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

-- for Individual Medical Plans

Company Name: Empire HealthChoice HMO, Inc.
NAIC Code: 95433
SERFF Tracking #: AWLP-129582432
Market Segment: Individuals Off Exchange

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

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Catastrophic	99 - All Regions	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	Empire HMO 6600	17.10%	17.10%	17.10%
Individual	01/01/15	Bronze	99 - All Regions	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	Empire HMO 5600	15.58%	15.58%	15.58%
Individual	01/01/15	Bronze	99 - All Regions	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	Empire HMO 3000	18.42%	18.42%	18.42%
Individual	01/01/15	Bronze	99 - All Regions	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	Empire HMO 6000	17.04%	17.04%	17.04%
Individual	01/01/15	Silver	99 - All Regions	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	Empire HMO 2250	18.42%	18.42%	18.42%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Silver	99 - All Regions	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	Empire HMO 2450	18.35%	18.35%	18.35%
Individual	01/01/15	Silver	99 - All Regions	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	Empire HMO 2000	18.42%	18.42%	18.42%
Individual	01/01/15	Gold	99 - All Regions	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	Empire HMO 600	18.41%	18.41%	18.41%
Individual	01/01/15	Gold	99 - All Regions	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	Empire HMO 1000	18.52%	18.52%	18.52%
Individual	01/01/15	Platinum	99 - All Regions	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	Empire HMO 200	17.94%	17.94%	17.94%
Individual	01/01/15	Platinum	99 - All Regions	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	Empire HMO 0	18.41%	18.41%	18.41%
Individual	01/01/15	Platinum	99 - All Regions	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	Empire HMO 0	18.41%	18.41%	18.41%