	2,836	2,839	2,844	33,310
Gold - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	3	-	-	-	-	-	-	-	-	-	-	-	3
Members/Month	3	3	3	3	3	3	3	3	3	3	3	3	36
Platinum	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(210)	(190)	(204)	(222)	(194)	(233)	(216)	(187)	(263)	(216)	(216)	(2,351)
New Enrollment	3,296	260	253	267	286	257	242	219	181	260	219	222	5,962
Members/Month	3,296	3,346	3,409	3,472	3,536	3,599	3,608	3,611	3,605	3,602	3,605	3,611	42,300
Platinum - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	3	-	-	-	-	-	-	-	-	-	-	-	3
Members/Month	3	3	3	3	3	3	3	3	3	3	3	3	36

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

SHOP - STANDARD

Bronze	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(2)	(2)	(2)	(3)	(2)	(2)	(2)	(2)	(3)	(2)	(2)	(24)
New Enrollment	43	4	3	3	2	1	2	2	2	4	2	2	70
Members/Month	43	45	46	47	46	45	45	45	45	46	46	46	545
Silver	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(11)	(10)	(11)	(12)	(10)	(12)	(10)	(9)	(13)	(11)	(11)	(120)
New Enrollment	176	18	16	14	9	7	9	12	10	17	10	11	309
Members/Month	176	183	189	192	189	186	183	185	186	190	189	189	2,237
Gold	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(9)	(8)	(9)	(10)	(8)	(10)	(9)	(8)	(11)	(9)	(9)	(100)
New Enrollment	151	14	14	11	8	6	6	11	10	14	8	9	262
Members/Month	151	156	162	164	162	160	156	158	160	163	162	162	1,916
Platinum	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(20)	(19)	(21)	(22)	(19)	(22)	(20)	(17)	(25)	(21)	(21)	(227)
New Enrollment	328	31	31	26	17	15	14	25	20	32	18	21	578
Members/Month	328	339	351	356	351	347	339	344	347	354	351	351	4,158

**Attachment 5 B
MetroPlus
Health Exchange
Enrollment Adjustments**

	Individual					SHOP			
	<u>Cost Ratio</u>	<u>Enrollment %</u>	<u>Number of Adults Per Contract</u>	<u>Number of Children Per Contract</u>	<u>Number of Members Per Contract</u>	<u>Enrollment %</u>	<u>Number of Adults Per Contract</u>	<u>Number of Children Per Contract</u>	<u>Members Per Contract</u>
Number of Contracts									
Single	1.0000	83.8%	1.0000	-	1.0000	92.0%	1.0000	-	1.0000
Single and Spouse	2.0000	12.6%	2.0000	-	2.0000	4.6%	2.0000	-	2.0000
Single and Child(ren)	1.7000	1.3%	1.0000	1.9000	2.9000	1.4%	1.0000	2.0000	3.0000
Single, Spouse, Child(ren)	2.8500	1.5%	2.0000	1.9000	3.9000	1.9%	2.0000	2.0000	4.0000
Child Only	0.4120	0.7%	-	1.0000	1.0000	0.0%	-	1.0000	1.0000
(1) Number of Allowed Admin Units Per Contract (Adult = 1, Child = 0.412)		1.159				1.092			
(2) Average Number of Adults/Children/Members per Contract			1.134	0.061	1.195		1.065	0.067	1.133
Step-Up/Step-Down Factor for admin $(=(2)/(1))$			0.9783		1.0310		0.9757		1.0375

Enrollment by Plan:

	Metal Tiers - Standard					Metal Tiers - Non-Standard				Total/ Composite
	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	<u>Catastrophic</u>	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	
(3) Number of Monthly Adult Member Months										
Individual Market	16,869	21,320	197,069	9,069	56	39,765	32,084	297,651	22,144	636,027
SHOP Market	3,827	1,857	2,116	526	-	-	-	-	-	8,327
Total	20,696	23,177	199,185	9,595	56	39,765	32,084	297,651	22,144	644,354
Number of Monthly Adult and Kid Member Months										
Individual Market	20,068	22,767	208,364	11,356	56	42,336	33,346	307,286	24,344	669,923
SHOP Market	4,158	1,916	2,237	545	-	-	-	-	-	8,856
Total	24,226	24,683	210,601	11,901	56	42,336	33,346	307,286	24,344	678,779
(4) Average Number of Members per Contract - Individual	1.195	1.195	1.195	1.195	1.195	1.195	1.195	1.195	1.195	1.195
Average Number of Members per Contract - SHOP	1.133	1.133	1.133	1.133	1.133	1.133	1.133	1.133	1.133	1.133
Number of Contracts $(=(3)/(4))$										
Individual Market - Standard	16,794	19,053	174,371	9,503	47	35,429	27,906	257,154	20,372	560,630
SHOP Market	3,671	1,692	1,975	481	-	-	-	-	-	7,820
Total	20,465	20,745	176,346	9,985	47	35,429	27,906	257,154	20,372	568,449
										351,965

**Attachment 6
MetroPlus
Health Exchange
Reinsurance Recovery Model**

	Incurred 10/1/2012 - 9/30/2013				
	Medical *	Rx **	Total	Reinsurance Recovery ***	Reinsurance % of Total
Claimants less than \$70,000	110,851,851	26,424,404	137,276,254	-	
Claimants over \$70,000	23,820,040	2,164,632	25,984,672	5,277,292	
Total	134,671,891	28,589,036	163,260,927	5,277,292	3.23%

* Medical Claims adjusted for: trend, reimbursement differences, benefits covered under EHB, indigent care surcharges, paid in full, selection

** Rx Claims adjusted for: trend, paid in full, selection

*** Reinsurance Recoveries are 50% of claims between \$70,000 and \$250,000.

Attachment 7
Excerpt from Buck's National Health Care Trend Survey, 28th
Edition

Summary of survey results

The following table summarizes the weighted average trend factors for each type of coverage for the 2014 (mid-year update) Survey:

	Weighted average annual trend	n
Medical (Excluding Rx)		
PPO	8.7%	145
POS	8.5%	132
HMO	8.6%	118
High Deductible Consumer Driven (with \$1500 deductible & Rx)	8.6%	78
Medicare Supplement (with Rx coverage)	5.2%	28
Medicare Supplement (without Rx coverage)	5.5%	39
Prescription Drug		
PBM	4.1%	6
Health Insurers	9.2%	72
Dental		
Reasonable & Customary (100/80/50)	5.5%	25
Scheduled	4.7%	17
Dental PPO	4.9%	40
Dental HMO	4.4%	19
Vision		
Reasonable & Customary	2.8%	20
Scheduled	2.9%	18

Note: Throughout the report, the weighted average trend rates are weighted by the reported number of covered lives for medical, Medicare supplement, prescription drug, dental, and vision coverages. The reported number of covered lives, for each type of coverage, represents employees plus dependents for commercial business only, including self-funding, as of January 2014.

Attachment 8
Actuarial Relativities From Buck's Manual Rating Model

Comprehensive Benefit Pricing Model -- Summary Results

client: **New York State -- Essential Health Benefits**

user: **ANR**

SERFF Number: MPHP-128975207 Individual; MPHP-128975317 SHOP

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Platinum	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		96.6%	87.2%	79.5%	85.0%	83.0%	84.5%	87.1%	87.8%	<Benefit Ratio	
		\$96.84	\$72.99	\$20.78	\$170.18	\$11.17	\$93.40	\$465.37	\$371.97	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$547.49	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$14,317,021	
		Premium		\$546.28	\$1,528.13						

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Gold	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		93.4%	75.3%	56.4%	71.7%	68.4%	80.4%	77.3%	76.5%	<Benefit Ratio	
		\$93.57	\$63.05	\$14.75	\$143.57	\$9.20	\$88.78	\$412.93	\$324.15	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$485.80	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$12,703,669	
		Premium		\$484.72	\$1,355.93						

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Silver	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		90.8%	64.2%	45.4%	60.5%	55.7%	76.9%	69.3%	67.3%	<Benefit Ratio	
		\$90.96	\$53.76	\$11.87	\$121.18	\$7.49	\$84.93	\$370.19	\$285.26	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$435.51	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$11,388,756	
		Premium		\$434.55	\$1,215.58						

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Silver 200250	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		91.3%	68.3%	49.1%	64.3%	60.3%	78.8%	72.1%	70.4%	<Benefit Ratio	
		\$91.52	\$57.19	\$12.83	\$128.81	\$8.11	\$87.03	\$385.49	\$298.46	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$453.51	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$11,859,455	
		Premium		\$452.51	\$1,265.82						

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Silver 150250	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		96.7%	85.2%	70.1%	82.5%	80.1%	86.2%	85.7%	85.5%	<Benefit Ratio	
		\$96.88	\$71.29	\$18.31	\$165.27	\$10.78	\$95.26	\$457.80	\$362.53	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$538.58	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$14,084,019	
		Premium		\$537.39	\$1,503.26						

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Silver 100250	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		98.3%	92.9%	87.5%	91.5%	90.3%	91.4%	92.7%	93.1%	<Benefit Ratio	
		\$98.53	\$77.78	\$22.86	\$183.19	\$12.14	\$100.99	\$495.48	\$394.49	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$582.92	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$15,243,231	
		Premium		\$581.62	\$1,626.99						

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Bronze	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		89.2%	62.2%	45.8%	59.1%	54.9%	51.6%	62.9%	65.9%	<Benefit Ratio	
		\$89.38	\$52.09	\$11.97	\$118.40	\$7.39	\$57.06	\$336.29	\$279.23	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$395.64	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$10,345,969	
		Premium		\$394.76	\$1,104.28						

Use this Grouping ?		Grouping Label		MPPM Costs							
Yes	EHB - Catastrophic	IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx		
Number of pricing tiers that are grouped together: 1		\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84	<Allowed PMPM	
		88.6%	58.7%	74.7%	55.4%	51.0%	44.0%	60.6%	64.9%	<Benefit Ratio	
		\$88.81	\$49.15	\$19.53	\$110.89	\$6.86	\$48.66	\$323.91	\$275.24	<Net PMPM	
Other Add-On PMPM Cost	\$0.00	Contract Tier		Member Count	Family						
Admin/Profit/Retention %	15%	Tier Rating Factor		1,000	2,797	0,000	0,000	0,000	0,000	Total Gross	
Claims+Retention PMPM	\$381.07	Contract Size		1,000	2,797	0,000	0,000	0,000	0,000	Premium	
		# Contracts		8,946	6,171	0	0	0	0	\$9,964,861	
		Premium		\$380.22	\$1,063.60						

Attachment 9
Print outs of all AV calculation pages using the HHS AV
Calculator

*****STANDARD PLATINUM PLAN (4-23-2014)*****

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.12%

Metal Tier:

Platinum

*****STANDARD GOLD PLAN (4-23-2014)*****

User Inputs for Plan Parameters

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.05%

Gold

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

User Inputs for Plan Parameters

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

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

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.99%
Silver

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
86.66%
Gold

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.43%

Platinum

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.99%

Metal Tier:

Bronze

Attachment 10 Commission Schedules

Individual Market: No Commissions paid to brokers

SHOP Market: 4% Commissions paid to brokers on 75% of business.

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: MetroPlus Health Plan, Inc.
NAIC Code: 95546
SERFF Tracking #: MPHP-129571498
Market Segment: Individual

A. Insurer Information: MetroPlus Health Plan HMO - 44 Not-for-Profit 95546
Company submitting the rate filing request Company Type Org. Type Company NAIC Code
160 Water Street - New York, NY - 10038
Company mailing address

B. Contact Person: [REDACTED] [REDACTED] [REDACTED]
Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (If different from above): [REDACTED] [REDACTED] [REDACTED]
Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: 1/1/2015 1/1/2015 MPHP-128975207
New rate applicability period New rate effective date SERFF Tracking Number

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

F. Provide responses for the following questions: **Response**

1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing. No

2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16. No

3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2). YES

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 No

Notes:

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

MetroPlus Health Plan

**SERFF Number: MPHP-129571498 (Individual)
and 128975317 (SHOP)**

Part III Actuarial Memorandum

New York Health Benefits Exchange

**Individual Market
SHOP Market**

6/13/2014

General Information:

Company Identifying Information:

Organization Name: MetroPlus Health Plan Inc.

State: New York State

HIOS ID: 11177

Market: Individual Group

Effective Date: 1/1/2015

Company Contact Information

Primary Contact:

Primary Contact Telephone Number:

Primary Contact Email:

Product Narrative

MetroPlus Health Plan Inc. (MetroPlus), a wholly-owned subsidiary of the New York City Health and Hospitals Corporation (HHC), is submitting the following bids:

- 2015 Exchange Standard and Non-Standard Plans – Individual market
- 2015 Exchange Standard Plans – SHOP market

HHC is the largest public health system in the United States. The mission of HHC is to serve all residents of NYC without regard to one's ability to pay. MetroPlus, in operation since 1985, is a Prepaid Health Services Plan (PHSP) certified under Section 4403-a of the New York State Public Health Law. The Plan's mission is to further expand HHC's mission. In that context, the Plan historically offered government sponsored managed care products, Medicaid, Family Health Plus, Child Health Plus, and Medicare Advantage. MetroPlus currently serves over 400,000 NYC residents. As part of its NYS Medicaid programs, the Plan offers a benefit package designed specifically for HIV+ enrollees.

Enrollment is focused to 4 of the 5 boroughs within NYC (Manhattan, Brooklyn, Queens and the Bronx), as HHC does not have facilities in Staten Island. Marketing efforts focus within the HHC Network which includes 11 acute care hospitals and 6 Diagnostic and Treatment Centers. HHC also has numerous clinics throughout the 4 boroughs.

MetroPlus also contracts with “Community Providers,” physicians who are based within the communities that HHC serves. These physicians expand coverage options and offer primary and specialty care services to beneficiaries in a local setting.

Aside from contracting with HHC and its physicians, MetroPlus also contracts with other providers within NYC. These include contracts for specialty inpatient services, DME, vision, dental, home care, radiology, and pharmacy. The purpose is to ensure that there is sufficient capacity within the MetroPlus network to serve all its beneficiaries in a timely and convenient fashion.

This submission is for the 2nd year of MetroPlus’ Exchange Products. As a PHSP, MetroPlus did not underwrite any Individual or Small Group policies prior to 2014. Partial 2014 claim experience is not credible. Therefore we are unable to use MetroPlus Individual or Small Group claim experience in development of the Exchange Product rates. For 2015 (and consistent with 2014), MetroPlus anticipates attracting members who reside in the 4 boroughs, and are comfortable seeking care at HHC facilities. We expect membership in the Individual Exchange products will utilize services relatively consistent with members enrolled in its FHP program; therefore FHP claims form the basis of our manual rates.

MetroPlus anticipates using independent brokers to solicit small groups. Because HHC facilities are in the 4 boroughs of New York City, MetroPlus’ SHOP product will primarily appeal to very small businesses (i.e., “baby groups”) located in the 4 boroughs, whose members also reside in the 4 boroughs, and whose members are comfortable seeking care at HHC facilities.

Proposed Rate Increase:

Proposed Rate Increase - Individual Standard

	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	<u>Catastrophic</u>
2014 Premium	\$ 443.24	\$ 395.76	\$ 359.26	\$ 334.44	\$ 328.38
Changes					
Inpatient	33.78	23.67	16.42	12.04	(39.05)
Outpatient	8.77	7.83	(0.80)	(7.00)	(10.76)
Professional	(4.80)	(5.65)	(13.53)	(19.19)	(22.63)
Prescription Drug	8.84	8.27	3.02	(0.75)	(3.03)
Other	24.75	20.62	17.65	15.87	(5.27)
Capitation	-	-	-	-	-
Administration	1.46	0.70	0.15	(0.24)	(1.38)
Taxes & Fees	59.02	58.29	57.77	57.40	56.31
Risk & Profit					
Charge	<u>3.73</u>	<u>2.61</u>	<u>1.87</u>	<u>1.33</u>	<u>(2.29)</u>
Sum of Changes	\$ 133.20	\$ 94.58	\$ 66.91	\$ 49.98	\$ (136.68)
Member Cost					
Share Increase	<u>\$ 8.92</u>	<u>\$ 7.47</u>	<u>\$ 4.66</u>	<u>\$ 5.61</u>	<u>\$ (60.46)</u>
2015 Premium	\$ 567.52	\$ 482.87	\$ 421.52	\$ 378.82	\$ 252.16
Increase	28%	22%	17%	13%	-23%

Reasons for Rate Increase (Individual):

- Hospital reimbursements – Negotiated Provider reimbursements and DSH payments increased 8% over the level used for the 2014 pricing.
- We varied utilization based on the prescribed induced demand factors. Utilization by metal did not vary in the 2014 rates.
- Taxes and Fees increased because we project MetroPlus will pay an additional 11% of claim costs into the risk adjustment pool based on emerging 2014 demographics. (We assumed no risk adjustments payments or receipts in 2014.)
- Taxes and Fees increased because the Federal reinsurance subsidy will be lower in 2015.
- Profit ratio remains constant.
- Catastrophic rates decreased because we reflected eligibility requirements.

Proposed Rate Increase - SHOP

	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>
2014 Premium	\$ 492.52	\$ 438.94	\$ 397.75	\$ 369.74
Changes				
Inpatient	\$ 45.83	\$ 35.18	\$ 27.60	\$ 23.07
Outpatient	\$ 17.75	\$ 8.83	\$ 2.48	\$ (1.31)
Professional	\$ 3.28	\$ (4.76)	\$ (10.49)	\$ (13.90)
Prescription Drug	\$ 14.42	\$ 8.97	\$ 5.08	\$ 2.76
Other	\$ 29.15	\$ 25.92	\$ 23.61	\$ 22.23
Capitation	\$ -	\$ -	\$ -	\$ -
Administration	\$ 24.68	\$ 23.94	\$ 23.49	\$ 23.15
Taxes & Fees	\$ 44.16	\$ 43.79	\$ 43.54	\$ 43.37
Risk & Profit				
Charge	\$ 5.01	\$ 3.73	\$ 2.87	\$ 2.26
Sum of Changes	\$ 184.28	\$ 145.59	\$ 118.19	\$ 101.63
Member Cost				
Share Increase	<u>\$ 17.23</u>	<u>\$ 21.24</u>	<u>\$ 22.44</u>	<u>\$ 26.43</u>
2015 Premium	\$ 659.57	\$ 563.29	\$ 493.50	\$ 444.94
Increase	34%	28%	24%	20%

Reasons for Rate Increase (SHOP):

- Hospital reimbursements – Negotiated Provider reimbursements and DSH payments increased 8% over the level used for the 2014 pricing.
- We varied utilization based on the prescribed induced demand factors. Utilization by metal did not vary in the 2014 rates.
- We increased our adverse selection factors due to low employee participation within employer groups, based on emerging 2014 demographics.
- Taxes and Fees increased because we project MetroPlus will pay an additional 14% into the risk adjustment pool pool based on emerging 2014 demographics. (We assumed no risk adjustments payments or receipts in 2014).
- Profit ratio remains constant.

Experience Period Premium and Claims

Not Applicable.

MetroPlus had no individual or small group products in 2013.

Benefit Categories:

The following table summarizes which category each claim falls in Worksheet 1, Section II:

Benefit Category	Methology
Inpatient Hospital	Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
Outpatient Hospital	Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
Professional	Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.
Other Medical	Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental Services, other services, and covered life assessment.
Capitation	All services provided under one or more capitation arrangements (none assumed for projection period)
Prescription Drugs	Includes drugs dispensed by a pharmacy (retail or mail order) on an outpatient basis.

Projection Factors

Not Applicable.

MetroPlus had no individual or small group products in 2013.

Credibility Manual Rate Development:

Source and Appropriateness of Experience Data Used

MetroPlus does not have current individual or SHOP experience to use in developing the index PMPM. As noted in the Product Narrative, we believe the population that will enroll in MetroPlus's Exchange products will be consistent with the population currently enrolled in MetroPlus's FHP product. We used MetroPlus FHP claims incurred 1/1/2013 through 12/31/2013 as the experience base. We believe 2013 data best reflects current utilization. The paid data was completed by analyzing completion patterns over 36 months.

FHP is an adult population, thus all of our source data is on a Per Adult Per Month basis. During our rate development, we continue to use PMPM to mean Per Adult Per Month unless otherwise noted. We did make adjustments in our administrative expense section to keep all costs on a consistent basis.

We adjusted the manual rates by an average actuarial value of the baseline experience, the average induced demand of the baseline experience, and trend to arrive at the single risk pool Index rate.

Note that the "utilization description" for Professional Services is listed as "Other". Most utilization in this category is tracked based on the number of services. However, pre-natal/post-partum maternity utilization is based on the number of services.

Please see the attached **Attachment 1- A** for projected Premium rates for all Individual Exchange rates, **Attachment 1- B** for projected Premium rates for all non-Standard Individual Exchange rates, and **Attachment 1- C** for SHOP Exchange plans.

Attachment 1-D provides all rate combinations for the Individual market.

Attachment 1-E provides all rate combinations for the SHOP market.

Adjustments Made to the Data

Our Manual Rate (FHP experience data) was adjusted for differences in provider reimbursement levels, covered benefits, indigent care payments, and adverse selection.

- *Impact for the compliance with Essential Health Benefits (EHB):*

MetroPlus will provide benefits consistent with the New York State Essential Health Benefits. Based on a comparison of benefits currently covered under FHP to the EHB, we adjusted the current claim base to reflect those that will be covered in 2015.

Unless noted, we priced benefit differences using Buck's Manual Rating Model. Buck's Manual Rating Model is a pricing tool developed by OptumInsight which develops per member per month (PMPM) cost by medical service based on estimated utilization rates and unit costs. It utilizes data in the OptumInsight benchmark utilization database for enrollment adjusted utilization for all CPTs and DRGs, which are adjusted geographically by MSA to reflect regional variations. The benchmark database is derived from commercial data representing approximately 20.8 million covered lives, and public sources such as state discharge databases, HCUP databases, and Medicare data.

Attachment 4A summarizes the adjustments made to the current claim base and are reflected in the PMPM claim development in **Attachment 1**. Explanations of the amounts in **Attachment 4A** are summarized below:

- Bereavement counseling: Now an EHB. Using Buck's Manual Rating Model and adjusted for assumed utilization, we estimate \$0.72 PMPM.
- Adult Dental and Vision services and routine foot care are not an EHB and have been removed from the claim base. MetroPlus will offer adult dental and vision a non-standard product.
- Outpatient rehabilitation services: Using Buck's Manual Rating Model, we estimate removing the current 20 visit limit will increase costs in this service category by 11.5%.
- Habilitation Services: FHP currently only covers rehabilitative services. Based on a report on habilitative services prepared by the Maryland Department of Health and Mental Hygiene,¹ we project costs associated with habilitation services would be 100% of the current rehabilitation costs.
- Chiropractic services: Now an EHB. Using Buck's Manual Rating Model, we estimate an additional \$4.87 PMPM in chiropractic services.
- Exercise Facility reimbursement: Now an EHB. We project covering this benefit will add \$3.33 PMPM.
- Inpatient habilitative services: Now an EHB. We estimated this amount based to the cost of coverage for IP rehabilitation services,

¹ Habilitative Services in Maryland, A Report to the Senate Budget and Taxation Committee and the House Committee on Appropriations, submitted by the Maryland Department of Health and Mental Hygiene, December 20, 2007

which was developed using Buck's Manual Rating Model. We project covering this benefit will add \$2.45 PMPM.

- Correctible Medical Conditions leading to Infertility: Now an EHB. Using Buck's Manual Rating Model and adjusted for assumed utilization, we project covering this benefit will add \$0.08 PMPM.
- Applied Behavior Analysis (Autism services): We estimate covering this benefit for children will add \$0.36 per adult per month, based on OptumHealth data.

- *Impact of changes in the provider network and fee schedule levels*

MetroPlus reimbursed facilities for FHP inpatient services in 2013 based on Medicaid case rates. These rates are too low for a commercial product, and facilities will require higher reimbursement rates in order to accept MetroPlus Exchange members.

We adjusted the claims for higher reimbursement levels expected to be paid under the exchange product vs. under FHP. We adjusted the FHP claim base as follows:

- Treo Solutions repriced inpatient claims at 100% of the Medicare case rates (vs. 100% of Medicaid).
- 2013 inpatient case rates retroactive to 1/1/2013, promulgated by NYS Department of Health in December 2013.
- In October 2013, Medicare rates increased due to a higher level of DSH payments, in accordance with the ACA.
- Negotiated arrangements with Providers based on payments as a percent of Medicare.
- We assumed 5% of the inpatient claims would be out-of-area and subject to payment of 200% of the Medicare rates.
- The combined effect of these factors is an inpatient adjustment factor of 1.39.

- *Indigent Care:*

The HCRA Indigent Care Surcharge rate is expected to be 9.63% throughout the rating period. The surcharge will apply to all Inpatient Facility claims and to approximately 55% of Outpatient claims (a mix of facility and physician provided services). We adjusted the FHP claim base, which was assessed at the lower Indigent Care Surcharge rate of 7.04%.

- *Impact of anticipated changes in the expected covered membership risk characteristics of the market-wide risk pool :*

Our claim base is consistent with current MetroPlus FHP claim experience. To the extent FHP members will now have more plan options (as offered by MetroPlus, as well as from competing health insurers), we believe there will be adverse selection, which would increase costs by 10% for Individual.

A review of MetroPlus' small group enrollment to date indicates a large percentage (over 40%) of the groups were enrolling a small percentage of employees (on average 22%). MetroPlus is therefore subject to adverse selection. We project this will increase costs on average by 20%.

- *Impact of anticipated changes in the distribution of membership in the risk pool by the standard rating regions :*

MetroPlus will offer the Exchange products in only one New York State rating region: Region 4 New York City Area. No adjustment was made.

- *Impact of adjustments for the experience period claim data not being sufficiently credible:*

MetroPlus did not participate in the Small group market in calendar year 2013 and has no experience. With the exception of maternity, we relied on adjusted FHP experience. Adjustments discussed in above **Basis for Manual Rates** section.

Maternity: The majority of maternity cases in the FHP experience period are not credible because many FHP pregnant women became Medicaid eligible as a result of their pregnancy (and therefore delivered their baby under the Medicaid program). We assumed maternity PMPM would be

consistent with MetroPlus' 2013 Medicaid data (base rate before adjustments: \$13.11 PMPM IP and \$4.91 PMPM OP).

Credibility of Experience:

Full credibility is given to the manual experience because MetroPlus has no experience data.

Paid to Allowed Ratio:

The Paid to Allowed Ratio is calculated as follows:

Individual:

Metal	Platinum	Gold	Silver	Bronze	Cata- strophic	Compo- site
Allowed	\$ 548.70	\$ 520.91	\$ 497.36	\$ 476.28	\$291.06	\$503.04
AV Pricing	0.872	0.770	0.686	0.620	0.591	0.709
Paid Claims	\$ 478.44	\$ 400.85	\$ 341.39	\$ 295.44	\$172.02	\$356.85
Enrollment	64,512	56,722	520,582	37,086	56	678,958

SHOP:

Metal	Platinum	Gold	Silver	Bronze	Composite
Allowed	\$ 568.25	\$ 532.22	\$ 504.22	\$ 491.12	\$ 539.53
AV Pricing	0.860	0.752	0.663	0.595	0.776
Paid Claims	\$ 488.54	\$ 400.43	\$ 334.28	\$ 292.06	\$ 418.42
Enrollment	4,158	1,916	2,237	545	8,856

Risk Adjustment and Reinsurance:

Projected Risk Adjustments PMPM

There is significant uncertainty around the relative health status of MetroPlus's projected enrollment.

We compared MetroPlus membership to all members enrolled in the Individual and SHOP marketplace, provided by New York State Department of Financial Services (NYS DFS) on 4/10/14.

The average age of the MetroPlus population is two years younger than all members in the Individual exchange. Applying Society of Actuaries aging factors to both populations, we calculate a risk adjustment factor based on age/sex alone of:

	All Region 4 Members On/Off Exchange	MetroPlus Region 4 Members	Risk Adjustment
Individual	1.265	1.145	1.105
SHOP	1.093	0.956	1.144

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

In Attachment 6 we modeled federal reinsurance recoveries for the Individual product using MetroPlus FHP medical and drug claim data incurred for the 12 months ending 9/30/2013. We adjusted claims data for trend, reimbursement differences, indigent care payments, and selection, consistent with adjustments made to the claim base, and collapsed medical and drug claims by individual claimant.

Our model projects 3.23% of claims would be reimbursed through the federal reinsurance formula (i.e., 50% of claims between \$70,000 and \$250,000).

SHOP would not be eligible for reinsurance recoveries.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

Attachment 2B provides development of MetroPlus expenses associated with: Compensation; Occupancy, Depreciation, and Amortization; Marketing and Facilitated Enrollment, and Other.

Administrative expenses for 2015 have increased over the 2014 level because MetroPlus' administrative structure is now in place and actual costs are known. The following categories have been adjusted from 2014:

- Customer Services went from 2 to 11 to handle the large amount of calls
- Eligibility increased from 2 to 7
- Marketing increased from 14 to 50 CACs.
- There are 5 new Exchange Operations staff that have been added to manage the product
- Printing/Postage, Advertising and Marketing have greatly increased in cost to account for more accurate expenses
- DST Vendor costs are now based off of the true contracted rates
- Consulting costs now include projected fees for Wakely Consultants
- Chase Banking and Credit Card Processing were not accounted for last year
- Dental and Vision vendors have been added this year

Administrative expenses were developed on a per adult basis. In **Attachment 5B** we develop a "step down" factor to convert the administrative expenses from a per member basis to a per adult basis.

We adjusted administrative expenses to a per "equivalent" adult (weighting each child as 41.2% of an adult). MetroPlus provided us with projected adult member months, and we estimated children member months based on emerging 2014 MetroPlus Health Exchange enrollment for Individual and SHOP. This adjustment, which we calculated in **Attachment 5B** as 1.031, is necessary because the final premium rates must follow the relationships between single and family rates as prescribed by NYS DFS.

Based on the above, we project administrative expenses to be \$32.66 per adult member per month (plus .9% of premium) for the Individual market and \$52.95 per adult member per month for SHOP. These amounts are fixed and do not vary by plan.

Profit (or Contribution to Surplus) & Risk Margin

We assumed after tax profit margin of 3% of gross premium consistent with MetroPlus' profit margin objectives for its other products, including Child Health Plus and Medicare Advantage. It is intended to fund state reserve requirements, operating reserve requirements, and continued investments in plan operations.

MetroPlus follows NYS Department of Health Statutory Reserve Requirements as well as the Contingent reserve requirements. As a wholly owned subsidiary of the New York Health and Hospitals Corporation, MetroPlus does not measure Return on Equity as a publicly held corporation would. However, when reserves are fully funded, MetroPlus estimates necessary retained earnings to continually invest into its operations to serve its members.

Taxes and Fees

As a non-profit Prepaid Health Service Plan, MetroPlus would be exempt from the following fees:

- Federal Insurer Fee
- State premium taxes, including MTA surcharges, and
- Federal and state income taxes

However, we do believe that MetroPlus would be subject to the Patient-Centered Outcomes Research Institute Fee (\$2 PMPY in 2014).

We included 0.86% of premium for the NYS DFS mandated regulatory fees (Section 332 Assessments).

Projected Loss Ratio

We calculate loss ratios in **Attachment 3A** for Individual and **3B** for SHOP, based on two methodologies: the Federal MLR, to be used for determining rebates to policyholders, and the New York State formula, used during the rate review process.

The Federal MLR is defined in the 12/7/2012 **Federal Register**² by formula as follows:

$$\text{MLR} = [(i + q + n - r) / \{(p + n - r) - t - f - n + r\}] + c$$

Where, i = incurred claims

q = expenditures on quality improving activities

p = earned premiums

t = Federal and State taxes

f = licensing and regulatory fees

n = reinsurance, risk corridors, and risk adjustment payments made by issuer

r = issuer's reinsurance, risk corridors, and risk adjustment related receipts

c = credibility adjustment, if any.

The New York State formula is the ratio of incurred claims to premium.

We developed a composite MLR for all the products in the individual market separate from SHOP.

Based on projected membership in **Attachment 5A**, we calculate the expected loss ratio for the Individual market is **89%** using the federal formula and **87%** using the New York State formula. We calculate the expected loss ratio for the SHOP market is **85%** using the federal formula and **83%** using the New York State formula.

² <http://www.gpo.gov/fdsys/pkg/FR-2012-12-07/pdf/2012-29184.pdf> page 73187

Single Risk Pool

Our pricing assumes a single-risk pool (one for Individual and another for SHOP, consistent with NYS DFS requirements), so no adjustments have been made for utilization, age, gender, or risk of the group, with the exception of catastrophic. For catastrophic, our AV pricing value is consistent with the single risk pool; however, we made an additional adjustment that reflects the impact of eligibility limits.

Index Rate

Index rates were developed in attached **Attachment 1- A** for projected Premium rates for all Individual Exchange rates, **Attachment 1- B** for projected Premium rates for all non-Standard Individual Exchange rates, and **Attachment 1- C** for SHOP Exchange plans.

Since our source data is on a Per Adult Per Month basis, we continue to use PMPM throughout our rate development and on the Unified Rate Template to mean Per Adult Per Month. We did make adjustments in our administrative section to keep all costs on a consistent basis.

The labeled lines in **Attachments 1 A-C** reflect:

- 1) ***Basis for Manual Rates: Average PMPM Incurred Claims for the latest experience period.***

MetroPlus does not have current individual or SHOP experience to use in developing the index PMPM. As noted in the Product Narrative, we believe the population that will enroll in MetroPlus's Exchange products will be consistent with the population currently enrolled in MetroPlus's FHP product. We used MetroPlus FHP claims incurred 1/1/2013 through 12/31/2013 as the experience base. We believe 2013 data best reflects current utilization. The paid data was completed by analyzing completion patterns over 36 months.

FHP is an adult population, thus all of our source data is on a Per Adult Per Month basis. During our rate development, we continue to use PMPM to mean Per Adult Per Month unless otherwise noted. We did make adjustments in our administrative expense section to keep all costs on a consistent basis.

We adjusted the manual rates by an average actuarial value of the baseline experience, the average induced demand of the baseline experience, and trend to arrive at the single risk pool Index rate.

- 2) ***Average AV Pricing Value determined for all inforce plans in effect during the latest experience period, based on member-months in the experience period for each inforce plan.***

The average actuarial value of MetroPlus' FHP plan was estimated by taking the ratio of FHP claims incurred from 10/1/2012 through 9/30/2013 to gross claims incurred over the same period. Based on this calculation, the average actuarial value of the baseline experience is 97%.

- 3) *Average Induced Demand Adjustment factor determined based on member-months in the experience period for each inforce plan.*

Individual: We normalized the manual rate by dividing it by 1.089 (1.15/1.056). 1.15 normalizes the index rate for the rich FHP experience. 1.056 normalizes the index rate for the shortfall in the Silver induced demand factor. (Per regulations we used 1.03 for FPL Silver when that population should have higher induced demand factors.)

SHOP: We normalized the SHOP index rate by dividing by 1.15. Since there are no FPL Silver plans in SHOP, there is no shortfall in the Silver induced demand factor.

- 4) *Assumption as to average annual claim trend rates for all components, including inflation, utilization, leverage, and other factors.*

We selected total trends based on industry survey data from Buck Consultant's **National Health Care Trend Survey, 28th Edition**. (See **Attachment 7**.) MetroPlus plans to reimburse providers based on a percent of the Medicare provider reimbursement rates; therefore we used the weighted average Medicare Supplement trend reported to us by health insurers of 5.5% for medical. We estimate a unit cost trend of 3.2% and a utilization trend of 2.2%.

PBMs participating in the Buck trend survey reported an average drug claim trend of 4.1% per year. We assume a unit cost trend of 2.0% and a utilization trend of 2.1%.

The composite of the Medical and Drug trend is 5.2%.

Aging: We verified the average age of the FHP 2013 experience population is within ½% of the age of the 2014 enrolled health exchange members; therefore, we did not adjust for aging.

- 5) *Projection trend factor from midpoint of experience period to midpoint of applicability for First Quarter 2015 premium rates.*

We projected claims from the midpoint of the experience period (7/1/2013) to the midpoint of the rating period. **Attachment 5B** shows projected adult membership by month throughout 2015. Assuming constant rates for one year after the 2015 policy effective date, we calculated the midpoint of all new and renewing Individual policies sold in 2015, weighted on new enrollment, to be 8/10/2015.

The midpoint of new and renewing SHOP policies sold in the first quarter of 2015, would average 7/5/2015.

We projected rates for small groups enrolling in the 2nd, 3rd and 4th quarters of 2015 by trending the 1st quarter rates by 1.27% per quarter. 1.27% is the quarterly health care trend factor equivalent to the 5.2% composite medical and drug annual trend factor.

- 6) **Index Rate:** *Projected Average PMPM Incurred Claims determined from (1) and (5) above.*
- 7) **Market-wide index rate adjustments** *as discussed in Section J, not already reflected.*

Adjustments described in adjustment section above.

The Index Rate before adjustment for risk adjustment and reinsurance is \$446.42 (\$451.39 reduced by 1.1% for abortion claims) for the Individual Market.

The Index Rate is \$460.24 for the SHOP Market for all members with effective dates in the first quarter of 2015. MetroPlus intends to increase rates on a quarterly basis with trend; therefore, the SHOP index rate for the projection period, reflecting each of the trended rates effective in 2015, is \$464.20, calculated as follows:

	January	April	July	October	Total Single Risk Pool
New Members	829	119	123	148	1219
Base Allowed Claims	416.19	416.19	416.19	416.19	
Months of Trend	24	27	30	33	
Annual Trend	5.16%	5.16%	5.16%	5.16%	
Single Risk Pool Projected Allowed Claims	460.24	466.07	471.97	477.95	\$464.20

Market Adjusted Index Rates

- 8) *Market-wide adjustments reflect:*
- i) *the impact of the Federal Transitional Reinsurance Program Recovery.*
 - ii) *the impact of the Risk Adjustment.*
 - iii) *Exchange user fee.*

Basis for calculation is found in above sections.

Factors are applied in Appendix 1A, 1B, and 1C line 8.

The Market Index Rate adjusted for risk and reinsurance is \$482.83 for the Individual Market.

The Index Rate is \$532.62 for the SHOP Market for all members with effective dates in the first quarter of 2015. MetroPlus intends to increase rates on a quarterly basis with trend; therefore, the SHOP index rate for the projection period, reflecting each of the trended rates effective in 2015, is \$537.08.

Plan Adjusted Index Rates

9)

The Plan Adjusted Index Rates reflects:

- Actuarial value and cost sharing adjustment (plan adjustment)
- Provider network, delivery system and utilization management adjustment (plan adjustment)
- Adjustment for benefits in addition to the EHBs (plan adjustment)
- Impact of specific eligibility categories for the catastrophic plan (plan adjustment)
- Adjustment for distribution and administrative costs (plan adjustment)

10) *Starting point PMPM Claim Rate for each plan. Index PMPM Claim Rate (9) is multiplied by*

a) *The AV Pricing Value at each Metal tier*

Actuarial Value relatives are calculated using Buck's Rating Manual.

Buck's Manual Rating Model is a pricing tool developed by OptumInsight which develops per member per month (PMPM) cost by medical service based on estimated utilization rates and unit costs. It utilizes data in the OptumInsight benchmark utilization database for enrollment adjusted utilization for all CPTs and DRGs, which are adjusted geographically by MSA to reflect regional variations. The benchmark database is derived from commercial data representing approximately 20.8 million covered lives, and public sources such as state discharge databases, HCUP databases, and Medicare data.

b) Induced Demand

We first normalized the index rate (prior to introducing metal tier variations), and then applied the following induced demand factors to each metal:

Metal Level	Factor
Platinum	1.15
Gold	1.08
Silver	1.03
Bronze/Catastrophic	1.00

c) The cumulative AV pricing value for each plan = (A) Metal AV Pricing x (B) Metal induced demand

d) *The average AV Pricing Value per (2) above for all inforce plans.*

The average of all plans is 1.0. The index rate has been adjusted for average AV pricing in (2) and average induced demand in (3).

11) *Plan-Design Level Adjustments for the various differences in characteristics.*

We applied the following plan-design adjustments: Federal reinsurance fee, Federal risk adjustment fee, NY State 332 Assessment, PCORI, covered life assessment and, for the non-standard plans, adult dental and vision benefits.

Adjustments are described in support section above.

12) *Plan-Design Level Adjustments for Administrative Costs and Profit Margins per Exhibit 19.*

Administrative expenses are developed in **Attachment 2A and 2B** and described in support section above.

Calibration

Rates do not vary by age, tobacco status or geography. Therefore no calibration is required for these factors.

Consumer Adjusted Premium Rate Development

Rates do not vary by age, tobacco status or geography. Therefore no calibration is required for these factors. We calibrate for rating tier as described below.

- 13) *Preliminary PMPM Premium Rate for each Non-Grandfathered Plan, as determined from: (11) + (12).*
- 14) *Final (all regions) Premium Rates for Exchange Plans for all Non-Grandfathered Plans for Employees only, for Employees and Spouse, for Employees and Child(ren) no change for Employees and Family, based on census factors prescribed by Department.*

Index rates were developed based on FHP (adult) members; therefore our index rate is appropriate for the single rate. We developed alternate tier rates based on the prescribed relativities:

- Single = 1.00
- Single + Spouse = 2.00
- Single + Child(ren) = 1.70
- Single + Spouse + Child(ren) = 2.85
- Child-only = .412

- 15) *Premium Rates for Exchange plans for each respective geographic region.*

MetroPlus will offer the Exchange products in only New York State Region 4 New York City Area.

- 16) *Premium Rates for subsequent quarters in calendar year 2015.*

The premium rates in the Individual market are effective for policies issued or renewed 1/1/2015 – 12/31/2015.

For the SHOP Market, we projected rates for small groups enrolling or renewing in the 2nd, 3rd and 4th quarters of 2015 by trending the 1st quarter rates by 1.27% per quarter. 1.27% is the quarterly health care trend factor equivalent to the 5.2% composite medical and drug annual trend factor. The premium rates for subsequent quarters in calendar year 2015 are shown in **Attachment 1C**.

AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were developed entirely based on the AV Calculator. **Attachment 9** provides printouts of all AV calculation pages using the HHS AV Calculator.

AV Pricing Values

Using Buck's Manual Rating Model (reflecting the current FHP population, assumed discounts, and the standard metal plans), we developed the following adjustments due to plan provisions. The model assumes a single-risk pool, so no adjustments have been made for utilization, age, gender, or risk of the group.

- Platinum: 87%
- Gold: 77%
- Silver: 69%
- Bronze: 63%
- Catastrophic: 61%

Attachment 8 provides Buck's Rating Manual output for the relative value between all the metal plans.

The AV pricing values were adjusted for induced demand and eligibility restrictions (catastrophic) as described above. The final AV pricing values is as follows:

	Platinum	Gold	Silver	Bronze	Catastrophic
Av Pricing (before induced demand)	.871	.773	.693	.629	.606
Adjustment for Induced Demand	1.15	1.08	1.03	1.0	1.0
Eligibility restrictions					.626
AV Pricing Value	1.002	.835	.714	.629	.380

Membership Projections

MetroPlus developed Adult membership projections in **Attachment 5A** which we summarized in **Attachment 5B** based on assumed new entrants and drops for each month and metal. Members are assumed to be adult members, consistent with our rate development.

Terminated Products

None.

Plan Type

Not Applicable

Warning Alert

We received the following warning:

WARNING - Wksh 1 - Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16).

This is the same warning we received in the 2014 filing, and we were advised this warning occurs because we have no plan experience.

Reliance

Our analysis is based upon data received from MetroPlus, including:

- claim and enrollment data summarized in Attachment 1A, and
- an Administrative Budget in Attachment 2B.

We relied on MetroPlus and their consultant Treo Solutions for the adjustments required for 2015 provider reimbursement rates.

We reviewed the data for reasonableness but have relied upon MetroPlus for its accuracy.

Actuarial Certification

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

I certify the methodology used to calculate the AV Metal Value of each plan was verified using the HHS AV Calculator. Print outs of the HHS AV Calculator are found in **Attachment 10**.

I certify the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based, and the index rate is developed in accordance with federal regulation and the index rate along with allowable modifiers are used in the development of the plan specific premium rates.

The submission is in compliance with all applicable laws and regulations of the State of New York. The submission 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. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications

I certify the projected index rate is:

- In compliance with all applicable State and Federal Statutes and Regulation (45 CFR 156.80(d)(1))
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Sincerely,

Attachments:

- Attachment 1A – Premium Development – Individual Market - Standard
- Attachment 1B – Premium Development – Individual Market – Non-Standard
- Attachment 1C – Premium Development – SHOP Market
- Attachment 1D – Rate Variations – Individual Market
- Attachment 1E – Rate Variations – SHOP Market
- Attachment 1F – Limited Cost Sharing Advance Payment Estimates
- Attachment 2A – Administrative Fees – Per Adult Member
- Attachment 2B – Administrative Expense Budget
- Attachment 3A – Test of Loss Ratio – Individual Market
- Attachment 3B – Test of Loss Ratio – SHOP Market
- Attachment 4A – Benefit Changes
- Attachment 4B – Premium Development – Adult Dental/Vision
- Attachment 4C – Premium Development – Pediatric Dental/Vision
- Attachment 4D – Age to 29 Rider
- Attachment 5A – Enrollment Adjustments
- Attachment 5B – Enrollment by Month
- Attachment 6 – Reinsurance Recovery Model
- Attachment 7 – Excerpt from Buck's **National Health Care Trend Survey, 28th Edition**
- Attachment 8 –Print out of Actuarial Relativities from Buck's Manual Rating Model
- Attachment 9 – Print outs of all AV calculation pages using the HHS AV Calculator
- Attachment 10 – Commission Schedule

**Attachment 1 A
MetroPlus
Health Exchange
Premium Development - Individual Market**

		2015							
		Adult - FHP Base Experience			Metal Tiers				
		Medical	Drug	Total	Platinum	Gold	Silver	Bronze	Catastrophic
Basis for Manual Rates									
(1)	Claims Incurred per MMCOR	\$ 186.63	\$ 60.13	\$ 246.76					
	Development of Average Actuarial Pricing Value								
(2A)	Actuarial Value of Baseline Experience	0.9846	0.9364	0.9729					
(3)	Average Induced Demand Factor	1.0890	1.0890	1.0890					
(2)	(2A)x(3) Average Actuarial Pricing Value	1.0723	1.0197	1.0595					
(4)	Trend Factors	1.0550	1.0410	1.0516					
	Experience Midpoint	7/2/2013							
	Rating Period Midpoint	8/10/2015							
	Months to Trend	25	25	25					
(5)	Projection Trend Factor	1.1180	1.0873	1.1108					
(6)	(1)/(2)x(5) Projected PMPM Incurred Claims	\$ 194.59	\$ 64.12	\$ 258.71					
(7)	Market wide Index Rate Adjustments				Factor				
	Provider Reimbursement Rates				1.3887				
	Adjust to EHB Benefit Level				1.1241				
	Indigent Care Fee Increase				1.0161				
	Impact of the Risk Pool Due to Adverse Selection				1.1000				
	Federal Transitional Reinsurance Program Recovery				0.9677				
	Risk Adjustment				1.1054				
(8)	(6)x(7) Index PMPM Adjusted Incurred Medical and Drug Claims				\$ 482.83				
Plan Level Adjustments									
Pricing Adjustments:									
(9A)	AV Pricing Value, before Adjustment for Induced Demand				0.8709	0.7728	0.6928	0.6294	0.6062
(9B)	Adjustment for Induced Demand				1.1500	1.0800	1.0300	1.0000	1.0000
(9C)	=(A)x(B) AV Pricing Value				1.0016	0.8346	0.7136	0.6294	0.6062
(9D)	Average AV Pricing Value			1.0000					
	Impact of eligibility categories (catastrophic plans only)				1.0000	1.0000	1.0000	1.0000	0.6261
(9)	(8)x(9C)/(9D) Starting Point PMPM Claim Rate		\$ 482.83	\$ 483.59	\$ 402.98	\$ 344.54	\$ 303.88	\$ 183.25	
Adjustment factors for non-Essential Health Benefits and Plan Variations									
	Adult Rider to Age 29				\$ -	\$ -	\$ -	\$ -	\$ -
	Adult Dental / Vision Costs per Exhibit 5B				\$ -	\$ -	\$ -	\$ -	\$ -
(10)	(10A) Additional amount for non-Essential Health Benefits				\$ -	\$ -	\$ -	\$ -	\$ -
Taxes and Fees									
	Federal reinsurance fee				\$ 3.78	\$ 3.78	\$ 3.78	\$ 3.78	\$ 3.78
	Federal risk adjustment				0.08	0.08	0.08	0.08	0.08
	PCORI				0.18	0.18	0.18	0.18	0.18
	Covered Lives Assessment				20.21	20.21	20.21	20.21	20.21
	332 Assessment				4.88	4.15	3.63	3.26	2.17
(10B)	PMPM Prior to Administrative Expenses and Profit				\$ 29.13	\$ 28.41	\$ 27.88	\$ 27.51	\$ 26.42
Provision for Administrative Costs and Profit Margin									
	Fixed Administrative Expenses				\$ 32.66	\$ 32.66	\$ 32.66	\$ 32.66	\$ 32.66
	Premium Based Administrative Expenses (0.90% of gross premium)				5.11	4.35	3.79	3.41	2.27
	Commissions and Broker Fees (0.00% of gross premium)				-	-	-	-	-
	After Tax Underwriting Margin (3.00% of gross premium)				17.03	14.49	12.65	11.36	7.56
(11)	Total Provision for Expenses and Profit Margin				\$ 54.79	\$ 51.49	\$ 49.10	\$ 47.43	\$ 42.49
(12)	(10A)+(10B)+(11) Preliminary PMPM Premium Rates for Exchange Plans				\$ 567.52	\$ 482.87	\$ 421.52	\$ 378.82	\$ 252.16
(13) and (14)	Index All Regions Premium Rates for Exchange Plans				Effective One Year Beginning 1/1/2015-12/31/2015				
	Single	1.0000			\$ 567.52	\$ 482.87	\$ 421.52	\$ 378.82	\$ 252.16
	Single and Spouse	2.0000			\$ 1,135.04	\$ 965.75	\$ 843.03	\$ 757.65	
	Single and Child(ren)	1.7000			\$ 964.78	\$ 820.89	\$ 716.58	\$ 644.00	
	Single, Spouse, Child(ren)	2.8500			\$ 1,617.42	\$ 1,376.19	\$ 1,201.32	\$ 1,079.65	
	Child Only	0.4120			\$ 233.82	\$ 198.94	\$ 173.67	\$ 156.08	

Attachment 1 B
MetroPlus
Health Exchange
Premium Development - Individual Market - Non-Standard

		2015						
		Adult - FHP Base Experience			Metal Tiers			
		Medical	Drug	Total	Platinum	Gold	Silver	Bronze
(1)	Basis for Manual Rates							
	Claims Incurred per Exhibit 2A	\$ 186.63	\$ 60.13	\$ 246.76				
	Development of Average Actuarial Pricing Value							
(2A)	Actuarial Value of Baseline Experience	0.9846	0.9364	0.9729				
(3)	Average Induced Demand Factor	1.0890	1.0890	1.0890				
(2)	(2A)x(3) Average Actuarial Pricing Value	1.0723	1.0197	1.0595				
(4)	Trend Factors							
	Experience Midpoint	7/2/2013			1.0550	1.0410	1.0516	
	Rating Period Midpoint	8/10/2015						
	Months to Trend	25	25	25				
(5)	Projection Trend Factor	1.1180	1.0873	1.1108				
(6)	(1)/(2)x(5) Projected PMPM Incurred Claims	\$ 194.59	\$ 64.12	\$ 258.71				
(7)	Market wide Index Rate Adjustments			Factor				
	Provider Reimbursement Rates			1.3887				
	Adjust to EHB Benefit Level			1.1241				
	Indigent Care Fee Increase			1.0161				
	Impact of the Risk Pool Due to Adverse Selection			1.1000				
	Federal Transitional Reinsurance Program Recovery			0.9677				
	Risk Adjustment			1.1054				
(8)	(6)x(7) Index PMPM Adjusted Incurred Medical and Drug Claims			\$ 482.83				
	Plan Level Adjustments							
	Pricing Adjustments:							
(9A)	AV Pricing Value, before Adjustment for Induced Demand				0.8709	0.7728	0.6928	0.6294
(9B)	Adjustment for Induced Demand				1.1500	1.0800	1.0300	1.0000
(9C)	=(A)x(B) AV Pricing Value				1.0016	0.8346	0.7136	0.6294
(9D)	Average AV Pricing Value			1.0000				
(9)	(8)x(9C)/(9D) Starting Point PMPM Claim Rate			\$ 482.83	\$ 483.59	\$ 402.98	\$ 344.54	\$ 303.88
	Adjustment factors for non-Essential Health Benefits							
	Adult Rider to Age 29				\$ -	\$ -	\$ -	\$ -
	Adult Dental / Vision Costs per Exhibit 5B				23.93	19.94	17.05	15.04
(10)	(10A) Additional amount for non-Essential Health Benefits				\$ 23.93	\$ 19.94	\$ 17.05	\$ 15.04
	Taxes and Fees							
	Federal reinsurance fee				\$ 3.78	\$ 3.78	\$ 3.78	\$ 3.78
	Federal risk adjustment				0.08	0.08	0.08	0.08
	PCORI				0.18	0.18	0.18	0.18
	Covered Lives Assessment				20.21	20.21	20.21	20.21
	332 Assessment				5.10	4.33	3.78	3.39
(10B)	PMPM Prior to Administrative Expenses and Profit				\$ 29.35	\$ 28.59	\$ 28.03	\$ 27.65
	Provision for Administrative Costs and Profit Margin							
	Fixed Administrative Expenses				\$ 32.66	\$ 32.66	\$ 32.66	\$ 32.66
	Premium Based Administrative Expenses (0.90% of gross premium)				5.33	4.53	3.95	3.55
	Commissions and Broker Fees (0.00% of gross premium)				-	-	-	-
	After Tax Underwriting Margin (3.00% of gross premium)				17.78	15.11	13.18	11.84
(11)	Total Provision for Expenses and Profit Margin				\$ 55.77	\$ 52.31	\$ 49.79	\$ 48.05
(12)	(10A)+(10B)+(11) Preliminary PMPM Premium Rates for Exchange Plans				\$ 592.64	\$ 503.81	\$ 439.42	\$ 394.61
(13) and (14)	Index All Regions Premium Rates for Exchange Plans				Effective One Year Beginning 1/1/2015-12/31/2015			
	Single	1.0000			\$ 592.64	\$ 503.81	\$ 439.42	\$ 394.61
	Single and Spouse	2.0000			\$ 1,185.29	\$ 1,007.62	\$ 878.84	\$ 789.22
	Single and Child(ren)	1.7000			\$ 1,007.50	\$ 856.48	\$ 747.01	\$ 670.84
	Single, Spouse, Child(ren)	2.8500			\$ 1,689.04	\$ 1,435.87	\$ 1,252.34	\$ 1,124.64

**Attachment 1 C
MetroPlus
Health Exchange
Premium Development - SHOP**

2015

		Adult - FHP Base Experience			Metal Tiers			
		Medical	Drug	Total	Platinum	Gold	Silver	Bronze
Basis for Manual Rates								
(1)	Claims Incurred per MMCOR+C42	\$ 186.63	\$ 60.13	\$ 246.76				
Development of Average Actuarial Pricing Value								
(2A)	Actuarial Value of Baseline Experience	0.9846	0.9364	0.9729				
(3)	Average Induced Demand Factor	1.1500	1.1500	1.1500				
(2)	(2A)x(3) Average Actuarial Pricing Value	1.1323	1.0768	1.1188				
(4)	Trend Factors	1.0550	1.0410	1.0516				
	Experience Midpoint	7/2/2013						
	Rating Period Midpoint	7/5/2015						
(5)	Months to Trend	24	24	24				
(5)	Projection Trend Factor	1.1130	1.0837	1.1061				
(6)	(1)/(2)x(5) Projected PMPM Incurred Claims	\$ 183.45	\$ 60.51	\$ 243.96				
(7)	Market wide Index Rate Adjustments				Factor			
	Provider Reimbursement Rates				1.3885			
	Adjust to EHB Benefit Level				1.1268			
	Indigent Care Fee Increase				1.0162			
	Impact of the Risk Pool Due to Adverse Selection				1.2000			
	Federal Transitional Reinsurance Program Recovery				1.0000			
	Risk Adjustment				1.1442			
(8)	(6)x(7) Index PMPM Adjusted Incurred Medical and Drug Claims				\$ 532.62			
Plan Level Adjustments								
Pricing Adjustments:								
(9A)	AV Pricing Value, before Adjustment for Induced Demand				0.8709	0.7728	0.6928	0.6294
(9B)	Adjustment for Induced Demand				1.1500	1.0800	1.0300	1.0000
(9C)	=(A)x(B) AV Pricing Value				1.0016	0.8346	0.7136	0.6294
(9D)	Average AV Pricing Value			1.0000				
(9)	(8)x(9C)/(9D) Starting Point PMPM Claim Rate			\$ 532.62	\$ 533.46	\$ 444.54	\$ 380.07	\$ 335.22
Adjustment factors for non-Essential Health Benefits and Plan Variations								
	Adult Rider to Age 29				\$ -	\$ -	\$ -	\$ -
	Family Health Planning per Exhibit 5A				-	-	-	-
(10)	(10A) Additional amount for non-Essential Health Benefits				\$ -	\$ -	\$ -	\$ -
Taxes and Fees								
	Federal reinsurance fee		\$ 3.81	\$ 3.81	\$ 3.81	\$ 3.81	\$ 3.81	\$ 3.81
	Federal risk adjustment		0.08	0.08	0.08	0.08	0.08	0.08
	PCORI		0.18	0.18	0.18	0.18	0.18	0.18
	Covered Lives Assessment		18.75	18.75	18.75	18.75	18.75	18.75
	332 Assessment		5.62	5.63	4.80	4.21	3.79	
(10B)	PMPM Prior to Administrative Expenses and Profit		\$ 28.43	\$ 28.44	\$ 27.62	\$ 27.02	\$ 26.61	
Provision for Administrative Costs and Profit Margin								
	Administrative Expenses		\$ 52.95	\$ 52.95	\$ 52.95	\$ 52.95	\$ 52.95	\$ 52.95
	Commissions and Broker Fees (3.00% of gross premium)		19.60	19.62	16.76	14.68	13.24	
	After Tax Underwriting Margin (3.00% of gross premium)		19.60	19.62	16.76	14.68	13.24	
(11)	Total Provision for Expenses and Profit Margin		\$ 92.14	\$ 92.19	\$ 86.46	\$ 82.31	\$ 79.42	
(12)	(10A)+(10B)+(11) Preliminary PMPM Premium Rates for Exchange Plans		\$ 653.19	\$ 654.10	\$ 558.62	\$ 489.41	\$ 441.25	
(13) and (14)	Index All Regions Premium Rates for Exchange Plans	Effective One Year Beginning 1/1/2015-3/31/2015						
	Single	1.0000			\$ 654.10	\$ 558.62	\$ 489.41	\$ 441.25
	Single and Spouse	2.0000			\$ 1,308.19	\$ 1,117.24	\$ 978.81	\$ 882.50
	Single and Child(ren)	1.7000			\$ 1,111.96	\$ 949.65	\$ 831.99	\$ 750.12
	Single, Spouse, Child(ren)	2.8500			\$ 1,864.17	\$ 1,592.06	\$ 1,394.81	\$ 1,257.56
(15)	Premium rates for Exchange plans for subsequent quarters in calendar year 2015	Effective One Year Beginning 4/1/2015-6/30/2015						
	Single	1.0000			662.37	565.69	495.60	446.83
	Single and Spouse	2.0000			1,324.75	1,131.37	991.20	893.66
	Single and Child(ren)	1.7000			1,126.03	961.67	842.52	759.61
	Single, Spouse, Child(ren)	2.8500			1,887.76	1,612.21	1,412.46	1,273.47
		Effective One Year Beginning 7/1/2015-9/30/2015						
	Single	1.0000			670.75	572.85	501.87	452.49
	Single and Spouse	2.0000			1,341.51	1,145.69	1,003.74	904.97
	Single and Child(ren)	1.7000			1,140.28	973.84	853.18	769.23
	Single, Spouse, Child(ren)	2.8500			1,911.65	1,632.61	1,430.34	1,289.59
		Effective One Year Beginning 10/1/2015-12/31/2015						
	Single	1.0000			679.24	580.09	508.22	458.21
	Single and Spouse	2.0000			1,358.49	1,160.19	1,016.45	916.43
	Single and Child(ren)	1.7000			1,154.71	986.16	863.98	778.96
	Single, Spouse, Child(ren)	2.8500			1,935.84	1,653.27	1,448.44	1,305.91

**Attachment 1 D
MetroPlus
Health Exchange**

Individual Market Premiums -- Single Coverage

(1)

Plan Metal Level	Product Name	Standard / Non Standard	Dependent Coverage	Actuarial Value	Baseline Single Premium From Attachment 1A	Rider: Coverage to Age 29	Single Premium Variations	Plan ID
Platinum	PlatinumPlus - P1	Standard	Age 25	0.8709	\$ 567.52	\$ -	\$ 567.52	11177NY0110001
Gold	GoldPlus - G1	Standard	Age 25	0.7728	\$ 482.87	\$ -	\$ 482.87	11177NY0080001
Silver	SilverPlus - S1	Standard	Age 25	0.6928	\$ 421.52	\$ -	\$ 421.52	11177NY0040001
Bronze	BronzePlus - B1	Standard	Age 25	0.6294	\$ 378.82	\$ -	\$ 378.82	11177NY0010001
Catastrophic	MedPlus - M1	Standard	N/A	0.6062	\$ 252.16	\$ -	\$ 252.16	11177NY0140001
Platinum	PlatinumPlus - P2	Non-Standard	Age 25	0.8709	\$ 592.64	\$ -	\$ 592.64	11177NY0180001
Gold	GoldPlus - G2	Non-Standard	Age 25	0.7728	\$ 503.81	\$ -	\$ 503.81	11177NY0170001
Silver	SilverPlus - S2	Non-Standard	Age 25	0.6928	\$ 439.42	\$ -	\$ 439.42	11177NY0070001
Bronze	BronzePlus - B2	Non-Standard	Age 25	0.6294	\$ 394.61	\$ -	\$ 394.61	11177NY0160001
Platinum	PlatinumPlus - P1	Standard	Age 29	0.8709	\$ 567.52	\$ 47.72	\$ 615.23	11177NY0110002
Gold	GoldPlus - G1	Standard	Age 29	0.7728	\$ 482.87	\$ 39.76	\$ 522.64	11177NY0080002
Silver	SilverPlus - S1	Standard	Age 29	0.6928	\$ 421.52	\$ 34.00	\$ 455.51	11177NY0040002
Bronze	BronzePlus - B1	Standard	Age 29	0.6294	\$ 378.82	\$ 29.98	\$ 408.81	11177NY0010002
Platinum	PlatinumPlus - P2	Non-Standard	Age 29	0.8709	\$ 592.64	\$ 47.72	\$ 640.36	11177NY0180002
Gold	GoldPlus - G2	Non-Standard	Age 29	0.7728	\$ 503.81	\$ 39.76	\$ 543.57	11177NY0170002
Silver	SilverPlus - S2	Non-Standard	Age 29	0.6928	\$ 439.42	\$ 34.00	\$ 473.41	11177NY0070002
Bronze	BronzePlus - B2	Non-Standard	Age 29	0.6294	\$ 394.61	\$ 29.98	\$ 424.60	11177NY0160002
Platinum	PlatinumPlus - P3	Standard	N/A	0.8709	\$ 233.82	\$ -	\$ 233.82	11177NY0030004
Gold	GoldPlus - G3	Standard	N/A	0.7728	\$ 198.94	\$ -	\$ 198.94	11177NY0030003
Base	SilverPlus - S3	Standard	N/A	0.6928	\$ 173.67	\$ -	\$ 173.67	11177NY0030002
Bronze	BronzePlus - B4	Standard	N/A	0.6294	\$ 156.08	\$ -	\$ 156.08	11177NY0030001

Notes:

1. Rider for coverage to Age 29 assumes the same enrollment distribution as all the products on the Individual Market

**Attachment 1 E
MetroPlus
Health Exchange**

SHOP Market Premiums -- Single Coverage

(1)

(2)

Plan Metal Level	Product Name	Actuarial Value	Dependent Coverage	Contraceptive & Family Planning	Domestic Partner	Baseline Single Premium From Attachment 1C	Rider: Dependent Up to Age 29	Eliminate Family Planning Coverage	Single Premium Variations	Plan ID
Platinum	PlatinumPlus P4	0.8709	Age 25	Included	Included	\$ 654.10	\$ -	\$ -	\$ 654.10	11177NY0120001
Gold	GoldPlus G4	0.7728	Age 25	Included	Included	\$ 558.62	\$ -	\$ -	\$ 558.62	11177NY0090001
Silver	SilverPlus S4	0.6928	Age 25	Included	Included	\$ 489.41	\$ -	\$ -	\$ 489.41	11177NY0050001
Bronze	BronzePlus B4	0.6294	Age 25	Included	Included	\$ 441.25	\$ -	\$ -	\$ 441.25	11177NY0020001
Platinum	PlatinumPlus P4	0.8709	Age 29	Included	Included	\$ 654.10	\$ 53.82	\$ -	\$ 707.92	11177NY0120002
Gold	GoldPlus G4	0.7728	Age 29	Included	Included	\$ 558.62	\$ 44.85	\$ -	\$ 603.47	11177NY0090002
Silver	SilverPlus S4	0.6928	Age 29	Included	Included	\$ 489.41	\$ 38.35	\$ -	\$ 527.75	11177NY0050002
Bronze	BronzePlus B4	0.6294	Age 29	Included	Included	\$ 441.25	\$ 33.82	\$ -	\$ 475.07	11177NY0020002
Platinum	PlatinumPlus P4	0.8709	Age 25	Included	Not Included	\$ 654.10	\$ -	\$ -	\$ 654.10	11177NY0120003
Gold	GoldPlus G4	0.7728	Age 25	Included	Not Included	\$ 558.62	\$ -	\$ -	\$ 558.62	11177NY0090003
Silver	SilverPlus S4	0.6928	Age 25	Included	Not Included	\$ 489.41	\$ -	\$ -	\$ 489.41	11177NY0050003
Bronze	BronzePlus B4	0.6294	Age 25	Included	Not Included	\$ 441.25	\$ -	\$ -	\$ 441.25	11177NY0020003
Platinum	PlatinumPlus P4	0.8709	Age 29	Included	Not Included	\$ 654.10	\$ 53.82	\$ -	\$ 707.92	11177NY0120004
Gold	GoldPlus G4	0.7728	Age 29	Included	Not Included	\$ 558.62	\$ 44.85	\$ -	\$ 603.47	11177NY0090004
Silver	SilverPlus S4	0.6928	Age 29	Included	Not Included	\$ 489.41	\$ 38.35	\$ -	\$ 527.75	11177NY0050004
Bronze	BronzePlus B4	0.6294	Age 29	Included	Not Included	\$ 441.25	\$ 33.82	\$ -	\$ 475.07	11177NY0020004
Platinum	PlatinumPlus P4	0.8709	Age 25	Not Included	Not Included	\$ 654.10	\$ -	\$ (5.15)	\$ 648.95	11177NY0120005
Gold	GoldPlus G4	0.7728	Age 25	Not Included	Not Included	\$ 558.62	\$ -	\$ (4.29)	\$ 554.33	11177NY0090005
Silver	SilverPlus S4	0.6928	Age 25	Not Included	Not Included	\$ 489.41	\$ -	\$ (3.67)	\$ 485.74	11177NY0050005
Bronze	BronzePlus B4	0.6294	Age 25	Not Included	Not Included	\$ 441.25	\$ -	\$ (3.23)	\$ 438.01	11177NY0020005
Platinum	PlatinumPlus P4	0.8709	Age 29	Not Included	Not Included	\$ 654.10	\$ 53.82	\$ (5.15)	\$ 702.77	11177NY0120006
Gold	GoldPlus G4	0.7728	Age 29	Not Included	Not Included	\$ 558.62	\$ 44.85	\$ (4.29)	\$ 599.18	11177NY0090006
Silver	SilverPlus S4	0.6928	Age 29	Not Included	Not Included	\$ 489.41	\$ 38.35	\$ (3.67)	\$ 524.09	11177NY0050006
Bronze	BronzePlus B4	0.6294	Age 29	Not Included	Not Included	\$ 441.25	\$ 33.82	\$ (3.23)	\$ 471.84	11177NY0020006
Platinum	PlatinumPlus P4	0.8709	Age 25	Not Included	Included	\$ 654.10	\$ -	\$ (5.15)	\$ 648.95	11177NY0120007
Gold	GoldPlus G4	0.7728	Age 25	Not Included	Included	\$ 558.62	\$ -	\$ (4.29)	\$ 554.33	11177NY0090007
Silver	SilverPlus S4	0.6928	Age 25	Not Included	Included	\$ 489.41	\$ -	\$ (3.67)	\$ 485.74	11177NY0050007
Bronze	BronzePlus B4	0.6294	Age 25	Not Included	Included	\$ 441.25	\$ -	\$ (3.23)	\$ 438.01	11177NY0020007
Platinum	PlatinumPlus P4	0.8709	Age 29	Not Included	Included	\$ 654.10	\$ 53.82	\$ (5.15)	\$ 702.77	11177NY0120008
Gold	GoldPlus G4	0.7728	Age 29	Not Included	Included	\$ 558.62	\$ 44.85	\$ (4.29)	\$ 599.18	11177NY0090008
Silver	SilverPlus S4	0.6928	Age 29	Not Included	Included	\$ 489.41	\$ 38.35	\$ (3.67)	\$ 524.09	11177NY0050008
Bronze	BronzePlus B4	0.6294	Age 29	Not Included	Included	\$ 441.25	\$ 33.82	\$ (3.23)	\$ 471.84	11177NY0020008

Notes:

- Rider for coverage to Age 29 assumes the same enrollment distribution as all the products on the SHOP Market
- Family Planning PMPM based on the paid in full amount of \$4.79 as developed in Exhibit 2A, the actuarial value of the plan and increased by 3.00% of premium for underwriting risk and 4.00% for commissions
- Domestic Partners are treated the same as spouses for rating purposes

Attachment 1 F
MetroPlus
Health Exchange
Limited Cost Sharing Advance Payment Estimates
Per Enrollee Per Month

	Plan ID	Variation Description	AV Pricing	Monthly Expected Allowed Claims Costs for Silver Plan Variation - EHB only	(Silver Plan Variation AV) - (Standard Plan AV)	Per Enrollee Per Month Advance Payment
SilverPlus - S1	11177NY0040001-01	Standard On Exchange Plan	0.6928 \$	344.54		
Standard	11177NY0040001-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$	152.77
Coverage to Age 25	11177NY0040001-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54		
	11177NY0040001-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$	14.24
	11177NY0040001-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$	81.54
	11177NY0040001-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$	116.61
SilverPlus - S1	11177NY0040002-01	Standard On Exchange Plan	0.6928 \$	344.54		
Standard	11177NY0040002-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$	152.77
Coverage to Age 29	11177NY0040002-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54		
	11177NY0040002-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$	14.24
	11177NY0040002-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$	81.54
	11177NY0040002-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$	116.61
SilverPlus - S2	11177NY0070001-01	Non-Standard On Exchange Plan	0.6928 \$	344.54		
Non-Standard	11177NY0070001-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$	152.77
Coverage to Age 25	11177NY0070001-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54		
	11177NY0070001-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$	14.24
	11177NY0070001-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$	81.54
	11177NY0070001-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$	116.61
SilverPlus - S2	11177NY0070002-01	Non-Standard On Exchange Plan	0.6928 \$	344.54		
Non-Standard	11177NY0070002-02	Open to Am. Indians below 300% FPL	1.0000 \$	344.54	0.3072 \$	152.77
Coverage to Age 29	11177NY0070002-03	Open to Am. Indians above 300% FPL	0.6928 \$	344.54		
	11177NY0070002-04	73% AV Silver Plan	0.7214 \$	344.54	0.0286 \$	14.24
	11177NY0070002-05	87% AV Silver Plan	0.8568 \$	344.54	0.1640 \$	81.54
	11177NY0070002-06	94% AV Silver Plan	0.9273 \$	344.54	0.2345 \$	116.61

Methodology for Developing Estimate of Value of Cost-Sharing Reductions for Silver Plan Variations for 2014 Benefit Year.

Per Enrollee Per Month Advance Payment=

Monthly Expected Allowed Claims Costs for Silver Plan Variation × (Silver Plan Variation AV – Standard Plan AV)

**Attachment 2A
MetroPlus
Health Exchange
Per Member Per Month Fees**

	<u>PMPM Fee</u>	<u>Step-Up Factor from Exhibit 5B</u>	<u>Fee Per Admin Unit</u>
Individual Market			
Federal reinsurance fee	\$ 3.67	1.0310	\$ 3.78
Federal risk adjustment	0.08	1.0310	0.08
PCORI	0.17	1.0310	0.18
Covered Lives Assessment	17.30	1.1685	20.21
SHOP Market			
Federal reinsurance fee	\$ 3.67	1.0375	\$ 3.81
Federal risk adjustment	0.08	1.0375	0.08
PCORI	0.17	1.0375	0.18
Covered Lives Assessment	17.30	1.0837	18.75

Attachment 2 B

**MetroPlus
Health Exchange
Administrative Expense Budget**

1%

Areas	Head Count	Title	Salary	Comp Adjusted	Comp. w-Fringe	Total	FTE Allocation			Cost Allocation		
							Individual	SHOP	Total	Individual	SHOP	Total
Customer Service												
Customer Service	11	Customer Service Position	45,000	45,000	66,780	734,580	10.86	0.14	11	725,087	9,493	734,580
Eligibility	7	Eligibility Service	45,000	45,000	66,780	467,460	6.91	0.09	7	461,419	6,041	467,460
Retention	1	Retention Position	45,000	45,000	66,780	66,780	0.99	0.01	1	65,917	863	66,780
Total	19	Total Customer Service	135,000	135,000	200,340	1,268,820	18.75	0.25	19	1,252,424	49,189	1,268,820
Operations												
MIS	1	MIS Position - Business Analyst	100,000	100,000	148,400	148,400	0.99	0.01	1	146,482	1,918	148,400
	1	MIS Position - Programmer	110,000	110,000	163,240	163,240	0.99	0.01	1	161,131	2,109	163,240
Compliance	1	Compliance Position	70,000	70,000	103,880	103,880	0.50	0.50	1	51,940	51,940	103,880
Marketing	50	CAC	45,000	45,000	66,780	3,339,000	50.00	0.00	50	3,339,000	0	3,339,000
	2	Community Marketing	45,000	45,000	66,780	133,560	0.00	2.00	2	0	133,560	133,560
Operations	1	Exchange Management	160,000	160,000	237,440	237,440	0.99	0.01	1	234,372	3,068	237,440
	1	Exchange Management	90,000	90,000	133,560	133,560	0.99	0.01	1	131,834	1,726	133,560
	1	Exchange Operations Staff	70,000	70,000	103,880	103,880	0.99	0.01	1	102,538	1,342	103,880
	2	Exchange Operations Staff	55,000	55,000	81,620	163,240	1.97	0.03	2	161,131	2,109	163,240
Total	60		745,000	745,000	1,105,580	4,526,200	57.41	2.59	60	4,328,427	197,773	4,526,200
Medical Management												
Utilization Management	4	Utilization Management Position	85,000	85,000	126,140	504,560	3.95	0.05	4	498,040	6,520	504,560
Contracting	1	Out of Network Negotiator	70,000	70,000	103,880	103,880	0.99	0.01	1	102,538	1,342	103,880
	1	Out of Network Negotiator	70,000	70,000	103,880	103,880	0.99	0.01	1	102,538	1,342	103,880
Total	6		225,000	225,000	333,900	712,320	5.92	0.08	6	703,115	9,205	712,320
Finance												
Claims	1	Claims Position	75,000	75,000	111,300	111,300	0.99	0.01	1	109,862	1,438	111,300
Premium Billing	1	Premium Billing Position	65,000	65,000	96,460	96,460	0.99	0.01	1	95,213	1,247	96,460
Accounting	1	Accounting Position	70,000	70,000	103,880	103,880	0.99	0.01	2	102,538	1,342	103,880
Total	3		210,000	210,000	311,640	311,640	2.96	0.04	3	307,613	4,027	311,640
	88	Total Exchange PS	1,315,000	1,315,000	1,951,460	6,818,980	85	3	88	6,591,578	260,194	6,818,980

OTPS Budget :

Office Supplies

Individual	SHOP	Total
49,354	646	50,000

Attachment 2 B

MetroPlus

Printing	1,283,201	16,799	1,300,000
Postage	888,370	11,630	900,000
Advertising	987,078	12,922	1,000,000
Marketing	1,480,616	19,384	1,500,000
Contracted Management - DST	5,312,451	69,549	5,382,000
Consulting for IMB-FAMS/Wakely	542,893	7,107	550,000
Chase Banking	60,000	0	60,000
Chase Credit Processing Fees	0	0	0
Travel for Outside Training	49,354	646	50,000
Actuarial Services	592,247	7,753	600,000
Dental Vendor Admin	510,193	6,679	516,872
Vision Vendor Admin	510,193	6,679	516,872
Cost Treatment Calculator	296,123	3,877	300,000
Software - MIS Request	<u>197,416</u>	<u>2,584</u>	<u>200,000</u>
Subtotal OTPS Charges	12,758,711	167,033	12,925,744
Contingency 8%	<u>1,020,697</u>	<u>13,363</u>	<u>1,034,060</u>
Total Exchange Direct Costs	13,779,408	180,395	13,959,804

Indirect Costs :

Rent - See Rental Space Calculation :	119,580	1,566	121,146.00
MHP Overhead Dept's Indirect cost	740,308	9,692	750,000.00
Total Indirect Costs	859,889	11,257	871,146

Total OTPS and Indirect Exchange Costs

14,639,297 191,653 14,830,950

Total Exchange

21,230,875 451,847 21,649,930

Adult Members	636,027	8,327	644,354
PMPM - Per Adult	\$ 33.38	\$ 54.27	\$ 33.60
Step Down	0.978	0.976	
Per Adult Equivalent Per Month	\$ 32.66	\$ 52.95	

**Attachment 3 A
MetroPlus
Health Exchange
Test of Loss Ratio – Individual Market**

	<u>Cost Ratio</u>	<u>Enrollment %</u>	<u>Metal Tiers - Standard</u>					<u>Metal Tiers - Non-Standard</u>				<u>Total/ Composite</u>
			<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	<u>Catastrophic</u>	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	
Total 2015 Projected Contract Months			16,794	19,053	174,371	9,503	47	35,429	27,906	257,154	20,372	560,630
(A) Incurred Claims + Quality Improvements + 3Rs Adjustments												\$ 458.01
Single	1.000	83.8%	507.67	427.06	368.62	327.96	207.32	531.60	447.00	385.67	343.00	
Single and Spouse	2.000	12.6%	1015.34	854.12	737.24	655.92	414.65	1063.20	894.00	771.34	685.99	
Single and Child(ren)	1.700	1.3%	863.04	726.00	626.66	557.53	352.45	903.72	759.90	655.64	583.09	
Single, Spouse, Child(ren)	2.850	1.5%	1446.86	1217.11	1050.57	934.68	590.87	1515.07	1273.95	1099.16	977.54	
Child Only	0.412	<u>0.7%</u>	209.16	175.95	151.87	135.12	85.42	219.02	184.16	158.90	141.31	
		100.0%										
(B) Premiums - fed and state taxes - licenses and fees												\$ 516.17
Single	1.000	83.8%	562.46	478.55	417.72	375.39	249.81	587.37	499.30	435.46	391.04	
Single and Spouse	2.000	12.6%	1124.92	957.09	835.43	750.78	499.63	1174.74	998.61	870.93	782.09	
Single and Child(ren)	1.700	1.3%	956.18	813.53	710.12	638.16	424.69	998.53	848.82	740.29	664.77	
Single, Spouse, Child(ren)	2.850	1.5%	1603.02	1363.86	1190.49	1069.86	711.97	1674.01	1423.02	1241.07	1114.47	
Child Only	0.412	<u>0.7%</u>	231.73	197.16	172.10	154.66	102.92	242.00	205.71	179.41	161.11	
		100.0%										
Federal Formula: Loss Ratio = (A) / (B)			90%	89%	88%	87%	83%	91%	90%	89%	88%	89%
Composite Federal Loss Ratio												
(C) Incurred Claims												\$ 453.53
Single	1.000	83.8%	503.81	423.19	364.76	324.09	203.46	527.74	443.13	381.80	339.13	
Single and Spouse	2.000	12.6%	1007.61	846.38	729.51	648.19	406.92	1055.47	886.27	763.61	678.26	
Single and Child(ren)	1.700	1.3%	856.47	719.43	620.08	550.96	345.88	897.15	753.33	649.07	576.52	
Single, Spouse, Child(ren)	2.850	1.5%	1435.85	1206.10	1039.55	923.67	579.85	1504.05	1262.93	1088.14	966.52	
Child Only	0.412	<u>0.7%</u>	207.57	174.35	150.28	133.53	83.82	217.43	182.57	157.30	139.72	
		100.0%										
(D) Premium												\$ 520.86
Single	1.000	83.8%	567.52	482.87	421.52	378.82	252.16	592.64	503.81	439.42	394.61	
Single and Spouse	2.000	12.6%	1135.04	965.75	843.03	757.65	504.32	1185.29	1007.62	878.84	789.22	
Single and Child(ren)	1.700	1.3%	964.78	820.89	716.58	644.00	428.67	1007.50	856.48	747.01	670.84	
Single, Spouse, Child(ren)	2.850	1.5%	1617.42	1376.19	1201.32	1079.65	718.65	1689.04	1435.87	1252.34	1124.64	
Child Only	0.412	<u>0.7%</u>	233.82	198.94	173.67	156.08	103.89	244.17	207.57	181.04	162.58	
		100.0%										
New York State Formula: Loss Ratio = (C) / (D)			89%	88%	87%	86%	81%	89%	88%	87%	86%	87%
Composite NY State Loss Ratio												

**Attachment 3 B
MetroPlus
Health Exchange
Test of Loss Ratio – SHOP Market**

	<u>Cost Ratio</u>	<u>Enrollment %</u>	<u>Metal Tiers</u>				<u>Total/ Composite</u>
			<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	
Total 2015 Projected Contract Months			3,671	1,692	1,975	481	7,820
(A) Incurred Claims + Quality Improvements + 3Rs Adjustments							\$ 530.41
Single	1.000	92.0%	556.10	467.17	402.71	357.85	
Single and Spouse	2.000	4.6%	1112.20	934.35	805.42	715.71	
Single and Child(ren)	1.700	1.4%	945.37	794.19	684.61	608.35	
Single, Spouse, Child(ren)	2.850	1.9%	1584.89	1331.44	1147.72	1019.89	
Child Only	0.412	0.0%	229.11	192.48	165.92	147.44	
		100.0%					
(B) Premiums - fed and state taxes - licenses and fees							\$ 626.11
Single	1.000	92.0%	648.29	553.64	485.02	437.28	
Single and Spouse	2.000	4.6%	1296.59	1107.27	970.04	874.55	
Single and Child(ren)	1.700	1.4%	1102.10	941.18	824.54	743.37	
Single, Spouse, Child(ren)	2.850	1.9%	1847.64	1577.87	1382.31	1246.24	
Child Only	0.412	0.0%	267.10	228.10	199.83	180.16	
		100.0%					
Federal Formula: Loss Ratio = (A) / (B)			86%	84%	83%	82%	
Composite Federal Loss Ratio							85%
(C) Incurred Claims							\$ 526.16
Single	1.000	92.0%	552.21	463.28	398.82	353.96	
Single and Spouse	2.000	4.6%	1104.42	926.56	797.64	707.93	
Single and Child(ren)	1.700	1.4%	938.76	787.58	677.99	601.74	
Single, Spouse, Child(ren)	2.850	1.9%	1573.80	1320.35	1136.64	1008.80	
Child Only	0.412	0.0%	227.51	190.87	164.31	145.83	
		100.0%					
(D) Premium							\$ 631.73
Single	1.000	92.0%	654.10	558.62	489.41	441.25	
Single and Spouse	2.000	4.6%	1308.19	1117.24	978.81	882.50	
Single and Child(ren)	1.700	1.4%	1111.96	949.65	831.99	750.12	
Single, Spouse, Child(ren)	2.850	1.9%	1864.17	1592.06	1394.81	1257.56	
Child Only	0.412	0.0%	269.49	230.15	201.64	181.79	
		100.0%					
New York State Formula: Loss Ratio = (C) / (D)			84%	83%	81%	80%	
Composite NY State Loss Ratio							83%

**Attachment 4A
MetroPlus
Health Exchange
Essential Health Benefit Changes**

EHB	Medical Services	Benefit adjustment	New Benefit	Limits
Covered	Bereavement Counseling		\$ 0.72	5 sessions for members family either before or after death of the member
Covered	Hospice Services			210 days per year. Combined inpatient and outpatient
Not Covered	Routine Dental Services (Adult)	0%		
Not Covered	Routine Eye Exam (Adult)	0%		
Covered	Non-Preferred Brand Drugs			
Covered	Outpatient Rehabilitation Services	11.5%		
Covered	Outpatient Habilitation Services	100.0%		
Covered	Chiropractic Care		\$ 4.87	
Not Covered	Routine Foot Care	0%		
Covered	Exercise Facility Reimbursement		\$ 3.33	\$200/\$100 every 6 months for member/spouse
Covered	Inpatient Habilitation Services		\$ 2.45	
Covered	Correctable Medical Conditions Leading to Infertility		\$ 0.08	
Covered	Applied Behavior Analysis (Autism)		\$ 0.36	
Experience period not reflective of Rating period				
	Maternity - IP		283%	
	Maternity - OP		136%	
Additional Pediatric Benefits (Exhibit 5C)			<u>Individual</u>	<u>SHOP</u>
Covered	Pediatric Dental		\$ 0.90	\$ 1.05
Covered	Pediatric Vision		\$ 0.27	\$ 0.31
Additional Covered Benefits - FHP			\$ 12.97	\$ 13.18
Capitation adjustment				110%

**Attachment 4B
MetroPlus
Health Exchange
Premium Development - Adult Dental/Vision**

		<u>Adult - FHP Base Experience</u>		
		<u>Dental</u>	<u>Vision</u>	<u>Total</u>
Claims Incurred per MMCOR		\$ 12.31		
Average Actuarial Value of Baseline Experience		0.9456		
Average Induced Demand of Baseline Experience		1.0000		
Trend Factors		1.0470		
Experience Midpoint	5/16/2012			
Rating Period Midpoint	8/10/2015			
Months to Trend		39		
Projection Trend Factor		1.1610		
Projected PMPM Incurred Claims		15.11		
Market wide Index Rate Adjustments				
Provider Reimbursement Rates		1.0000		
Adjust to EHB Benefit Level		1.0000		
Indigent Care Fee Increase		1.0000		
Impact of the Risk Pool Due to Adverse Selection		1.2500		
Index PMPM Adjusted Incurred Medical and Drug Claims		\$ 18.89	\$ 5.00	\$ 23.89

**Attachment 4C
MetroPlus
Health Exchange
Premium Development - Pediatric Dental/Vision**

	<u>Child - CHP Base Experience</u>			<u>Individual</u>			<u>SHOP</u>		
	<u>Dental</u>	<u>Vision</u>	<u>Total</u>	<u>Dental</u>	<u>Vision</u>	<u>Total</u>	<u>Dental</u>	<u>Vision</u>	<u>Total</u>
(1) Per Child Claims Incurred per MMCOR	\$ 12.10	\$ 3.72	\$ 15.82						
Average Actuarial Value of Baseline Experience	1.0000	1.0000							
Average Induced Demand of Baseline Experience	1.0000	1.0000	1.0000						
Trend Factors	1.0470	1.0290	1.0428						
Experience Midpoint		7/2/2013							
Rating Period Midpoint		8/10/2015							
Months to Trend	25	25	25						
(2) Projection Trend Factor	1.1004	1.0614	1.0912						
(3) Impact of the Risk Pool Due to Adverse Selection	1.2500	1.2500	1.2500						
(4) Estimated 2015 Incurred Claims Per Child	\$ 16.64	\$ 4.94	\$ 21.58						
Per Member Rate Adjustment									
Estimated Number of Children Per Contract				0.0610	0.0610	0.0610	0.0675	0.0675	0.0675
Estimated Number of Members Per Contract				1.1339	1.1339	1.1339	1.0651	1.0651	1.0651
(4) Adjustment Factor				0.0538	0.0538	0.0538	0.0633	0.0633	0.0633
(5) Index PMPM Adjusted Incurred Medical and Drug Claims				\$ 0.90	\$ 0.27	\$ 1.16	\$ 1.05	\$ 0.31	\$ 1.37

**Attachment 4D
MetroPlus
Health Exchange
Age to 29 Rider**

	<u>Cost Ratio</u>	<u>Rider Cost Ratio</u>	<u>Enrollment %</u>
Number of Contracts			
Single	1.0000	1.0000	0.0%
Single and Spouse	2.0000	2.0000	0.0%
Single and Child(ren)	1.7000	1.8960	45.1%
Single, Spouse, Child(ren)	2.8500	3.0881	54.9%
Child Only	0.4120	1.0000	<u>0.0%</u>
			100.0%
Weighted Average Cost without Rider			2.3319
Weighted Average Cost with Rider			2.5510
Adjustment factor			1.0940

Assume enrollment purchasing Dependent to Age 29 Rider will be split between coverage with child(ren) consistent with % of enrollment in {Single and Child(ren)} and {Single, Spouse, Child(ren)} for total population.

Development of Rider Cost Ratio:

	<u>Single, Spouse, Child(ren)</u>		
	<u># covered</u>	<u>cost relativity</u>	<u>cost ratio</u>
Adults	2.0000	1.0000	2.0000
Children to 26	2.0631	0.4120	0.8500
Children to 26-29	0.2381	1.0000	<u>0.2381</u>
			3.0881

	<u>Single and Child(ren)</u>		
	<u># covered</u>	<u>cost relativity</u>	<u>cost ratio</u>
Adults	1.0000	1.0000	1.0000
Children to 26	1.6990	0.4120	0.7000
Children to 26-29	0.1960	1.0000	<u>0.1960</u>
			1.8960

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

INDIVIDUAL

Bronze	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(49)	(44)	(48)	(52)	(45)	(55)	(50)	(44)	(61)	(50)	(50)	(548)
New Enrollment	776	61	59	62	67	60	57	51	43	60	51	51	1,398
Members/Month	776	788	803	817	832	847	849	850	849	848	849	850	9,958
Bronze - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(6)	(6)	(6)	(7)	(6)	(7)	(7)	(6)	(8)	(7)	(7)	(73)
New Enrollment	107	8	8	8	9	8	7	7	6	8	7	7	190
Members/Month	107	109	111	113	115	117	117	117	117	117	117	117	1,374
Bronze-American Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Bronze-American Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Silver BASE	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(161)	(145)	(156)	(170)	(148)	(179)	(165)	(143)	(201)	(165)	(165)	(1,798)
New Enrollment	2,522	200	193	204	219	196	186	168	138	199	167	170	4,562
Members/Month	2,522	2,561	2,609	2,657	2,706	2,754	2,761	2,764	2,759	2,757	2,759	2,764	32,373
Silver - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(3)	(3)	(3)	(4)	(3)	(4)	(3)	(3)	(4)	(3)	(3)	(36)
New Enrollment	60	3	5	4	5	4	4	3	3	4	3	3	101
Members/Month	60	60	62	63	64	65	65	65	65	65	65	65	764
Silver FPL 200-250	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(185)	(167)	(179)	(195)	(170)	(205)	(190)	(164)	(230)	(189)	(189)	(2,063)
New Enrollment	2,893	229	222	235	250	226	213	193	158	227	192	195	5,233
Members/Month	2,893	2,937	2,992	3,048	3,103	3,159	3,167	3,170	3,164	3,161	3,164	3,170	37,128
Silver Ped FPL 200-250	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(3)	(5)	(4)	(4)	(44)
New Enrollment	70	5	5	5	6	5	4	4	3	5	4	4	120
Members/Month	70	71	72	73	75	76	76	76	76	76	76	76	893
Silver FPL 150-200	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(451)	(408)	(438)	(476)	(416)	(501)	(463)	(402)	(563)	(463)	(463)	(5,044)
New Enrollment	7,062	559	543	574	611	551	522	469	389	556	470	476	12,782
Members/Month	7,062	7,170	7,305	7,441	7,576	7,711	7,732	7,738	7,725	7,718	7,725	7,738	90,641
Silver FPL 150-200 Ped	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(13)	(11)	(12)	(13)	(12)	(14)	(13)	(11)	(16)	(13)	(13)	(141)
New Enrollment	205	16	15	16	17	16	14	13	11	16	13	13	365
Members/Month	205	208	212	216	220	224	224	224	224	224	224	224	2,629
Silver FPL 100-150	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(215)	(194)	(209)	(227)	(198)	(239)	(221)	(191)	(268)	(220)	(221)	(2,403)
New Enrollment	3,368	267	258	274	291	263	248	225	184	265	223	228	6,094
Members/Month	3,368	3,420	3,484	3,549	3,613	3,678	3,687	3,691	3,684	3,681	3,684	3,691	43,230
Silver FPL 100-150 Ped	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(3)	(2)	(3)	(3)	(2)	(3)	(3)	(2)	(3)	(3)	(3)	(30)
New Enrollment	50	3	3	4	4	3	3	3	2	3	3	3	84
Members/Month	50	50	51	52	53	54	54	54	54	54	54	54	634
Silver - Am. Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	5	-	-	-	-	-	-	-	-	-	-	-	5
Members/Month	5	5	5	5	5	5	5	5	5	5	5	5	60
Silver - Ped Am. Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Gold	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(110)	(99)	(107)	(116)	(101)	(122)	(113)	(98)	(137)	(113)	(113)	(1,229)
New Enrollment	1,725	137	132	140	149	134	127	115	94	136	114	117	3,120
Members/Month	1,725	1,752	1,785	1,818	1,851	1,884	1,889	1,891	1,887	1,886	1,887	1,891	22,146
Gold - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(2)	(2)	(2)	(3)	(2)	(3)	(3)	(2)	(3)	(3)	(3)	(28)
New Enrollment	46	3	3	3	4	3	3	3	2	3	3	3	79
Members/Month	46	47	48	49	50	51	51	51	51	51	51	51	597

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

Gold - Am. Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Gold - Am. Indian Ped	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Platinum	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(89)	(80)	(86)	(94)	(82)	(99)	(91)	(79)	(111)	(91)	(91)	(993)
New Enrollment	1,398	111	107	112	121	109	103	92	77	109	93	93	2,525
Members/Month	1,398	1,420	1,447	1,473	1,500	1,527	1,531	1,532	1,530	1,528	1,530	1,532	17,948
Platinum - Pediatric	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(10)	(9)	(10)	(11)	(9)	(11)	(10)	(9)	(13)	(10)	(10)	(112)
New Enrollment	163	13	12	13	14	12	12	10	9	12	11	10	291
Members/Month	163	166	169	172	175	178	179	179	179	178	179	179	2,096
Platinum - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Platinum - Ped Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	1	-	-	-	-	-	-	-	-	-	-	-	1
Members/Month	1	1	1	1	1	1	1	1	1	1	1	1	12
Catastrophic	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	4	-	-	-	1	-	-	-	-	-	-	-	5
Members/Month	4	4	4	4	5	5	5	5	5	5	5	5	56
Catastrophic - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	-	-	-	-	-	-	-	-	-	-	-	-	-
Members/Month	-	-	-	-	-	-	-	-	-	-	-	-	-

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

INDIVIDUAL - NON STANDARD

Bronze	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(120)	(109)	(117)	(127)	(111)	(134)	(124)	(107)	(150)	(123)	(124)	(1,346)
New Enrollment	1,890	149	145	154	163	147	140	125	104	148	125	127	3,417
Members/Month	1,890	1,919	1,955	1,992	2,028	2,064	2,070	2,071	2,068	2,066	2,068	2,071	24,262
Bronze - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	6	-	1	-	-	-	-	-	-	-	-	-	7
Members/Month	6	6	7	7	7	7	7	7	7	7	7	7	82
Silver BASE	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(219)	(198)	(212)	(231)	(202)	(243)	(225)	(195)	(273)	(224)	(225)	(2,447)
New Enrollment	3,430	272	264	278	296	268	253	228	189	269	228	231	6,206
Members/Month	3,430	3,483	3,549	3,615	3,680	3,746	3,756	3,759	3,753	3,749	3,753	3,759	44,032
Silver FPL 200-250	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(278)	(251)	(270)	(293)	(256)	(308)	(285)	(247)	(347)	(285)	(285)	(3,105)
New Enrollment	4,351	345	334	353	377	339	321	289	238	343	289	294	7,873
Members/Month	4,351	4,418	4,501	4,584	4,668	4,751	4,764	4,768	4,759	4,755	4,759	4,768	55,846
Silver FPL 150-200	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(735)	(664)	(713)	(774)	(677)	(815)	(754)	(654)	(917)	(753)	(754)	(8,210)
New Enrollment	11,490	911	884	933	994	897	848	765	632	906	764	776	20,800
Members/Month	11,490	11,666	11,886	12,106	12,326	12,546	12,579	12,590	12,568	12,557	12,568	12,590	147,472
Silver FPL 100-150	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(298)	(269)	(289)	(314)	(275)	(330)	(306)	(265)	(372)	(305)	(306)	(3,329)
New Enrollment	4,663	369	358	379	403	364	344	310	256	368	309	315	8,438
Members/Month	4,663	4,734	4,823	4,913	5,002	5,091	5,105	5,109	5,100	5,096	5,100	5,109	59,845
Silver Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	7	-	-	-	-	1	-	-	-	-	-	-	8
Members/Month	7	7	7	7	7	8	8	8	8	8	8	8	91
Gold	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(166)	(150)	(161)	(174)	(153)	(184)	(170)	(147)	(207)	(170)	(170)	(1,852)
New Enrollment	2,595	206	200	210	224	203	191	173	142	204	173	175	4,696
Members/Month	2,595	2,635	2,685	2,734	2,784	2,834	2,841	2,844	2,839	2,836	2,839	2,844	33,310
Gold - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	3	-	-	-	-	-	-	-	-	-	-	-	3
Members/Month	3	3	3	3	3	3	3	3	3	3	3	3	36
Platinum	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(210)	(190)	(204)	(222)	(194)	(233)	(216)	(187)	(263)	(216)	(216)	(2,351)
New Enrollment	3,296	260	253	267	286	257	242	219	181	260	219	222	5,962
Members/Month	3,296	3,346	3,409	3,472	3,536	3,599	3,608	3,611	3,605	3,602	3,605	3,611	42,300
Platinum - Am Indian	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	-	-	-	-	-	-	-	-	-	-	-	-
New Enrollment	3	-	-	-	-	-	-	-	-	-	-	-	3
Members/Month	3	3	3	3	3	3	3	3	3	3	3	3	36

Attachment 5A
MetroPlus
Health Exchange
Enrollment - Adult Members

SHOP - STANDARD

Bronze	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(2)	(2)	(2)	(3)	(2)	(2)	(2)	(2)	(3)	(2)	(2)	(24)
New Enrollment	43	4	3	3	2	1	2	2	2	4	2	2	70
Members/Month	43	45	46	47	46	45	45	45	45	46	46	46	545
Silver	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(11)	(10)	(11)	(12)	(10)	(12)	(10)	(9)	(13)	(11)	(11)	(120)
New Enrollment	176	18	16	14	9	7	9	12	10	17	10	11	309
Members/Month	176	183	189	192	189	186	183	185	186	190	189	189	2,237
Gold	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(9)	(8)	(9)	(10)	(8)	(10)	(9)	(8)	(11)	(9)	(9)	(100)
New Enrollment	151	14	14	11	8	6	6	11	10	14	8	9	262
Members/Month	151	156	162	164	162	160	156	158	160	163	162	162	1,916
Platinum	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Disenrolled	-	(20)	(19)	(21)	(22)	(19)	(22)	(20)	(17)	(25)	(21)	(21)	(227)
New Enrollment	328	31	31	26	17	15	14	25	20	32	18	21	578
Members/Month	328	339	351	356	351	347	339	344	347	354	351	351	4,158

**Attachment 5 B
MetroPlus
Health Exchange
Enrollment Adjustments**

	Individual					SHOP				
	<u>Cost Ratio</u>	<u>Enrollment %</u>	<u>Number of Adults Per Contract</u>	<u>Number of Children Per Contract</u>	<u>Number of Members Per Contract</u>	<u>Enrollment %</u>	<u>Number of Adults Per Contract</u>	<u>Number of Children Per Contract</u>	<u>Members Per Contract</u>	
Number of Contracts										
Single	1.0000	83.8%	1.0000	-	1.0000	92.0%	1.0000	-	1.0000	
Single and Spouse	2.0000	12.6%	2.0000	-	2.0000	4.6%	2.0000	-	2.0000	
Single and Child(ren)	1.7000	1.3%	1.0000	1.9000	2.9000	1.4%	1.0000	2.0000	3.0000	
Single, Spouse, Child(ren)	2.8500	1.5%	2.0000	1.9000	3.9000	1.9%	2.0000	2.0000	4.0000	
Child Only	0.4120	0.7%	-	1.0000	1.0000	0.0%	-	1.0000	1.0000	
(1) Number of Allowed Admin Units Per Contract (Adult = 1, Child = 0.412)		1.159				1.092				
(2) Average Number of Adults/Children/Members per Contract			1.134	0.061	1.195		1.065	0.067	1.133	
Step-Up/Step-Down Factor for admin $(=(2)/(1))$			0.9783		1.0310		0.9757		1.0375	

Enrollment by Plan:

	Metal Tiers - Standard					Metal Tiers - Non-Standard				Total/ Composite
	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	<u>Catastrophic</u>	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	
(3) Number of Monthly Adult Member Months										
Individual Market	16,869	21,320	197,069	9,069	56	39,765	32,084	297,651	22,144	636,027
SHOP Market	3,827	1,857	2,116	526	-	-	-	-	-	8,327
Total	20,696	23,177	199,185	9,595	56	39,765	32,084	297,651	22,144	644,354
Number of Monthly Adult and Kid Member Months										
Individual Market	20,068	22,767	208,364	11,356	56	42,336	33,346	307,286	24,344	669,923
SHOP Market	4,158	1,916	2,237	545	-	-	-	-	-	8,856
Total	24,226	24,683	210,601	11,901	56	42,336	33,346	307,286	24,344	678,779
(4) Average Number of Members per Contract - Individual	1.195	1.195	1.195	1.195	1.195	1.195	1.195	1.195	1.195	1.195
Average Number of Members per Contract - SHOP	1.133	1.133	1.133	1.133	1.133	1.133	1.133	1.133	1.133	1.133
Number of Contracts $(=(3)/(4))$										
Individual Market - Standard	16,794	19,053	174,371	9,503	47	35,429	27,906	257,154	20,372	560,630
SHOP Market	3,671	1,692	1,975	481	-	-	-	-	-	7,820
Total	20,465	20,745	176,346	9,985	47	35,429	27,906	257,154	20,372	568,449
										351,965

**Attachment 6
MetroPlus
Health Exchange
Reinsurance Recovery Model**

	Incurred 10/1/2012 - 9/30/2013				
	Medical *	Rx **	Total	Reinsurance Recovery ***	Reinsurance % of Total
Claimants less than \$70,000	110,851,851	26,424,404	137,276,254	-	
Claimants over \$70,000	23,820,040	2,164,632	25,984,672	5,277,292	
Total	134,671,891	28,589,036	163,260,927	5,277,292	3.23%

* Medical Claims adjusted for: trend, reimbursement differences, benefits covered under EHB, indigent care surcharges, paid in full, selection

** Rx Claims adjusted for: trend, paid in full, selection

*** Reinsurance Recoveries are 50% of claims between \$70,000 and \$250,000.

Attachment 7
Excerpt from Buck's National Health Care Trend Survey, 28th
Edition

Summary of survey results

The following table summarizes the weighted average trend factors for each type of coverage for the 2014 (mid-year update) Survey:

	Weighted average annual trend	n
Medical (Excluding Rx)		
PPO	8.7%	145
POS	8.5%	132
HMO	8.6%	118
High Deductible Consumer Driven (with \$1500 deductible & Rx)	8.6%	78
Medicare Supplement (with Rx coverage)	5.2%	28
Medicare Supplement (without Rx coverage)	5.5%	39
Prescription Drug		
PBM	4.1%	6
Health Insurers	9.2%	72
Dental		
Reasonable & Customary (100/80/50)	5.5%	25
Scheduled	4.7%	17
Dental PPO	4.9%	40
Dental HMO	4.4%	19
Vision		
Reasonable & Customary	2.8%	20
Scheduled	2.9%	18

Note: Throughout the report, the weighted average trend rates are weighted by the reported number of covered lives for medical, Medicare supplement, prescription drug, dental, and vision coverages. The reported number of covered lives, for each type of coverage, represents employees plus dependents for commercial business only, including self-funding, as of January 2014.

Attachment 8
Actuarial Relativities From Buck's Manual Rating Model

Comprehensive Benefit Pricing Model -- Summary Results

client: **New York State -- Essential Health Benefits**

user: **ANR**

SERFF Number: MPHP-128975207 Individual; MPHP-128975317 SHOP

Use this Grouping ?		Grouping Label	
Yes	EHB - Platinum		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
96.6%	87.2%	79.5%	85.0%	83.0%	84.5%	87.1%	87.8%
\$96.84	\$72.99	\$20.78	\$170.18	\$11.17	\$93.40	\$465.37	\$371.97

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$547.49

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$546.28	\$1,528.13					\$14,317.021

Use this Grouping ?		Grouping Label	
Yes	EHB - Gold		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
93.4%	75.3%	56.4%	71.7%	68.4%	80.4%	77.3%	76.5%
\$93.57	\$63.05	\$14.75	\$143.57	\$9.20	\$88.78	\$412.93	\$324.15

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$485.80

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$484.72	\$1,355.93					\$12,703.669

Use this Grouping ?		Grouping Label	
Yes	EHB - Silver		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
90.8%	64.2%	45.4%	60.5%	55.7%	76.9%	69.3%	67.3%
\$90.96	\$53.76	\$11.87	\$121.18	\$7.49	\$84.93	\$370.19	\$285.26

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$435.51

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$434.55	\$1,215.58					\$11,388.756

Use this Grouping ?		Grouping Label	
Yes	EHB - Silver 200250		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
91.3%	68.3%	49.1%	64.3%	60.3%	78.8%	72.1%	70.4%
\$91.52	\$57.19	\$12.83	\$128.81	\$8.11	\$87.03	\$385.49	\$298.46

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$453.51

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$452.51	\$1,265.82					\$11,859.455

Use this Grouping ?		Grouping Label	
Yes	EHB - Silver 150250		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
96.7%	85.2%	70.1%	82.5%	80.1%	86.2%	85.7%	85.5%
\$96.88	\$71.29	\$18.31	\$165.27	\$10.78	\$95.26	\$457.80	\$362.53

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$538.58

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$537.39	\$1,503.26					\$14,084.019

Use this Grouping ?		Grouping Label	
Yes	EHB - Silver 100250		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
98.3%	92.9%	87.5%	91.5%	90.3%	91.4%	92.7%	93.1%
\$98.53	\$77.78	\$22.86	\$183.19	\$12.14	\$100.99	\$495.48	\$394.49

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$582.92

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$581.62	\$1,626.99					\$15,243.231

Use this Grouping ?		Grouping Label	
Yes	EHB - Bronze		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
89.2%	62.2%	45.8%	59.1%	54.9%	51.6%	62.9%	65.9%
\$89.38	\$52.09	\$11.97	\$118.40	\$7.39	\$57.06	\$336.29	\$279.23

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$395.64

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$394.76	\$1,104.28					\$10,345.969

Use this Grouping ?		Grouping Label	
Yes	EHB - Catastrophic		
Number of pricing tiers that are grouped together:		1	

PMPM Costs							
IP	OP	PCP	Ref	Other	Rx	Total	Non-Rx
\$100.22	\$83.72	\$26.13	\$200.31	\$13.45	\$110.49	\$534.33	\$423.84
88.6%	58.7%	74.7%	55.4%	51.0%	44.0%	60.6%	64.9%
\$88.81	\$49.15	\$19.53	\$110.89	\$6.86	\$48.66	\$323.91	\$275.24

Other Add-On PMPM Cost	\$0.00
Admin/Profit/Retention %	15%
Claims+Retention PMPM	\$381.07

Contract Tier	Member Count	Family					
Tier Rating Factor	1.000	2.797	0.000	0.000	0.000		Total
Contract Size	1.00	2.79	0.00	0.00	0.00		Gross
# Contracts	8,946	6,171	0	0	0		Premium
Premium	\$380.22	\$1,063.60					\$9,964.861

Attachment 9
Print outs of all AV calculation pages using the HHS AV
Calculator

*****STANDARD PLATINUM PLAN (4-23-2014)*****

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.12%

Metal Tier:

Platinum

*****STANDARD GOLD PLAN (4-23-2014)*****

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.05%

Gold

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

User Inputs for Plan Parameters

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

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

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.99%
Silver

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
86.66%
Gold

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.43%

Platinum

User Inputs for Plan Parameters

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

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

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

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

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.99%

Metal Tier:

Bronze

Attachment 10 Commission Schedules

Individual Market: No Commissions paid to brokers

SHOP Market: 4% Commissions paid to brokers on 75% of business.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Unified Rate Review v2.0.2																						
2																							
3	Company Legal Name:	MetroPlus Health Plan, Inc.				State:	NY																
4	HIOS Issuer ID:	11177				Market:	Individual																
5	Effective Date of Rate Change(s):	1/1/2015																					
6																							
7																							
8	Market Level Calculations (Same for all Plans)																						
9																							
10																							
11	Section I: Experience period data																						
12	Experience Period:	1/1/2014		to	12/31/2014																		
13		Experience Period																					
14	Premiums (net of MLR Rebate) in Experience Period:	Aggregate Amount	PMPM	% of Prem																			
15		\$1	\$1.00	100.00%																			
16	Incurred Claims in Experience Period	\$1	1.00	100.00%																			
17	Allowed Claims:	\$1	1.00	100.00%																			
18	Index Rate of Experience Period	\$1.00																					
19	Experience Period Member Months	1																					
20	Section II: Allowed Claims, PMPM basis																						
21																							
22																							
23	Experience Period: 1/1/2015 to 12/31/2015 Mid-point to Mid-point, Experience to Projection: 12 months																						
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Total Incurred claims, payable with issuer funds	\$266,238,033	\$10,175,775	\$9,711,291	\$76,716,735	\$3,720,043	\$11,610	\$22,479,341	\$14,888,197	\$118,371,302	\$8,339,969	\$13,275	\$12,553	\$98,646	\$4,635	\$28,852	\$18,910	\$151,752	\$10,775	\$440,911	\$107,152	\$749,033	\$187,275
Net Amt of Rein	\$7,357,743	\$216,620	\$245,756	\$2,249,175	\$122,586	\$605	\$456,994	\$399,956	\$3,316,981	\$262,777	\$259	\$292	\$2,659	\$140	\$540	\$421	\$3,923	\$313	\$27,471	\$7,936	\$64,274	\$18,062
Net Amt of Risk Adj	-\$31,307,234	-\$924,256	-\$1,048,572	-\$9,996,603	-\$523,041	-\$2,582	-\$1,949,865	-\$1,535,831	-\$14,152,635	-\$1,121,198	-\$1,107	-\$1,245	-\$11,343	-\$999	-\$2,306	-\$1,798	-\$1,337	-\$97,101	-\$28,052	-\$227,182	-\$63,843	



June 11, 2014

New York State Department of Financial Services
 One State Street
 New York, NY 10004-1511

To: New York State Department of Financial Services:

MetroPlus Health Plan is submitting a Letter of Submission for the New York State Health Benefit Exchange Prior Approval Filing. This submission letter will satisfy the requirements set forth in the Individual Health Benefits Exchange checklist that pertain to filing descriptions. As per DFS, the Schedule of Benefits for those forms has been separated for SERFF uploading purposes. Due to this adjustment, the page number for the Schedule of Benefits will be inserted into the Table of Contents when the forms are whole and delivered to the member. These forms were not previously submitted for preliminary review.

Contracts

Market	Form Description	Form Number
Individual	Individual Standard products	01_MPH_INDSTD_v1
Individual	Individual Non-Standard products	37_MPH_INDnonSTD_v1
Individual	Catastrophic product	03_MPH_INDCAT_v1
Individual	Child Only products	02_MPH_INDCHD_v1

Schedule of Benefits

Market	Form Description	Form Number
Individual	Individual Standard, Bronze	SchedBenB1_v1
Individual	Individual Non-Standard, Bronze	SchedBenB2_v1
Individual	Individual Child-Only, Bronze	SchedBenB3_v1
Individual	American Indian – Child Only, Bronze	SchedBenB3_4_v1
Individual	American Indian - Standard, Bronze	SchedBenB5_v1
Individual	American Indian – Non-Standard, Bronze	SchedBenB6_v1
Individual	Individual Standard, Silver	SchedBenS1_v1
Individual	Individual Standard, FPL 100-150%, Silver	SchedBenS1_1_v1
Individual	Individual Standard, FPL 150-200%, Silver	SchedBenS1_2_v1
Individual	Individual Standard, FPL 200-250%, Silver	SchedBenS1_3_v1

Individual	Individual Non-Standard, Silver	SchedBensS2_v1
Individual	Individual Non-Standard, FPL 100-150%, Silver	SchedBenS2_1_v1
Individual	Individual Non-Standard, FPL 150-200%, Silver	SchedBenS2_2_v1
Individual	Individual Non-Standard, FPL 200-250%, Silver	SchedBenS2_3_v1
Individual	Individual Child-Only, Silver	SchedBenS3_v1
Individual	Individual Child-Only, FPL 100-150%, Silver	SchedBenS3_1_v1
Individual	Individual Child-Only, FPL 150-200%, Silver	SchedBenS3_2_v1
Individual	Individual Child-Only, FPL 200-250%, Silver	SchedBenS3_3_v1
Individual	American Indian – Child Only, Silver	SchedBenS3_4_v1
Individual	American Indian Standard, Silver	SchedBenS5_v1
Individual	American Indian Non-Standard, Silver	SchedBenS6_v1
Individual	Individual Standard, Gold	SchedBenG1_v1
Individual	Individual Non-Standard, Gold	SchedBenG2_v1
Individual	Individual Child-Only, Gold	SchedBenG_v1
Individual	American Indian – Child Only, Gold	SchedBenG3_4_v1
Individual	American Indian - Standard, Gold	SchedBenG5_v1
Individual	American Indian – Non-Standard, Gold	SchedBenG6_v1
Individual	Individual Standard, Platinum	SchedBenP1_v1
Individual	Individual Non-Standard, Platinum	SchedBenP2_v1
Individual	Individual Child-Only, Platinum	SchedBenP3_v1
Individual	American Indian – Child Only, Platinum	SchedBenP3_4_v1
Individual	American Indian - Standard, Platinum	SchedBenP5_v1
Individual	American Indian – Non-Standard, Platinum	SchedBenP6_v1
Individual	Catastrophic	SchedBenM1_v1

Sincerely,

