

State: New York **Filing Company:** Empire Health Choice Assurance, Inc.
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Empire Medicare Supplement Rate Filing 2015
Project Name/Number: NY Med Supp Rate Filing 2015/

Filing at a Glance

Company: Empire Health Choice Assurance, Inc.
Product Name: Empire Medicare Supplement Rate Filing 2015
State: New York
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Rate Adjustment pursuant to Section 3231(e)(1)
Date Submitted: 06/05/2014
SERFF Tr Num: AWLP-129576101
SERFF Status: Pending State Action
State Tr Num: 2014060096
State Status: CR Awaiting Company Response
Co Tr Num:

Implementation: 01/01/2015
Date Requested:
Author(s): 
Reviewer(s): 
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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General Information

Project Name: NY Med Supp Rate Filing 2015

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 6.4%

Deemer Date:

Submitted By: Clarissa Smith

Filing Description:

January 2015 New York Medicare Supplement Rate Filing

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/26/2014

State Status Changed: 06/25/2014

Created By: Clarissa Smith

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

Filing Company Information

Empire Health Choice Assurance,
Inc.

1 Liberty Plaza

165 Broadway

New York, NY 10006

(212) 476-1000 ext. [Phone]

CoCode: 55093

Group Code: 671

Group Name: WellPoint Inc Group

FEIN Number: 23-7391136

State of Domicile: New York

Company Type: Life,

Accident, Health

State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Article 42
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group pre-filing notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate

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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.]: Prior approval rate adjustment

6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): AWLP-129544001

SERFF Tracking #:

AWLP-129576101

State Tracking #:

2014060096

Company Tracking #:

State:

New York

Filing Company:

Empire Health Choice Assurance, Inc.

TOI/Sub-TOI:

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Product Name:

Empire Medicare Supplement Rate Filing 2015

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NY Med Supp Rate Filing 2015/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	
Attachment(s):	ModMemo&Filing2015.pdf StdMemo&Filing2015.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	EBC No Auto Pay Discount 37419NYSENEBC rev 5 2014_WPNSF164S .pdf EBC with Auto Pay Discount revised 5 2014 37421NYSENEBC r1.pdf EBCBS No Auto Pay Discount 37420NYSENEBS rev 5 2014_WPNSF164S.pdf EBCBS with Auto Pay Discount 37422NYSENEBS revised 5 2014 r1.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	NY EBC Pre Notice Rev 4 2913 v3.pdf NY EBCBS Pre Notice 4 2013.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Standard Exhibit 1 - General Information
Comments:	
Attachment(s):	NewStdExhibit1.pdf NewStdExhibit1.xls
Item Status:	
Status Date:	
Satisfied - Item:	Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses
Comments:	
Attachment(s):	NewStdExhibit2_2015.pdf NewStdExhibit2_2015.xls
Item Status:	
Status Date:	

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Satisfied - Item:	Standard Exhibit 4 - Part A - Summary of Proposed Percentage Rate Changes
Comments:	
Attachment(s):	NewStdExhibit4.pdf NewStdExhibit4.xls
Item Status:	
Status Date:	
Satisfied - Item:	Standard Exhibit 5 - Part A - Distribution of Contracts Affected by Proposed Rate Adjustments
Comments:	
Attachment(s):	NewStdExhibit5_2014.pdf NewStdExhibit5_2014.xls
Item Status:	
Status Date:	
Bypassed - Item:	Standard Exhibit 6 - Summary of Policy Form and Product Changes
Bypass Reason:	This exhibit is not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Standard Exhibit 7 - Historical Data
Comments:	
Attachment(s):	NewStdExhibit72015.pdf NewStdExhibit72015.xls
Item Status:	
Status Date:	
Satisfied - Item:	Projections with Prem @ Current Rates
Comments:	
Attachment(s):	ModDisapprovalResponse.pdf StdDisapprovalResponse.pdf
Item Status:	
Status Date:	

Reviewing Actuary
State of New York
Insurance Department
One Commerce Plaza
Albany, NY 12257

Effective Date of Application: 01/01/2015

**Re: Empire HealthChoice Assurance, Inc.
Revised Rates Effective January 1, 2015 for Medicare Supplemental Plans**

Dear Mr. Egglefield:

Enclosed please find rate proposal requests and supporting data for Empire HealthChoice Assurance's Medicare Supplement (2010 Standardized) plans. This filing applies to all policies offered as part of Empire's 2010 Standardized book of business and is not intended for any other purposes.

I, [REDACTED] am an actuary employed by Empire HealthChoice Assurance and qualified to render the opinions enclosed in the attached rate proposal. I am a member of the Society of Actuaries and meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.

Sincerely,

[REDACTED]

[REDACTED] ASA, MAAA
[REDACTED]

Supervising Actuary
State of New York
Insurance Department
One Commerce Plaza
Albany, NY 12257

POLICY FORMS AND PRODUCTS

Policy Forms	Products
WPPLANAM(09)-NY	Medicare Supplement Plan A
WPPLANBM(09)-NY	Medicare Supplement Plan B
WPPLANFM(09)-NY	Medicare Supplement Plan F
WPPLANHiFM(09)-NY	Medicare Supplement Plan High F
WPPLANGM(09)-NY	Medicare Supplement Plan G
WPPLANNM(09)-NY	Medicare Supplement Plan N

ACTUARIAL MEMORANDUM RATE REVISION

1. Commission Schedule:

Current sales practices in the state of New York do not include any commission schedules with sales agents or brokers.

2. Change in Geographic Classifications:

No changes to Empire's geographic classifications are being proposed in this rate renewal.

3. Description of Benefits:

These policy forms are Individual Medicare Supplement policy forms which pay benefits consistently with the corresponding Standardized Plans as described in the NAIC Medicare Supplement Insurance Model Regulation.

Renewability: Guaranteed renewable.

Issue Age Limits: These policies were issued to persons who are covered by Medicare Parts A & B.

Underwriting and Marketing: As of October 1, 2013, these plans are closed to new entrants.

The rates in this document are renewal rates for current policyholders.

Additionally, none of the underlying benefits are changing in this proposal. For a complete description of benefits, see Exhibit I.

4. Rating History:

See Exhibit II for rating history.

5. Claims History:

Claims history is included in this filing. Please see Exhibit 7 (A-N) for historical as well as projected claims experience.

6. Dates of Issue:

Plans A, B, F, High F, G, and N were issued by Empire HealthChoice on June 1, 2010.

7. Demonstrated Rate Increase at Minimum Loss Ratio Standard:

Based on guidance from the NAIC, New York requires pooling of experience and rate changes between 1992 Standardized plans and 2010 Standardized plans, where applicable.

The rates were determined at the plan level using experience data from January 1, 2013 to December 31, 2013 paid through February 28, 2014. Trend is assumed to be effective from the midpoint of the experience period to the midpoint of the rating period.

The necessary rate level change is calculated by taking the projected claims costs and adding administrative expenses and profit of 3%. This is compared to the current premium to calculate the needed rate change.

For a complete work-up of demonstrated rate changes, please refer to Exhibit III.

8. Filed Rate Increase:

The proposed rate level change based on experience is calculated as follows:

Plan	Rate Change
MedSupp Plan A	0.0%
MedSupp Plan B	7.6%
MedSupp Plan F	0.0%
MedSupp Plan High F	0.0%
MedSupp Plan G	6.9%
MedSupp Plan N	15.0%

MedSupp Plans A, B, and F are combined with their equivalent Standardized Plan to develop the needed rate change.

Plans G & N are being rated on their own experience.

Plan High F, based on its own experience to-date, does not need a rate increase. Rates will be held on this plan for 2015.

Please refer to Exhibit III for a complete demonstration of these proposed rate changes.

9. Non-Claim Expenses:

Non-claim expenses as a percentage of gross premium have been set at 12.2%.

10. Expected Loss Ratios:

Empire HealthChoice does not medically underwrite these policies and therefore does not anticipate any wear-off effects in its durational claims experience.

10. Impact on Rate Due to Changes:

No changes to benefits, geographic classifications, or other pricing components are being made in this proposal. The proposed rate changes are driven solely by claims experience and trend projections going forward.

11. Minimum Loss Ratio:

The minimum loss ratio requirement for Medicare Supplement is 65%.

12. Anticipated Loss Ratios:

This filing meets the three required loss ratio tests as defined for Medicare Supplement policy forms.

These tests are:

- 1. Lifetime Loss Ratio of at least 65%
- 2. Loss ratio during the rating period to be at least 65% - Exhibit VII shows these to be:

Plan	2015 Loss Ratio
MedSupp Plan A	71.1%
MedSupp Plan B	84.8%
MedSupp Plan F	83.7%
MedSupp Plan High F	70.3%
MedSupp Plan G	84.8%
MedSupp Plan N	117.7%

- 3. Loss ratio for the third policy year to be at least 65% for those members currently in duration years 1 and 2 - Pricing practice for this policy is to target 3% profit, well in excess of the 65% standard.

13. Other Attached Information

For your review, we have attached the following information.

- a. Overview of Benefits (Exhibit I).
- b. Policy Form Rating History (Exhibit II).
- c. Detailed calculation of rate change (Exhibit III).
- d. Rating Manual Pages (Exhibit IV).
- e. Revised Monthly Rates (Exhibit V).
- f. 2010 Standardized Plan Experience (Exhibit VI).
- g. Historical and Projected Experience (Exhibit VII).

14. Actuarial Certification:

I, [REDACTED] am an actuary employed by Empire Blue Cross and Blue Shield. I am a member of the American Academy of Actuaries and meet its Qualification Standards to render this actuarial opinion.

I hereby certify that, to the best of my knowledge and belief, the information contained in this filing complies with the laws of the state of New York and the rules of the New York Department of Insurance and that the premiums are reasonable in relation to the benefits provided.

[REDACTED]

[REDACTED] ASA, MAAA
Director & Actuary II

June 5, 2014

Date

Exhibit I Overview of Medicare Supplement Plans

A	B	F*	G	N
Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits except up to \$20 office visit copay and up to \$50 ER copay
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible
		Part B deductible		
		Part B Excess Charges (100%)	Part B Excess Charges (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

* Plan F has a high-deductible option. This option pays the same benefits as Standard Plan F after a calendar year deductible is met.

EXHIBIT II
History of Rate Adjustments

Date	Plan A	Plan B	Plan F	Plan High F	Plan G	Plan N
	<u>WPPLANAM(09)-NY</u>	<u>WPPLANBM(09)-NY</u>	<u>WPPLANFM(09)-NY</u>	<u>WPPLANHiFM(09)-NY</u>	<u>WPPLANGM(09)-NY</u>	<u>WPPLANNM(09)-NY</u>
6/1/2010	inception	inception	inception	inception	inception	inception
9/1/2010	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%
1/1/2012	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%
1/1/2013	9.9%	3.0%	9.9%	0.0%	5.0%	15.0%

Exhibit III

Demonstrated Rate Increase at Minimum Loss Ratio Standard & Policy Form Target Loss Ratio

	Plan A/Mod A	Plan B/Mod B	Plan C	Plan F/Mod F	Plan High F	Plan G	Plan H	Plan K/L	Plan N
Claims (1/2013 - 12/2013)	\$3,959,820	\$59,661,722	\$2,532,622	\$15,426,498	\$1,029,373	\$113,942	\$11,226,567	\$113,762	\$10,176,738
Premium (1/2013 - 12/2013)	\$4,395,221	\$61,854,650	\$3,489,628	\$18,258,718	\$1,693,700	\$116,721	\$11,224,944	\$221,983	\$6,601,490
Member Months (1/2013 - 12/2013)	27,728	313,435	11,197	57,694	22,424	378	43,759	1,605	36,115
Experience Period Claims PMPM	\$ 142.81	\$ 190.35	\$ 226.18	\$ 267.38	\$ 45.91	\$ 301.39	\$ 256.55	\$ 70.88	\$ 281.79
Claims Trend	0.0%	7.0%	0.0%	4.0%	3.5%	3.0%	1.8%	0.0%	3.0%
Months of Trend	24	24	24	24	24	24	24	24	24
Projected Claims PMPM	\$142.81	\$ 217.93	\$ 226.18	\$ 289.20	\$ 49.17	\$ 319.75	\$ 265.97	\$ 70.88	\$ 298.95
Projected Market Stabilization PMPM	-\$13.07	-\$19.24	-\$14.10	-\$24.81	\$3.71	-\$33.73	-\$26.03	\$2.84	-\$16.07
Adjusted Claims PMPM	\$129.74	\$198.69	\$212.08	\$264.39	\$52.88	\$286.02	\$239.94	\$73.72	\$282.88
Administrative Expense PMPM	\$18.67	\$28.59	\$30.51	\$38.04	\$7.61	\$41.15	\$34.52	\$10.61	\$40.70
Profit & Contingency	\$4.59	\$7.03	\$7.50	\$9.35	\$1.87	\$10.12	\$8.49	\$2.61	\$10.01
Total Retention	\$23.26	\$35.61	\$38.01	\$47.39	\$9.48	\$51.27	\$43.01	\$13.21	\$50.70
Required Monthly Premium	\$152.99	\$234.30	\$250.10	\$311.78	\$62.36	\$337.29	\$282.95	\$86.93	\$333.58
Premium PMPM (at January 1, 2014 Rates)	\$182.57	\$217.76	\$311.45	\$315.81	\$75.24	\$315.42	\$255.66	\$138.10	\$208.94
Calculated Rate Increase	-16.2%	7.6%	-19.7%	-1.3%	-17.1%	6.9%	10.7%	-37.1%	59.7%
Proposed Rate Increase	0.0%	7.6%	0.0%	0.0%	0.0%	6.9%	9.9%	0.0%	15.0%

Exhibit IV
Prior Approval Data

Empire's Current Monthly
Rates (Effective January 1, 2014)

	<u>A</u>	<u>B</u>	<u>F</u>	<u>High F</u>	<u>G</u>	<u>N</u>
Downstate	\$ 185.91	\$ 220.92	\$ 323.91	\$ 79.14	\$ 322.93	\$ 217.68
Mid-Hudson	\$ 161.24	\$ 191.75	\$ 278.55	\$ 68.69	\$ 277.71	\$ 188.95
Upstate	\$ 140.61	\$ 167.23	\$ 242.92	\$ 59.90	\$ 242.20	\$ 164.76

Rates (Effective January 1, 2015)

Downstate	\$ 185.91	\$ 237.71	\$ 323.91	\$ 79.14	\$ 345.21	\$ 250.33
Mid-Hudson	\$ 161.24	\$ 206.32	\$ 278.55	\$ 68.69	\$ 296.87	\$ 217.29
Upstate	\$ 140.61	\$ 179.94	\$ 242.92	\$ 59.90	\$ 258.91	\$ 189.47

% Difference

Downstate	0.00%	7.60%	0.00%	0.00%	6.90%	15.00%
Mid-Hudson	0.00%	7.60%	0.00%	0.00%	6.90%	15.00%
Upstate	0.00%	7.60%	0.00%	0.00%	6.90%	15.00%

Dollar Difference

Downstate	\$ -	\$ 16.79	\$ -	\$ -	\$ 22.28	\$ 32.65
Mid-Hudson	\$ -	\$ 14.57	\$ -	\$ -	\$ 19.16	\$ 28.34
Upstate	\$ -	\$ 12.71	\$ -	\$ -	\$ 16.71	\$ 24.71

Date of Last Rate Change	1/1/2014	1/1/2014	1/1/2013	N/A	1/1/2014	1/1/2014
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Note: Pre-65 and 65-and-over premium rates are equal.

EXHIBIT V
Display of Revised Monthly Rates
Effective January 1, 2015

Region	Plan A	Plan B	Plan F	Plan High F	Plan G	Plan N
	WPPLANAM(09)-NY	WPPLANBM(09)-NY	WPPLANFM(09)-NY	WPPLANHiFM(09)-NY	WPPLANGM(09)-NY	WPPLANNM(09)-NY
New York	\$185.91	\$237.71	\$323.91	\$79.14	\$345.21	\$250.33
Mid-Hudson	\$161.24	\$206.32	\$278.55	\$68.69	\$296.87	\$217.29
Albany	\$140.61	\$179.94	\$242.92	\$59.90	\$258.91	\$189.47

Exhibit VI

2010 Standardized Plan Experience, January 1, 2013 - December 31, 2013

	Plan A	Plan B	Plan F	Plan High F	Plan G	Plan N
Policy Form(s)	WPPLANAM(09)-NY	WPPLANBM(09)-NY	WPPLANFM(09)-NY	WPPLANHiFM(09)-NY	WPPLANGM(09)-NY	WPPLANNM(09)-NY
Membership as of December 31, 2013	241	1,625	1,602	2,057	31	3,000
Claims PMPM	\$ 340.21	\$ 635.41	\$ 324.72	\$ 45.90	\$ 301.43	\$ 281.79
2013 Premium	\$ 158.98	\$ 197.33	\$ 313.99	\$ 75.53	\$ 308.79	\$ 182.79
Loss Ratio at Current Rates	214.0%	322.0%	103.4%	60.8%	97.6%	154.2%

Note: This Exhibit shows Modernized experience only. For Rating purposes, Modernized and Pre-Modernized claims were pooled.

Exhibit VII-A

Historical & Projected Experience MedSupp Plan A

Year	Earned		Market		Average Lives	Clms PMPM	Trend
	Premium	Incurred Claims	Stabilization	Loss Ratio			
2007	\$ 5,191,472	\$ 4,046,426	\$ 233,122	73.5%	3,169	\$ 106.40	
2008	\$ 4,939,229	\$ 4,045,216	\$ 233,962	77.2%	3,018	\$ 111.70	5.0%
2009	\$ 4,846,660	\$ 4,158,310	\$ 275,636	80.1%	2,962	\$ 116.99	4.7%
2010	\$ 4,838,523	\$ 4,000,283	\$ 276,037	77.0%	2,890	\$ 115.35	-1.4%
2011	\$ 4,604,777	\$ 4,030,251	\$ 289,356	81.2%	2,652	\$ 126.63	9.8%
2012	\$ 4,401,817	\$ 4,768,062	\$ 297,228	101.6%	2,541	\$ 156.37	23.5%
2013	\$ 4,395,221	\$ 3,959,820	\$ 355,316	82.0%	2,311	\$ 142.81	-8.7%
2014	\$ 4,603,396	\$ 3,600,862	\$ 329,554	71.1%	2,101	\$ 142.81	0.0%

Projections (with increase)

2015	\$ 4,186,098	\$ 3,274,444	\$ 299,680	71.1%	1,911	\$ 142.81	0.0%
2016	\$ 3,806,628	\$ 2,977,615	\$ 272,514	71.1%	1,738	\$ 142.81	0.0%
2017	\$ 3,461,557	\$ 2,707,694	\$ 247,811	71.1%	1,580	\$ 142.81	0.0%
2018	\$ 3,147,766	\$ 2,462,242	\$ 225,346	71.1%	1,437	\$ 142.81	0.0%
2019	\$ 2,862,421	\$ 2,239,039	\$ 204,919	71.1%	1,307	\$ 142.81	0.0%
2020	\$ 2,602,943	\$ 2,036,070	\$ 186,343	71.1%	1,188	\$ 142.81	0.0%
2021	\$ 2,366,986	\$ 1,851,500	\$ 169,451	71.1%	1,080	\$ 142.81	0.0%
2022	\$ 2,152,418	\$ 1,683,662	\$ 154,090	71.1%	982	\$ 142.81	0.0%
2023	\$ 1,957,302	\$ 1,531,038	\$ 140,122	71.1%	893	\$ 142.81	0.0%
2024	\$ 1,779,872	\$ 1,392,249	\$ 127,420	71.1%	812	\$ 142.81	0.0%
2025	\$ 1,618,527	\$ 1,266,042	\$ 115,869	71.1%	739	\$ 142.81	0.0%
2026	\$ 1,471,807	\$ 1,151,275	\$ 105,366	71.1%	672	\$ 142.81	0.0%
2027	\$ 1,338,388	\$ 1,046,912	\$ 95,814	71.1%	611	\$ 142.81	0.0%
2028	\$ 1,217,063	\$ 952,009	\$ 87,129	71.1%	556	\$ 142.81	0.0%
2029	\$ 1,106,736	\$ 865,710	\$ 79,230	71.1%	505	\$ 142.81	0.0%
2030	\$ 1,006,410	\$ 787,233	\$ 72,048	71.1%	459	\$ 142.81	0.0%
2031	\$ 915,179	\$ 715,870	\$ 65,517	71.1%	418	\$ 142.81	0.0%
2032	\$ 832,218	\$ 650,977	\$ 59,578	71.1%	380	\$ 142.81	0.0%
2033	\$ 756,778	\$ 591,966	\$ 54,177	71.1%	345	\$ 142.81	0.0%

* Projected enrollment figures assume an annual persistency rate of 90.93%.

* Claims projections assume an annual trend of 0% for all projection years.

* A 0% rate increase is assumed for 2015. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 4,186,098	\$ 3,274,444	\$ 299,680	71.1%	1,911	\$ 142.81	0.0%
2016	\$ 3,806,628	\$ 2,977,615	\$ 272,514	71.1%	1,738	\$ 142.81	0.0%
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2024	\$ 1,779,872	\$ 1,392,249	\$ 127,420	71.1%	812	\$ 142.81	0.0%
2025	\$ 1,618,527	\$ 1,266,042	\$ 115,869	71.1%	739	\$ 142.81	0.0%
2026	\$ 1,471,807	\$ 1,151,275	\$ 105,366	71.1%	672	\$ 142.81	0.0%
2027	\$ 1,338,388	\$ 1,046,912	\$ 95,814	71.1%	611	\$ 142.81	0.0%
2028	\$ 1,217,063	\$ 952,009	\$ 87,129	71.1%	556	\$ 142.81	0.0%
2029	\$ 1,106,736	\$ 865,710	\$ 79,230	71.1%	505	\$ 142.81	0.0%
2030	\$ 1,006,410	\$ 787,233	\$ 72,048	71.1%	459	\$ 142.81	0.0%
2031	\$ 915,179	\$ 715,870	\$ 65,517	71.1%	418	\$ 142.81	0.0%
2032	\$ 832,218	\$ 650,977	\$ 59,578	71.1%	380	\$ 142.81	0.0%
2033	\$ 756,778	\$ 591,966	\$ 54,177	71.1%	345	\$ 142.81	0.0%

Exhibit VII-B

Historical & Projected Experience MedSupp Plan B

Year	Earned		Market		Average	Clms	Trend
	Premium	Incurred Claims	Stabilization	Loss Ratio	Lives	PMPM	
2007	\$ 110,556,758	\$ 95,111,154	\$ 6,805,461	79.9%	55,703	\$ 142.29	
2008	\$ 103,581,763	\$ 92,740,528	\$ 6,406,191	83.3%	49,546	\$ 155.98	9.6%
2009	\$ 97,195,432	\$ 80,280,752	\$ 6,315,720	76.1%	43,688	\$ 153.13	-1.8%
2010	\$ 88,776,602	\$ 73,251,134	\$ 6,081,114	75.7%	38,672	\$ 157.85	3.1%
2011	\$ 77,750,408	\$ 65,632,403	\$ 5,744,047	77.0%	38,700	\$ 141.33	-10.5%
2012	\$ 68,285,118	\$ 63,706,691	\$ 5,180,949	85.7%	29,659	\$ 179.00	26.7%
2013	\$ 61,854,650	\$ 59,661,722	\$ 5,424,052	87.7%	26,120	\$ 190.35	6.3%
2014	\$ 60,107,351	\$ 56,219,733	\$ 5,310,815	84.7%	23,002	\$ 203.67	7.0%

Projections (with increase)

2015	\$ 56,957,259	\$ 52,976,319	\$ 4,677,033	84.8%	20,257	\$ 217.93	7.0%
2016	\$ 53,671,296	\$ 49,920,023	\$ 4,118,885	85.3%	17,840	\$ 233.18	7.0%
2017	\$ 50,574,905	\$ 47,040,050	\$ 3,627,345	85.8%	15,711	\$ 249.51	7.0%
2018	\$ 47,657,151	\$ 44,326,228	\$ 3,194,465	86.3%	13,836	\$ 266.97	7.0%
2019	\$ 44,907,727	\$ 41,768,970	\$ 2,813,243	86.7%	12,185	\$ 285.66	7.0%
2020	\$ 42,316,922	\$ 39,359,246	\$ 2,477,516	87.2%	10,731	\$ 305.66	7.0%
2021	\$ 39,875,585	\$ 37,088,542	\$ 2,181,854	87.5%	9,450	\$ 327.05	7.0%
2022	\$ 37,575,093	\$ 34,948,840	\$ 1,921,476	87.9%	8,322	\$ 349.95	7.0%
2023	\$ 35,407,320	\$ 32,932,580	\$ 1,692,171	88.2%	7,329	\$ 374.44	7.0%
2024	\$ 33,364,610	\$ 31,032,642	\$ 1,490,230	88.5%	6,455	\$ 400.65	7.0%
2025	\$ 31,439,748	\$ 29,242,315	\$ 1,312,389	88.8%	5,684	\$ 428.70	7.0%
2026	\$ 29,625,934	\$ 27,555,275	\$ 1,155,771	89.1%	5,006	\$ 458.71	7.0%
2027	\$ 27,916,762	\$ 25,965,563	\$ 1,017,844	89.4%	4,409	\$ 490.82	7.0%
2028	\$ 26,306,196	\$ 24,467,565	\$ 896,376	89.6%	3,882	\$ 525.18	7.0%
2029	\$ 24,788,546	\$ 23,055,988	\$ 789,404	89.8%	3,419	\$ 561.94	7.0%
2030	\$ 23,358,451	\$ 21,725,848	\$ 695,198	90.0%	3,011	\$ 601.27	7.0%
2031	\$ 22,010,861	\$ 20,472,446	\$ 612,235	90.2%	2,652	\$ 643.36	7.0%
2032	\$ 20,741,017	\$ 19,291,355	\$ 539,172	90.4%	2,335	\$ 688.40	7.0%
2033	\$ 19,544,431	\$ 18,178,403	\$ 474,828	90.6%	2,057	\$ 736.59	7.0%

* Projected enrollment figures assume an annual persistency rate of 88.07%.

* Claims projections assume an annual trend of 7% for all projection years.

* A 7.6% rate increase is assumed for 2015. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 52,934,256	\$ 52,976,319	\$ 4,677,033	91.2%	20,257	\$ 217.93	7.0%
2016	\$ 46,617,183	\$ 49,920,023	\$ 4,118,885	98.2%	17,840	\$ 233.18	7.0%
2017	\$ 41,053,978	\$ 47,040,050	\$ 3,627,345	105.7%	15,711	\$ 249.51	7.0%
2018	\$ 36,154,676	\$ 44,326,228	\$ 3,194,465	113.8%	13,836	\$ 266.97	7.0%
2019	\$ 31,840,046	\$ 41,768,970	\$ 2,813,243	122.3%	12,185	\$ 285.66	7.0%
2020	\$ 28,040,316	\$ 39,359,246	\$ 2,477,516	131.5%	10,731	\$ 305.66	7.0%
2021	\$ 24,694,039	\$ 37,088,542	\$ 2,181,854	141.4%	9,450	\$ 327.05	7.0%
2022	\$ 21,747,100	\$ 34,948,840	\$ 1,921,476	151.9%	8,322	\$ 349.95	7.0%
2023	\$ 19,151,843	\$ 32,932,580	\$ 1,692,171	163.1%	7,329	\$ 374.44	7.0%
2024	\$ 16,866,299	\$ 31,032,642	\$ 1,490,230	175.2%	6,455	\$ 400.65	7.0%
2025	\$ 14,853,507	\$ 29,242,315	\$ 1,312,389	188.0%	5,684	\$ 428.70	7.0%
2026	\$ 13,080,918	\$ 27,555,275	\$ 1,155,771	201.8%	5,006	\$ 458.71	7.0%
2027	\$ 11,519,867	\$ 25,965,563	\$ 1,017,844	216.6%	4,409	\$ 490.82	7.0%
2028	\$ 10,145,108	\$ 24,467,565	\$ 896,376	232.3%	3,882	\$ 525.18	7.0%
2029	\$ 8,934,410	\$ 23,055,988	\$ 789,404	249.2%	3,419	\$ 561.94	7.0%
2030	\$ 7,868,195	\$ 21,725,848	\$ 695,198	267.3%	3,011	\$ 601.27	7.0%
2031	\$ 6,929,220	\$ 20,472,446	\$ 612,235	286.6%	2,652	\$ 643.36	7.0%
2032	\$ 6,102,300	\$ 19,291,355	\$ 539,172	307.3%	2,335	\$ 688.40	7.0%
2033	\$ 5,374,063	\$ 18,178,403	\$ 474,828	329.4%	2,057	\$ 736.59	7.0%

Exhibit VII-F

Historical & Projected Experience MedSupp Plan F

Year	Earned		Market		Average Lives	Clms PMPM	Trend
	Premium	Incurred Claims	Stabilization	Loss Ratio			
2007	\$ 14,556,168	\$ 13,077,569	\$ 906,774	83.6%	5,181	\$ 210.37	
2008	\$ 16,491,420	\$ 14,397,245	\$ 977,393	81.4%	5,201	\$ 230.68	9.7%
2009	\$ 16,343,190	\$ 13,367,660	\$ 863,847	76.5%	4,930	\$ 225.96	-2.0%
2010	\$ 16,427,728	\$ 13,027,952	\$ 841,865	74.2%	4,740	\$ 229.04	1.4%
2011	\$ 16,636,154	\$ 14,652,695	\$ 801,650	83.3%	4,789	\$ 254.99	11.3%
2012	\$ 17,060,467	\$ 15,200,007	\$ 1,135,824	82.4%	4,919	\$ 257.51	1.0%
2013	\$ 18,258,718	\$ 15,426,498	\$ 1,212,297	77.8%	4,808	\$ 267.38	3.8%
2014	\$ 17,808,963	\$ 15,681,269	\$ 1,399,074	80.2%	4,699	\$ 278.08	4.0%

Projections (with increase)

2015	\$ 17,406,809	\$ 15,940,247	\$ 1,367,480	83.7%	4,593	\$ 289.20	4.0%
2016	\$ 17,694,285	\$ 16,203,503	\$ 1,336,600	84.0%	4,489	\$ 300.77	4.0%
2017	\$ 17,986,508	\$ 16,471,106	\$ 1,306,418	84.3%	4,388	\$ 312.80	4.0%
2018	\$ 18,283,558	\$ 16,743,129	\$ 1,276,917	84.6%	4,289	\$ 325.31	4.0%
2019	\$ 18,585,514	\$ 17,019,644	\$ 1,248,082	84.9%	4,192	\$ 338.33	4.0%
2020	\$ 18,892,456	\$ 17,300,726	\$ 1,219,898	85.1%	4,097	\$ 351.86	4.0%
2021	\$ 19,204,468	\$ 17,586,450	\$ 1,192,351	85.4%	4,005	\$ 365.93	4.0%
2022	\$ 19,521,632	\$ 17,876,892	\$ 1,165,426	85.6%	3,915	\$ 380.57	4.0%
2023	\$ 19,844,035	\$ 18,172,132	\$ 1,139,109	85.8%	3,826	\$ 395.79	4.0%
2024	\$ 20,171,762	\$ 18,472,247	\$ 1,113,386	86.1%	3,740	\$ 411.62	4.0%
2025	\$ 20,504,901	\$ 18,777,319	\$ 1,088,244	86.3%	3,655	\$ 428.09	4.0%
2026	\$ 20,843,543	\$ 19,087,429	\$ 1,063,670	86.5%	3,573	\$ 445.21	4.0%
2027	\$ 21,187,777	\$ 19,402,661	\$ 1,039,650	86.7%	3,492	\$ 463.02	4.0%
2028	\$ 21,537,696	\$ 19,723,098	\$ 1,016,173	86.9%	3,413	\$ 481.54	4.0%
2029	\$ 21,893,394	\$ 20,048,828	\$ 993,226	87.0%	3,336	\$ 500.80	4.0%
2030	\$ 22,254,967	\$ 20,379,937	\$ 970,798	87.2%	3,261	\$ 520.84	4.0%
2031	\$ 22,622,511	\$ 20,716,515	\$ 948,876	87.4%	3,187	\$ 541.67	4.0%
2032	\$ 22,996,125	\$ 21,058,651	\$ 927,449	87.5%	3,115	\$ 563.34	4.0%
2033	\$ 23,375,909	\$ 21,406,438	\$ 906,505	87.7%	3,045	\$ 585.87	4.0%

* Projected enrollment figures assume an annual persistency rate of 97.74%.

* Claims projections assume an annual trend of 4% for all projection years.

* A 0% rate increase is assumed for 2015. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 17,406,809	\$ 15,940,247	\$ 1,367,480	83.7%	4,593	\$ 289.20	4.0%
2016	\$ 17,013,735	\$ 16,203,503	\$ 1,336,600	87.4%	4,489	\$ 300.77	4.0%
2017	\$ 16,629,538	\$ 16,471,106	\$ 1,306,418	91.2%	4,388	\$ 312.80	4.0%
2018	\$ 16,254,017	\$ 16,743,129	\$ 1,276,917	95.2%	4,289	\$ 325.31	4.0%
2019	\$ 15,886,975	\$ 17,019,644	\$ 1,248,082	99.3%	4,192	\$ 338.33	4.0%
2020	\$ 15,528,222	\$ 17,300,726	\$ 1,219,898	103.6%	4,097	\$ 351.86	4.0%
2021	\$ 15,177,570	\$ 17,586,450	\$ 1,192,351	108.0%	4,005	\$ 365.93	4.0%
2022	\$ 14,834,836	\$ 17,876,892	\$ 1,165,426	112.7%	3,915	\$ 380.57	4.0%
2023	\$ 14,499,842	\$ 18,172,132	\$ 1,139,109	117.5%	3,826	\$ 395.79	4.0%
2024	\$ 14,172,412	\$ 18,472,247	\$ 1,113,386	122.5%	3,740	\$ 411.62	4.0%
2025	\$ 13,852,377	\$ 18,777,319	\$ 1,088,244	127.7%	3,655	\$ 428.09	4.0%
2026	\$ 13,539,568	\$ 19,087,429	\$ 1,063,670	133.1%	3,573	\$ 445.21	4.0%
2027	\$ 13,233,823	\$ 19,402,661	\$ 1,039,650	138.8%	3,492	\$ 463.02	4.0%
2028	\$ 12,934,982	\$ 19,723,098	\$ 1,016,173	144.6%	3,413	\$ 481.54	4.0%
2029	\$ 12,642,890	\$ 20,048,828	\$ 993,226	150.7%	3,336	\$ 500.80	4.0%
2030	\$ 12,357,393	\$ 20,379,937	\$ 970,798	157.1%	3,261	\$ 520.84	4.0%
2031	\$ 12,078,343	\$ 20,716,515	\$ 948,876	163.7%	3,187	\$ 541.67	4.0%
2032	\$ 11,805,595	\$ 21,058,651	\$ 927,449	170.5%	3,115	\$ 563.34	4.0%
2033	\$ 11,539,006	\$ 21,406,438	\$ 906,505	177.7%	3,045	\$ 585.87	4.0%

Exhibit VII-HiF
Historical & Projected Experience
MedSupp Plan High F

Year	Earned		Market		Average	Clms	Trend
	Premium	Incurred Claims	Stabilization	Loss Ratio	Lives	PMPM	
2007							
2008							
2009							
2010	\$ 41,506	\$ 2,853	\$ (7,209)	24.2%	81	\$ 2.92	
2011	\$ 426,714	\$ 266,059	\$ (37,558)	71.2%	475	\$ 46.69	1498.7%
2012	\$ 829,128	\$ 469,062	\$ (47,977)	62.4%	918	\$ 42.60	-8.7%
2013	\$ 1,693,700	\$ 1,029,373	\$ (92,192)	66.2%	1,869	\$ 45.90	7.7%
2014	\$ 1,432,389	\$ 904,468	\$ (70,626)	68.1%	1,586	\$ 47.51	3.5%

Projections (with increase)

2015	\$ 1,216,021	\$ 794,719	\$ (59,958)	70.3%	1,347	\$ 49.17	3.5%
2016	\$ 1,068,467	\$ 698,286	\$ (50,901)	70.1%	1,143	\$ 50.90	3.5%
2017	\$ 938,818	\$ 613,556	\$ (43,212)	70.0%	971	\$ 52.68	3.5%
2018	\$ 824,901	\$ 539,106	\$ (36,685)	69.8%	824	\$ 54.52	3.5%
2019	\$ 724,806	\$ 473,690	\$ (31,143)	69.7%	700	\$ 56.43	3.5%
2020	\$ 636,858	\$ 416,212	\$ (26,439)	69.5%	594	\$ 58.40	3.5%
2021	\$ 559,580	\$ 365,708	\$ (22,445)	69.4%	504	\$ 60.45	3.5%
2022	\$ 491,680	\$ 321,333	\$ (19,055)	69.2%	428	\$ 62.56	3.5%
2023	\$ 432,019	\$ 282,342	\$ (16,177)	69.1%	363	\$ 64.75	3.5%
2024	\$ 379,598	\$ 248,082	\$ (13,733)	69.0%	308	\$ 67.02	3.5%
2025	\$ 333,537	\$ 217,980	\$ (11,659)	68.8%	262	\$ 69.37	3.5%
2026	\$ 293,065	\$ 191,530	\$ (9,898)	68.7%	222	\$ 71.79	3.5%
2027	\$ 257,504	\$ 168,289	\$ (8,402)	68.6%	189	\$ 74.31	3.5%
2028	\$ 226,258	\$ 147,869	\$ (7,133)	68.5%	160	\$ 76.91	3.5%
2029	\$ 198,804	\$ 129,926	\$ (6,056)	68.4%	136	\$ 79.60	3.5%
2030	\$ 174,681	\$ 114,161	\$ (5,141)	68.3%	115	\$ 82.38	3.5%
2031	\$ 153,485	\$ 100,308	\$ (4,364)	68.2%	98	\$ 85.27	3.5%
2032	\$ 134,861	\$ 88,137	\$ (3,705)	68.1%	83	\$ 88.25	3.5%
2033	\$ 118,497	\$ 77,442	\$ (3,145)	68.0%	71	\$ 91.34	3.5%

* Projected enrollment figures assume an annual persistency rate of 84.89%.

* Claims projections assume an annual trend of 3.5% for all projection years.

* A 0% rate increase is assumed for 2015. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 1,216,021	\$ 794,719	\$ (59,958)	70.3%	1,347	\$ 49.17	3.5%
2016	\$ 1,032,335	\$ 698,286	\$ (50,901)	72.6%	1,143	\$ 50.90	3.5%
2017	\$ 876,397	\$ 613,556	\$ (43,212)	74.9%	971	\$ 52.68	3.5%
2018	\$ 744,013	\$ 539,106	\$ (36,685)	77.4%	824	\$ 54.52	3.5%
2019	\$ 631,627	\$ 473,690	\$ (31,143)	79.9%	700	\$ 56.43	3.5%
2020	\$ 536,217	\$ 416,212	\$ (26,439)	82.6%	594	\$ 58.40	3.5%
2021	\$ 455,219	\$ 365,708	\$ (22,445)	85.3%	504	\$ 60.45	3.5%
2022	\$ 386,456	\$ 321,333	\$ (19,055)	88.1%	428	\$ 62.56	3.5%
2023	\$ 328,080	\$ 282,342	\$ (16,177)	91.0%	363	\$ 64.75	3.5%
2024	\$ 278,522	\$ 248,082	\$ (13,733)	94.0%	308	\$ 67.02	3.5%
2025	\$ 236,450	\$ 217,980	\$ (11,659)	97.1%	262	\$ 69.37	3.5%
2026	\$ 200,734	\$ 191,530	\$ (9,898)	100.3%	222	\$ 71.79	3.5%
2027	\$ 170,412	\$ 168,289	\$ (8,402)	103.7%	189	\$ 74.31	3.5%
2028	\$ 144,670	\$ 147,869	\$ (7,133)	107.1%	160	\$ 76.91	3.5%
2029	\$ 122,817	\$ 129,926	\$ (6,056)	110.7%	136	\$ 79.60	3.5%
2030	\$ 104,265	\$ 114,161	\$ (5,141)	114.4%	115	\$ 82.38	3.5%
2031	\$ 88,516	\$ 100,308	\$ (4,364)	118.3%	98	\$ 85.27	3.5%
2032	\$ 75,145	\$ 88,137	\$ (3,705)	122.2%	83	\$ 88.25	3.5%
2033	\$ 63,794	\$ 77,442	\$ (3,145)	126.3%	71	\$ 91.34	3.5%

Exhibit VII-G

Historical & Projected Experience MedSupp Plan G

Year	Earned		Market		Average	Clms PMPM	Trend
	Premium	Incurred Claims	Stabilization	Loss Ratio	Lives		
2007							
2008							
2009							
2010	\$ 6,949	\$ 7,112	\$ (1,306)	121.1%	4	\$ 165.95	
2011	\$ 75,147	\$ 337,606	\$ (5,808)	457.0%	23	\$ 1,245.78	650.7%
2012	\$ 104,011	\$ 135,921	\$ 18,327	113.1%	30	\$ 382.88	-69.3%
2013	\$ 116,721	\$ 113,942	\$ 5,149	93.2%	32	\$ 301.43	-21.3%
2014	\$ 101,219	\$ 99,632	\$ 10,824	87.7%	27	\$ 310.48	3.0%
Projections (with increase)							
2015	\$ 91,858	\$ 87,120	\$ 9,189	84.8%	23	\$ 319.79	3.0%
2016	\$ 80,322	\$ 76,179	\$ 7,801	85.1%	19	\$ 329.38	3.0%
2017	\$ 70,235	\$ 66,612	\$ 6,623	85.4%	16	\$ 339.27	3.0%
2018	\$ 61,414	\$ 58,246	\$ 5,622	85.7%	14	\$ 349.44	3.0%
2019	\$ 53,701	\$ 50,932	\$ 4,773	86.0%	12	\$ 359.93	3.0%
2020	\$ 46,957	\$ 44,535	\$ 4,052	86.2%	10	\$ 370.73	3.0%
2021	\$ 41,060	\$ 38,942	\$ 3,440	86.5%	8	\$ 381.85	3.0%
2022	\$ 35,904	\$ 34,052	\$ 2,920	86.7%	7	\$ 393.30	3.0%
2023	\$ 31,395	\$ 29,775	\$ 2,479	86.9%	6	\$ 405.10	3.0%
2024	\$ 27,452	\$ 26,036	\$ 2,105	87.2%	5	\$ 417.25	3.0%
2025	\$ 24,004	\$ 22,766	\$ 1,787	87.4%	4	\$ 429.77	3.0%
2026	\$ 20,990	\$ 19,907	\$ 1,517	87.6%	4	\$ 442.67	3.0%
2027	\$ 18,354	\$ 17,407	\$ 1,288	87.8%	3	\$ 455.95	3.0%
2028	\$ 16,049	\$ 15,221	\$ 1,093	88.0%	3	\$ 469.62	3.0%
2029	\$ 14,033	\$ 13,309	\$ 928	88.2%	2	\$ 483.71	3.0%
2030	\$ 12,271	\$ 11,638	\$ 788	88.4%	2	\$ 498.22	3.0%
2031	\$ 10,730	\$ 10,176	\$ 669	88.6%	2	\$ 513.17	3.0%
2032	\$ 9,382	\$ 8,898	\$ 568	88.8%	1	\$ 528.57	3.0%
2033	\$ 8,204	\$ 7,781	\$ 482	89.0%	1	\$ 544.42	3.0%

* Projected enrollment figures assume an annual persistency rate of 84.89%.

* Claims projections assume an annual trend of 3% for all projection years.

* A 6.9% rate increase is assumed for 2015. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)							
2015	\$ 85,929	\$ 87,120	\$ 9,189	90.7%	23	\$ 319.79	3.0%
2016	\$ 72,949	\$ 76,179	\$ 7,801	93.7%	19	\$ 329.38	3.0%
2017	\$ 61,930	\$ 66,612	\$ 6,623	96.9%	16	\$ 339.27	3.0%
2018	\$ 52,575	\$ 58,246	\$ 5,622	100.1%	14	\$ 349.44	3.0%
2019	\$ 44,633	\$ 50,932	\$ 4,773	103.4%	12	\$ 359.93	3.0%
2020	\$ 37,891	\$ 44,535	\$ 4,052	106.8%	10	\$ 370.73	3.0%
2021	\$ 32,168	\$ 38,942	\$ 3,440	110.4%	8	\$ 381.85	3.0%
2022	\$ 27,309	\$ 34,052	\$ 2,920	114.0%	7	\$ 393.30	3.0%
2023	\$ 23,184	\$ 29,775	\$ 2,479	117.7%	6	\$ 405.10	3.0%
2024	\$ 19,682	\$ 26,036	\$ 2,105	121.6%	5	\$ 417.25	3.0%
2025	\$ 16,709	\$ 22,766	\$ 1,787	125.6%	4	\$ 429.77	3.0%
2026	\$ 14,185	\$ 19,907	\$ 1,517	129.6%	4	\$ 442.67	3.0%
2027	\$ 12,042	\$ 17,407	\$ 1,288	133.9%	3	\$ 455.95	3.0%
2028	\$ 10,223	\$ 15,221	\$ 1,093	138.2%	3	\$ 469.62	3.0%
2029	\$ 8,679	\$ 13,309	\$ 928	142.7%	2	\$ 483.71	3.0%
2030	\$ 7,368	\$ 11,638	\$ 788	147.3%	2	\$ 498.22	3.0%
2031	\$ 6,255	\$ 10,176	\$ 669	152.0%	2	\$ 513.17	3.0%
2032	\$ 5,310	\$ 8,898	\$ 568	156.9%	1	\$ 528.57	3.0%
2033	\$ 4,508	\$ 7,781	\$ 482	161.9%	1	\$ 544.42	3.0%

Exhibit VII-N

Historical & Projected Experience MedSupp Plan N

Year	Earned		Market		Average	Clms PMPM	Trend
	Premium	Incurred Claims	Stabilization	Loss Ratio	Lives		
2007							
2008							
2009							
2010	\$ 273,950	\$ 666,307	\$ (41,562)	258.4%	265	\$ 209.87	
2011	\$ 2,469,307	\$ 4,543,923	\$ 39,132	182.4%	1,381	\$ 274.11	30.6%
2012	\$ 4,579,258	\$ 8,377,996	\$ 239,049	177.7%	2,422	\$ 288.32	5.2%
2013	\$ 6,601,490	\$ 10,176,738	\$ 456,903	147.2%	3,010	\$ 281.79	-2.3%
2014	\$ 6,406,169	\$ 8,898,683	\$ 492,701	131.2%	2,555	\$ 290.24	3.0%

Projections (with increase)

2015	\$ 6,254,264	\$ 7,781,134	\$ 418,276	117.7%	2,169	\$ 298.95	3.0%
2016	\$ 5,468,816	\$ 6,803,933	\$ 355,094	117.9%	1,841	\$ 307.92	3.0%
2017	\$ 4,782,010	\$ 5,949,455	\$ 301,455	118.1%	1,563	\$ 317.15	3.0%
2018	\$ 4,181,457	\$ 5,202,287	\$ 255,919	118.3%	1,327	\$ 326.67	3.0%
2019	\$ 3,656,325	\$ 4,548,953	\$ 217,262	118.5%	1,127	\$ 336.47	3.0%
2020	\$ 3,197,142	\$ 3,977,669	\$ 184,443	118.6%	956	\$ 346.56	3.0%
2021	\$ 2,795,626	\$ 3,478,130	\$ 156,582	118.8%	812	\$ 356.96	3.0%
2022	\$ 2,444,535	\$ 3,041,326	\$ 132,930	119.0%	689	\$ 367.67	3.0%
2023	\$ 2,137,536	\$ 2,659,378	\$ 112,850	119.1%	585	\$ 378.70	3.0%
2024	\$ 1,869,091	\$ 2,325,398	\$ 95,804	119.3%	497	\$ 390.06	3.0%
2025	\$ 1,634,360	\$ 2,033,361	\$ 81,332	119.4%	422	\$ 401.76	3.0%
2026	\$ 1,429,107	\$ 1,777,999	\$ 69,047	119.6%	358	\$ 413.81	3.0%
2027	\$ 1,249,632	\$ 1,554,708	\$ 58,617	119.7%	304	\$ 426.23	3.0%
2028	\$ 1,092,695	\$ 1,359,458	\$ 49,763	119.9%	258	\$ 439.01	3.0%
2029	\$ 955,468	\$ 1,188,729	\$ 42,246	120.0%	219	\$ 452.19	3.0%
2030	\$ 835,475	\$ 1,039,442	\$ 35,864	120.1%	186	\$ 465.75	3.0%
2031	\$ 730,551	\$ 908,903	\$ 30,447	120.2%	158	\$ 479.72	3.0%
2032	\$ 638,804	\$ 794,757	\$ 25,848	120.4%	134	\$ 494.12	3.0%
2033	\$ 558,579	\$ 694,947	\$ 21,943	120.5%	114	\$ 508.94	3.0%

* Projected enrollment figures assume an annual persistency rate of 84.89%.

* Claims projections assume an annual trend of 3% for all projection years.

* A 15% rate increase is assumed for 2015. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 5,438,490	\$ 7,781,134	\$ 418,276	135.4%	2,169	\$ 298.95	3.0%
2016	\$ 4,616,983	\$ 6,803,933	\$ 355,094	139.7%	1,841	\$ 307.92	3.0%
2017	\$ 3,919,568	\$ 5,949,455	\$ 301,455	144.1%	1,563	\$ 317.15	3.0%
2018	\$ 3,327,500	\$ 5,202,287	\$ 255,919	148.7%	1,327	\$ 326.67	3.0%
2019	\$ 2,824,867	\$ 4,548,953	\$ 217,262	153.3%	1,127	\$ 336.47	3.0%
2020	\$ 2,398,159	\$ 3,977,669	\$ 184,443	158.2%	956	\$ 346.56	3.0%
2021	\$ 2,035,907	\$ 3,478,130	\$ 156,582	163.1%	812	\$ 356.96	3.0%
2022	\$ 1,728,374	\$ 3,041,326	\$ 132,930	168.3%	689	\$ 367.67	3.0%
2023	\$ 1,467,296	\$ 2,659,378	\$ 112,850	173.6%	585	\$ 378.70	3.0%
2024	\$ 1,245,655	\$ 2,325,398	\$ 95,804	179.0%	497	\$ 390.06	3.0%
2025	\$ 1,057,493	\$ 2,033,361	\$ 81,332	184.6%	422	\$ 401.76	3.0%
2026	\$ 897,754	\$ 1,777,999	\$ 69,047	190.4%	358	\$ 413.81	3.0%
2027	\$ 762,145	\$ 1,554,708	\$ 58,617	196.3%	304	\$ 426.23	3.0%
2028	\$ 647,020	\$ 1,359,458	\$ 49,763	202.4%	258	\$ 439.01	3.0%
2029	\$ 549,284	\$ 1,188,729	\$ 42,246	208.7%	219	\$ 452.19	3.0%
2030	\$ 466,313	\$ 1,039,442	\$ 35,864	215.2%	186	\$ 465.75	3.0%
2031	\$ 395,874	\$ 908,903	\$ 30,447	221.9%	158	\$ 479.72	3.0%
2032	\$ 336,076	\$ 794,757	\$ 25,848	228.8%	134	\$ 494.12	3.0%
2033	\$ 285,310	\$ 694,947	\$ 21,943	235.9%	114	\$ 508.94	3.0%

TraditionPlus Medicare Supplemental Program, Plan A

Form Number: WPPLANAM(09)-NY

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 185.91	\$ 185.91
Mid-Hudson Region	\$ 161.24	\$ 161.24
Albany Region	\$ 140.61	\$ 140.61

Note: The rates above are monthly rates.

Actual rates are payable monthly, quarterly, or annually and one, three, and twelve times the monthly rate, respectively.

Members who pay annually receive a discount of \$48 off their annual rate.

Members who pay through electronic funds transfer (EFT) received a \$2 discount per month.

Multi-insured households receive a 5% discount off their monthly rate.

Annual and EFT discounts cannot be combined.

TraditionPlus Medicare Supplemental Program, Plan B

Form Number: WPPLANBM(09)-NY

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 237.71	\$ 237.71
Mid-Hudson Region	\$ 206.32	\$ 206.32
Albany Region	\$ 179.94	\$ 179.94

Note: The rates above are monthly rates.

Actual rates are payable monthly, quarterly, or annually and one, three, and twelve times the monthly rate, respectively.

Members who pay annually receive a discount of \$48 off their annual rate.

Members who pay through electronic funds transfer (EFT) received a \$2 discount per month.

Multi-insured households receive a 5% discount off their monthly rate.

Annual and EFT discounts cannot be combined.

TraditionPlus Medicare Supplemental Program, Plan F

Form Number: WPPLANFM(09)-NY

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 323.91	\$ 323.91
Mid-Hudson Region	\$ 278.55	\$ 278.55
Albany Region	\$ 242.92	\$ 242.92

Note: The rates above are monthly rates.

Actual rates are payable monthly, quarterly, or annually and one, three, and twelve times the monthly rate, respectively.

Members who pay annually receive a discount of \$48 off their annual rate.

Members who pay through electronic funds transfer (EFT) received a \$2 discount per month.

Multi-insured households receive a 5% discount off their monthly rate.

Annual and EFT discounts cannot be combined.

TraditionPlus Medicare Supplemental Program, Plan High F
Form Number: WPPLANHiFM(09)-NY
Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 79.14	\$ 79.14
Mid-Hudson Region	\$ 68.69	\$ 68.69
Albany Region	\$ 59.90	\$ 59.90

Note: The rates above are monthly rates.

Actual rates are payable monthly, quarterly, or annually and one, three, and twelve times the monthly rate, respectively.

Members who pay annually receive a discount of \$48 off their annual rate.

Members who pay through electronic funds transfer (EFT) received a \$2 discount per month.

Multi-insured households receive a 5% discount off their monthly rate.

Annual and EFT discounts cannot be combined.

TraditionPlus Medicare Supplemental Program, Plan G
Form Number: WPPLANGM(09)-NY
Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 345.21	\$ 345.21
Mid-Hudson Region	\$ 296.87	\$ 296.87
Albany Region	\$ 258.91	\$ 258.91

Note: The rates above are monthly rates.

Actual rates are payable monthly, quarterly, or annually and one, three, and twelve times the monthly rate, respectively.

Members who pay annually receive a discount of \$48 off their annual rate.

Members who pay through electronic funds transfer (EFT) received a \$2 discount per month.

Multi-insured households receive a 5% discount off their monthly rate.

Annual and EFT discounts cannot be combined.

TraditionPlus Medicare Supplemental Program, Plan N

Form Number: WPPLANNM(09)-NY

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 250.33	\$ 250.33
Mid-Hudson Region	\$ 217.29	\$ 217.29
Albany Region	\$ 189.47	\$ 189.47

Note: The rates above are monthly rates.

Actual rates are payable monthly, quarterly, or annually and one, three, and twelve times the monthly rate, respectively.

Members who pay annually receive a discount of \$48 off their annual rate.

Members who pay through electronic funds transfer (EFT) received a \$2 discount per month.

Multi-insured households receive a 5% discount off their monthly rate.

Annual and EFT discounts cannot be combined.

Reviewing Actuary
State of New York
Insurance Department
One Commerce Plaza
Albany, NY 12257

Effective Date of Application: 01/01/2015

**Re: Empire HealthChoice Assurance, Inc.
Revised Rates Effective January 1, 2015 for our Medicare Supplemental
Plans**

Dear Mr. Egglefield:

Enclosed please find rate proposal requests and supporting data for Empire HealthChoice Assurance's Medicare Supplement (1992 Standardized) plans. This filing applies to all policies offered as part of Empire's 1992 Standardized book of business and is not intended for any other purposes.

I, [REDACTED] am an actuary employed by Empire HealthChoice Assurance and qualified to render the opinions enclosed in the attached rate proposal. I am a member of the Society of Actuaries and meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.

Sincerely,

[REDACTED]

[REDACTED] ASA, MAAA
Director & Actuary II

Supervising Actuary
 State of New York
 Insurance Department
 One Commerce Plaza
 Albany, NY 12257

POLICY FORMS AND PRODUCTS

Policy Forms	Products
EHAMSA	Medicare Supplement Plan A
EHAMSB	Medicare Supplement Plan B
EHAMSC-IND	Medicare Supplement Plan C
EHAMSF-IND	Medicare Supplement Plan F
EHAMSH-IND	Medicare Supplement Plan H
EHAMSH-IND-05	Medicare Supplement Plan H "Lite"
EHAMSK-IND-06	Medicare Supplement Plan K
EHAMSL-IND-06	Medicare Supplement Plan L

**ACTUARIAL MEMORANDUM
 RATE REVISION**

1. Commission Schedule:

Current sales practices in the state of New York do not include any commission schedules with sales agents or brokers.

2. Change in Geographic Classifications:

No changes to Empire's geographic classifications are being proposed in this rate renewal.

3. Description of Benefits:

These policy forms are Individual Medicare Supplement policy forms which pay benefits consistently with the corresponding Standardized Plans as described in the NAIC Medicare Supplement Insurance Model Regulation.

Renewability: Guaranteed renewable.

Issue Age Limits: These policies were issued to persons who are covered by Medicare Parts A & B.

Underwriting and Marketing: With the introduction of 2010 Standardized Plans based on Medicare Improvements for Patients and Providers Act (MIPPA), these policies are no longer issued as of June 1, 2010. The rates in this document are renewal rates for our current policyholders. No new enrollment is permitted for this product.

Additionally, none of the underlying benefits are changing in this proposal. For a complete description of benefits, see Exhibit I.

4. Rating History:

See Exhibit II for rating history.

5. Claims History:

Please see Exhibit 6 (A-I) for claims history and also a projection of future claims.

6. Dates of Issue:

Plans A, B, and H were issued by Empire HealthChoice on December 16, 1999. Plans C & F were issued on October 1, 2005. Plan H "Lite" was issued on January 1, 2006. Plans K and L were issued on January 1, 2007. All plans were closed to new enrollees as of June 1, 2010.

7. Demonstrated Rate Increase at Minimum Loss Ratio Standard:

The experience on this policy form reflects continuing increases in medical care costs and utilization. As a result, premium rates at the current level for some plans are not adequate to maintain the desired loss ratio and need to be increased.

The revised rates were determined at the plan level using experience data from January 1, 2013 to December 31, 2013 paid through February 28, 2014. Trend is assumed to be effective from the midpoint of the experience period to the midpoint of the rating period.

The necessary rate level change is calculated by taking the projected claims costs and adding administrative expenses and profit of 3%. This is compared to the current premium to calculate the needed rate change.

For a complete work-up of demonstrated rate changes, please refer to Exhibit III.

8. Filed Rate Increase:

The proposed rate level change based on experience is calculated as follows:

Plan	Rate Change
MedSupp Plan A	0.0%
MedSupp Plan B	7.6%
MedSupp Plan C	0.0%
MedSupp Plan F	0.0%
MedSupp Plan H	9.9%
MedSupp Plan H "Lite"	9.9%
MedSupp Plan K	0.0%
MedSupp Plan L	0.0%

Please refer to Exhibit III for a complete demonstration of these proposed rate changes.

9. Non-Claim Expenses:

Non-claim expenses as a percentage of gross premium have been set at 12.2%.

10. Expected Loss Ratios:

Empire HealthChoice does not medically underwrite these policies and therefore does not anticipate any wear-off effects in its durational claims experience.

10. Impact on Rate Due to Changes:

No changes to benefits, geographic classifications, or other pricing components are being made in this proposal. The proposed rate changes are driven solely by claims experience and trend projections going forward.

11. Minimum Loss Ratio:

The minimum loss ratio requirement for Medicare Supplement is 65%.

12. Anticipated Loss Ratios:

This filing meets the three required loss ratio tests as defined for Medicare Supplement policy forms. These tests are:

1. Lifetime Loss Ratio of at least 65%
2. Loss ratio during the rating period to be at least 65%
3. Loss ratio for the third policy year to be at least 65% for those members currently in duration years 1 and 2 - Pricing practice for this policy is targeted at 3% profit, well in excess of the 65% standard.

13. Other Attached Information

For your review, we have attached the following information.

- a. Overview of Benefits (Exhibit I).
- b. Policy Form Rating History (Exhibit II).
- c. Detailed calculation of rate change (Exhibit III).
- d. Rating Manual Pages (Exhibit IV).
- e. Revised Monthly Rates (Exhibit V).
- f. Historical and Projected Experience (Exhibit VI-A to Exhibit VI-F)

14. Actuarial Certification:

I, [REDACTED] am an actuary employed by Empire Blue Cross and Blue Shield. I am a member of the American Academy of Actuaries and meet its Qualification Standards to render this actuarial opinion.

I hereby certify that, to the best of my knowledge and belief, the information contained in this filing complies with the laws of the state of New York and the rules of the New York Department of Insurance and that the premiums are reasonable in relation to the benefits provided.

[REDACTED SIGNATURE]

[REDACTED] ASA, MAAA
Director & Actuary II

June 5, 2014
Date

Exhibit I
Overview of Medicare Supplement Plans

A	B	C	F*	H**	K	L
Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Hospital & preventive care paid at 100%; other benefits 50%	Hospital & preventive care paid at 100%; other benefits 75%
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% Part A deductible	75% Part A deductible
		Part B deductible	Part B deductible			
			Part B Excess Charges (100%)			
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		
				Basic drug benefit (\$1,250 limit)		
					Out-of-pocket limit (\$4,640 as of 2011); paid at 100% after limit reached	Out-of-pocket limit (\$2,320 as of 2011); paid at 100% after limit reached

* Plan F has a high-deductible option. This option pays the same benefits as Standard Plan F after a calendar year deductible is met.

** Plan H has a "Lite" version that removes prescription drug coverage from its benefits.

EXHIBIT II

History of Rate Adjustments

<u>Date</u>	<u>Plan A</u> <u>(Form</u> <u>EHAMSA)</u>	<u>Plan B</u> <u>(Form</u> <u>EHAMSB)</u>	<u>Plan C</u> <u>(Form</u> <u>EHAMSC-</u> <u>IND)</u>	<u>Plan F</u> <u>(Form</u> <u>EHAMSF-</u> <u>IND)</u>	<u>Plan H</u> <u>(Form</u> <u>EHAMSH-</u> <u>IND)</u>	<u>Plan H "Lite"</u> <u>(Form</u> <u>EHAMSH-</u> <u>IND-05)</u>	<u>Plan K</u> ² <u>(Form</u> <u>EHAMSK-IND-</u> <u>06)</u>	<u>Plan L</u> ² <u>(Form</u> <u>EHAMSL-IND-</u> <u>06)</u>
10/1/2006 ¹	variable	variable	variable	variable	variable	variable	0	0
10/1/2007	0.0%	0.0%	17.9%	17.9%	0.0%	0.0%	0.0%	0.0%
1/1/2008	0.0%	5.5%	-24.5%	0.0%	0.0%	0.0%	0.0%	0.0%
1/1/2009	0.0%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
7/1/2009	0.0%	5.9%	0.0%	8.8%	0.0%	0.0%	0.0%	0.0%
9/1/2009	0.0%	0.0%	32.0%	0.0%	0.0%	0.0%	0.0%	0.0%
9/1/2010	5.3%	0.0%	9.0%	0.0%	-12.0%	-12.0%	0.0%	0.0%
1/1/2012	0.0%	0.0%	7.9%	0.0%	2.0%	2.0%	0.0%	0.0%
1/1/2013	9.9%	3.0%	0.0%	9.9%	0.0%	0.0%	5.0%	5.0%
1/1/2014	15.0%	10.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

¹ Rate changes effective 10/1/2006 reflected a recalibration of regional relativities within plans. Please refer to SERFF filing numbers USPH-6R7P4K288, USPH-6R8J2W352, USPH-6R8JAV834, USPH-6R8JFH640, and USPH-6R8JPU5 for further details.

² Plans K and L did not become effective until 1/1/2007.

Exhibit III

Demonstrated Rate Increase at Minimum Loss Ratio Standard & Policy Form Target Loss Ratio

	Plan A/Mod A	Plan B/Mod B	Plan C	Plan F/Mod F	Plan High F	Plan G	Plan H	Plan K/L	Plan N
Claims (1/2013 - 12/2013)	\$3,959,820	\$59,661,722	\$2,532,622	\$15,426,498	\$1,029,373	\$113,942	\$11,226,567	\$113,762	\$10,176,738
Premium (1/2013 - 12/2013)	\$4,395,221	\$61,854,650	\$3,489,628	\$18,258,718	\$1,693,700	\$116,721	\$11,224,944	\$221,983	\$6,601,490
Member Months (1/2013 - 12/2013)	27,728	313,435	11,197	57,694	22,424	378	43,759	1,605	36,115
Experience Period Claims PMPM	\$ 142.81	\$ 190.35	\$ 226.18	\$ 267.38	\$ 45.91	\$ 301.39	\$ 256.55	\$ 70.88	\$ 281.79
Claims Trend	0.0%	7.0%	0.0%	4.0%	3.5%	3.0%	1.8%	0.0%	3.0%
Months of Trend	24	24	24	24	24	24	24	24	24
Projected Claims PMPM	\$142.81	\$ 217.93	\$ 226.18	\$ 289.20	\$ 49.17	\$ 319.75	\$ 265.97	\$ 70.88	\$ 298.95
Projected Market Stabilization PMPM	-\$13.07	-\$19.24	-\$14.10	-\$24.81	\$3.71	-\$33.73	-\$26.03	\$2.84	-\$16.07
Adjusted Claims PMPM	\$129.74	\$198.69	\$212.08	\$264.39	\$52.88	\$286.02	\$239.94	\$73.72	\$282.88
Administrative Expense PMPM	\$18.67	\$28.59	\$30.51	\$38.04	\$7.61	\$41.15	\$34.52	\$10.61	\$40.70
Profit & Contingency	\$4.59	\$7.03	\$7.50	\$9.35	\$1.87	\$10.12	\$8.49	\$2.61	\$10.01
Total Retention	\$23.26	\$35.61	\$38.01	\$47.39	\$9.48	\$51.27	\$43.01	\$13.21	\$50.70
Required Monthly Premium	\$152.99	\$234.30	\$250.10	\$311.78	\$62.36	\$337.29	\$282.95	\$86.93	\$333.58
Premium PMPM (at January 1, 2014 Rates)	\$182.57	\$217.76	\$311.45	\$315.81	\$75.24	\$315.42	\$255.66	\$138.10	\$208.94
Calculated Rate Increase	-16.2%	7.6%	-19.7%	-1.3%	-17.1%	6.9%	10.7%	-37.1%	59.7%
Proposed Rate Increase	0.0%	7.6%	0.0%	0.0%	0.0%	6.9%	9.9%	0.0%	15.0%

Exhibit IV
Prior Approval Data

<u>Empire's Current Monthly Rates (Effective January 1, 2014)</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>E</u>	<u>H</u>	<u>H "Lite"</u>	<u>K</u>	<u>L</u>
Downstate	\$ 185.91	\$ 220.92	\$ 316.49	\$ 323.91	\$ 298.81	\$ 227.09	\$ 113.25	\$ 154.25
Mid-Hudson	\$ 161.24	\$ 191.75	\$ 272.20	\$ 278.55	\$ 247.20	\$ 187.86	\$ 97.40	\$ 132.65
Upstate	\$ 140.61	\$ 167.23	\$ 237.37	\$ 242.92	\$ 224.87	\$ 170.66	\$ 84.95	\$ 115.69
 <u>Proposed Rates (Effective January 1, 2015)</u>								
Downstate	\$ 185.91	\$ 237.71	\$ 316.49	\$ 323.91	\$ 328.39	\$ 249.57	\$ 113.25	\$ 154.25
Mid-Hudson	\$ 161.24	\$ 206.32	\$ 272.20	\$ 278.55	\$ 271.67	\$ 206.46	\$ 97.40	\$ 132.65
Upstate	\$ 140.61	\$ 179.94	\$ 237.37	\$ 242.92	\$ 247.13	\$ 187.56	\$ 84.95	\$ 115.69
 <u>% Difference</u>								
Downstate	0.00%	7.60%	0.00%	0.00%	9.90%	9.90%	0.00%	0.00%
Mid-Hudson	0.00%	7.60%	0.00%	0.00%	9.90%	9.90%	0.00%	0.00%
Upstate	0.00%	7.60%	0.00%	0.00%	9.90%	9.90%	0.00%	0.00%
 <u>Dollar Difference</u>								
Downstate	\$ -	\$ 16.79	\$ -	\$ -	\$ 29.58	\$ 22.48	\$ -	\$ -
Mid-Hudson	\$ -	\$ 14.57	\$ -	\$ -	\$ 24.47	\$ 18.60	\$ -	\$ -
Upstate	\$ -	\$ 12.71	\$ -	\$ -	\$ 22.26	\$ 16.90	\$ -	\$ -
 Date of Last Rate Change	 1/1/2014	 1/1/2014	 1/1/2012	 1/1/2013	 1/1/2012	 1/1/2012	 1/1/2013	 1/1/2013

Note: Pre-65 and 65-and-over premium rates are equal.

EXHIBIT V

Display of Revised Monthly Rates

Effective January 1, 2015

Region	Plan A	Plan B	Plan C	Plan F	Plan H	Plan H "Lite"	Plan K	Plan L
	(Form EHAMSA)	(Form EHAMSB)	(Form EHAMSC-IND)	(Form EHAMSF-IND)	(Form EHAMSH-IND)	(Form EHAMSH-IND-05)	(Form EHAMSK-IND-06)	(Form EHAMSL-IND-06)
New York	\$185.91	\$237.71	\$316.49	\$323.91	\$328.39	\$249.57	\$113.25	\$154.25
Mid-Hudson	\$161.24	\$206.32	\$272.20	\$278.55	\$271.67	\$206.46	\$97.40	\$132.65
Albany	\$140.61	\$179.94	\$237.37	\$242.92	\$247.13	\$187.56	\$84.95	\$115.69

Exhibit VI-A
Historical & Projected Experience
MedSupp Plan A

Year	Earned Premium	Incurred Claims	Market		Average	Clms		Trend
			Stabilization	Loss Ratio	Lives	PMPM		
2007	\$ 5,191,472	\$ 4,046,426	\$ 233,122	73.5%	3,169	\$ 106.40		
2008	\$ 4,939,229	\$ 4,045,216	\$ 233,962	77.2%	3,018	\$ 111.70	5.0%	
2009	\$ 4,846,660	\$ 4,158,310	\$ 275,636	80.1%	2,962	\$ 116.99	4.7%	
2010	\$ 4,838,523	\$ 4,000,283	\$ 276,037	77.0%	2,890	\$ 115.35	-1.4%	
2011	\$ 4,604,777	\$ 4,030,251	\$ 289,356	81.2%	2,652	\$ 126.63	9.8%	
2012	\$ 4,401,817	\$ 4,768,062	\$ 297,228	101.6%	2,541	\$ 156.37	23.5%	
2013	\$ 4,395,221	\$ 3,959,820	\$ 355,316	82.0%	2,311	\$ 142.81	-8.7%	
2014	\$ 4,603,396	\$ 3,600,862	\$ 329,554	71.1%	2,101	\$ 142.81	0.0%	

Projections (with increase)

2015	\$ 4,186,098	\$ 3,274,444	\$ 299,680	71.1%	1,911	\$ 142.81	0.0%
2016	\$ 3,806,628	\$ 2,977,615	\$ 272,514	71.1%	1,738	\$ 142.81	0.0%
2017	\$ 3,461,557	\$ 2,707,694	\$ 247,811	71.1%	1,580	\$ 142.81	0.0%
2018	\$ 3,147,766	\$ 2,462,242	\$ 225,346	71.1%	1,437	\$ 142.81	0.0%
2019	\$ 2,862,421	\$ 2,239,039	\$ 204,919	71.1%	1,307	\$ 142.81	0.0%
2020	\$ 2,602,943	\$ 2,036,070	\$ 186,343	71.1%	1,188	\$ 142.81	0.0%
2021	\$ 2,366,986	\$ 1,851,500	\$ 169,451	71.1%	1,080	\$ 142.81	0.0%
2022	\$ 2,152,418	\$ 1,683,662	\$ 154,090	71.1%	982	\$ 142.81	0.0%
2023	\$ 1,957,302	\$ 1,531,038	\$ 140,122	71.1%	893	\$ 142.81	0.0%
2024	\$ 1,779,872	\$ 1,392,249	\$ 127,420	71.1%	812	\$ 142.81	0.0%
2025	\$ 1,618,527	\$ 1,266,042	\$ 115,869	71.1%	739	\$ 142.81	0.0%
2026	\$ 1,471,807	\$ 1,151,275	\$ 105,366	71.1%	672	\$ 142.81	0.0%
2027	\$ 1,338,388	\$ 1,046,912	\$ 95,814	71.1%	611	\$ 142.81	0.0%
2028	\$ 1,217,063	\$ 952,009	\$ 87,129	71.1%	556	\$ 142.81	0.0%
2029	\$ 1,106,736	\$ 865,710	\$ 79,230	71.1%	505	\$ 142.81	0.0%
2030	\$ 1,006,410	\$ 787,233	\$ 72,048	71.1%	459	\$ 142.81	0.0%
2031	\$ 915,179	\$ 715,870	\$ 65,517	71.1%	418	\$ 142.81	0.0%
2032	\$ 832,218	\$ 650,977	\$ 59,578	71.1%	380	\$ 142.81	0.0%
2033	\$ 756,778	\$ 591,966	\$ 54,177	71.1%	345	\$ 142.81	0.0%

* Projected enrollment figures assume an annual persistency rate of 90.93%.

* Claims projections assume an annual trend of 0% for all projection years.

* A 0% rate increase is assumed for 2014. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 4,186,098	\$ 3,274,444	\$ 299,680	71.1%	1,911	\$ 142.81	0.0%
2016	\$ 3,806,628	\$ 2,977,615	\$ 272,514	71.1%	1,738	\$ 142.81	0.0%
2017	\$ 3,461,557	\$ 2,707,694	\$ 247,811	71.1%	1,580	\$ 142.81	0.0%
2018	\$ 3,147,766	\$ 2,462,242	\$ 225,346	71.1%	1,437	\$ 142.81	0.0%
2019	\$ 2,862,421	\$ 2,239,039	\$ 204,919	71.1%	1,307	\$ 142.81	0.0%
2020	\$ 2,602,943	\$ 2,036,070	\$ 186,343	71.1%	1,188	\$ 142.81	0.0%
2021	\$ 2,366,986	\$ 1,851,500	\$ 169,451	71.1%	1,080	\$ 142.81	0.0%
2022	\$ 2,152,418	\$ 1,683,662	\$ 154,090	71.1%	982	\$ 142.81	0.0%
2023	\$ 1,957,302	\$ 1,531,038	\$ 140,122	71.1%	893	\$ 142.81	0.0%
2024	\$ 1,779,872	\$ 1,392,249	\$ 127,420	71.1%	812	\$ 142.81	0.0%
2025	\$ 1,618,527	\$ 1,266,042	\$ 115,869	71.1%	739	\$ 142.81	0.0%
2026	\$ 1,471,807	\$ 1,151,275	\$ 105,366	71.1%	672	\$ 142.81	0.0%
2027	\$ 1,338,388	\$ 1,046,912	\$ 95,814	71.1%	611	\$ 142.81	0.0%
2028	\$ 1,217,063	\$ 952,009	\$ 87,129	71.1%	556	\$ 142.81	0.0%
2029	\$ 1,106,736	\$ 865,710	\$ 79,230	71.1%	505	\$ 142.81	0.0%
2030	\$ 1,006,410	\$ 787,233	\$ 72,048	71.1%	459	\$ 142.81	0.0%
2031	\$ 915,179	\$ 715,870	\$ 65,517	71.1%	418	\$ 142.81	0.0%
2032	\$ 832,218	\$ 650,977	\$ 59,578	71.1%	380	\$ 142.81	0.0%
2033	\$ 756,778	\$ 591,966	\$ 54,177	71.1%	345	\$ 142.81	0.0%

Exhibit VI-B

Historical & Projected Experience MedSupp Plan B

Year	Earned Premium	Incurred Claims	Market		Average	Clms	Trend
			Stabilization	Loss Ratio	Lives	PMPM	
2007	\$ 110,556,758	\$ 95,111,154	\$ 6,805,461	79.9%	55,703	\$ 142.29	
2008	\$ 103,581,763	\$ 92,740,528	\$ 6,406,191	83.3%	49,546	\$ 155.98	9.6%
2009	\$ 97,195,432	\$ 80,280,752	\$ 6,315,720	76.1%	43,688	\$ 153.13	-1.8%
2010	\$ 88,776,602	\$ 73,251,134	\$ 6,081,114	75.7%	38,672	\$ 157.85	3.1%
2011	\$ 77,750,408	\$ 65,632,403	\$ 5,744,047	77.0%	38,700	\$ 141.33	-10.5%
2012	\$ 68,285,118	\$ 63,706,691	\$ 5,180,949	85.7%	29,659	\$ 179.00	26.7%
2013	\$ 61,854,650	\$ 59,661,722	\$ 5,424,052	87.7%	26,120	\$ 190.35	6.3%
2014	\$ 60,107,351	\$ 56,219,733	\$ 5,310,815	84.7%	23,002	\$ 203.67	7.0%
Projections (with increase)							
2015	\$ 56,957,259	\$ 52,976,319	\$ 4,677,033	84.8%	20,257	\$ 217.93	7.0%
2016	\$ 53,671,296	\$ 49,920,023	\$ 4,118,885	85.3%	17,840	\$ 233.18	7.0%
2017	\$ 50,574,905	\$ 47,040,050	\$ 3,627,345	85.8%	15,711	\$ 249.51	7.0%
2018	\$ 47,657,151	\$ 44,326,228	\$ 3,194,465	86.3%	13,836	\$ 266.97	7.0%
2019	\$ 44,907,727	\$ 41,768,970	\$ 2,813,243	86.7%	12,185	\$ 285.66	7.0%
2020	\$ 42,316,922	\$ 39,359,246	\$ 2,477,516	87.2%	10,731	\$ 305.66	7.0%
2021	\$ 39,875,585	\$ 37,088,542	\$ 2,181,854	87.5%	9,450	\$ 327.05	7.0%
2022	\$ 37,575,093	\$ 34,948,840	\$ 1,921,476	87.9%	8,322	\$ 349.95	7.0%
2023	\$ 35,407,320	\$ 32,932,580	\$ 1,692,171	88.2%	7,329	\$ 374.44	7.0%
2024	\$ 33,364,610	\$ 31,032,642	\$ 1,490,230	88.5%	6,455	\$ 400.65	7.0%
2025	\$ 31,439,748	\$ 29,242,315	\$ 1,312,389	88.8%	5,684	\$ 428.70	7.0%
2026	\$ 29,625,934	\$ 27,555,275	\$ 1,155,771	89.1%	5,006	\$ 458.71	7.0%
2027	\$ 27,916,762	\$ 25,965,563	\$ 1,017,844	89.4%	4,409	\$ 490.82	7.0%
2028	\$ 26,306,196	\$ 24,467,565	\$ 896,376	89.6%	3,882	\$ 525.18	7.0%
2029	\$ 24,788,546	\$ 23,055,988	\$ 789,404	89.8%	3,419	\$ 561.94	7.0%
2030	\$ 23,358,451	\$ 21,725,848	\$ 695,198	90.0%	3,011	\$ 601.27	7.0%
2031	\$ 22,010,861	\$ 20,472,446	\$ 612,235	90.2%	2,652	\$ 643.36	7.0%
2032	\$ 20,741,017	\$ 19,291,355	\$ 539,172	90.4%	2,335	\$ 688.40	7.0%
2033	\$ 19,544,431	\$ 18,178,403	\$ 474,828	90.6%	2,057	\$ 736.59	7.0%

* Projected enrollment figures assume an annual persistency rate of 88.07%.

* Claims projections assume an annual trend of 7% for all projection years.

* A 7.6% rate increase is assumed for 2014. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 52,934,256	\$ 52,976,319	\$ 4,677,033	91.2%	20,257	\$ 217.93	7.0%
2016	\$ 46,617,183	\$ 49,920,023	\$ 4,118,885	98.2%	17,840	\$ 233.18	7.0%
2017	\$ 41,053,978	\$ 47,040,050	\$ 3,627,345	105.7%	15,711	\$ 249.51	7.0%
2018	\$ 36,154,676	\$ 44,326,228	\$ 3,194,465	113.8%	13,836	\$ 266.97	7.0%
2019	\$ 31,840,046	\$ 41,768,970	\$ 2,813,243	122.3%	12,185	\$ 285.66	7.0%
2020	\$ 28,040,316	\$ 39,359,246	\$ 2,477,516	131.5%	10,731	\$ 305.66	7.0%
2021	\$ 24,694,039	\$ 37,088,542	\$ 2,181,854	141.4%	9,450	\$ 327.05	7.0%
2022	\$ 21,747,100	\$ 34,948,840	\$ 1,921,476	151.9%	8,322	\$ 349.95	7.0%
2023	\$ 19,151,843	\$ 32,932,580	\$ 1,692,171	163.1%	7,329	\$ 374.44	7.0%
2024	\$ 16,866,299	\$ 31,032,642	\$ 1,490,230	175.2%	6,455	\$ 400.65	7.0%
2025	\$ 14,853,507	\$ 29,242,315	\$ 1,312,389	188.0%	5,684	\$ 428.70	7.0%
2026	\$ 13,080,918	\$ 27,555,275	\$ 1,155,771	201.8%	5,006	\$ 458.71	7.0%
2027	\$ 11,519,867	\$ 25,965,563	\$ 1,017,844	216.6%	4,409	\$ 490.82	7.0%
2028	\$ 10,145,108	\$ 24,467,565	\$ 896,376	232.3%	3,882	\$ 525.18	7.0%
2029	\$ 8,934,410	\$ 23,055,988	\$ 789,404	249.2%	3,419	\$ 561.94	7.0%
2030	\$ 7,868,195	\$ 21,725,848	\$ 695,198	267.3%	3,011	\$ 601.27	7.0%
2031	\$ 6,929,220	\$ 20,472,446	\$ 612,235	286.6%	2,652	\$ 643.36	7.0%
2032	\$ 6,102,300	\$ 19,291,355	\$ 539,172	307.3%	2,335	\$ 688.40	7.0%
2033	\$ 5,374,063	\$ 18,178,403	\$ 474,828	329.4%	2,057	\$ 736.59	7.0%

Exhibit VI-C
Historical & Projected Experience
MedSupp Plan C

Year	Earned Premium	Incurred Claims	Market		Average	Clms		Trend
			Stabilization	Loss Ratio	Lives	PMPM		
2007	\$ 1,098,837	\$ 1,510,051	\$ 139,228	124.8%	391	\$ 321.63		
2008	\$ 1,375,299	\$ 2,235,658	\$ 115,006	154.2%	524	\$ 355.54	10.5%	
2009	\$ 4,758,929	\$ 6,709,354	\$ 224,660	136.3%	1,784	\$ 313.40	-11.9%	
2010	\$ 5,886,021	\$ 6,101,616	\$ 382,617	97.2%	1,803	\$ 282.01	-10.0%	
2011	\$ 4,854,124	\$ 4,471,886	\$ 317,076	85.6%	1,397	\$ 266.80	-5.4%	
2012	\$ 4,118,948	\$ 3,731,682	\$ 167,680	86.5%	1,099	\$ 282.93	6.0%	
2013	\$ 3,489,628	\$ 2,532,622	\$ 161,627	67.9%	933	\$ 226.18	-20.1%	
2014	\$ 2,960,639	\$ 2,150,059	\$ 134,033	68.1%	792	\$ 226.18	0.0%	

Projections (with increase)

2015	\$ 2,513,422	\$ 1,825,283	\$ 113,787	68.1%	672	\$ 226.18	0.0%
2016	\$ 2,133,759	\$ 1,549,566	\$ 96,599	68.1%	571	\$ 226.18	0.0%
2017	\$ 1,811,445	\$ 1,315,498	\$ 82,007	68.1%	485	\$ 226.18	0.0%
2018	\$ 1,537,819	\$ 1,116,786	\$ 69,620	68.1%	411	\$ 226.18	0.0%
2019	\$ 1,305,525	\$ 948,091	\$ 59,103	68.1%	349	\$ 226.18	0.0%
2020	\$ 1,108,320	\$ 804,878	\$ 50,175	68.1%	297	\$ 226.18	0.0%
2021	\$ 940,903	\$ 683,297	\$ 42,596	68.1%	252	\$ 226.18	0.0%
2022	\$ 798,776	\$ 580,082	\$ 36,162	68.1%	214	\$ 226.18	0.0%
2023	\$ 678,117	\$ 492,459	\$ 30,699	68.1%	181	\$ 226.18	0.0%
2024	\$ 575,685	\$ 418,071	\$ 26,062	68.1%	154	\$ 226.18	0.0%
2025	\$ 488,725	\$ 354,919	\$ 22,125	68.1%	131	\$ 226.18	0.0%
2026	\$ 414,901	\$ 301,307	\$ 18,783	68.1%	111	\$ 226.18	0.0%
2027	\$ 352,229	\$ 255,793	\$ 15,946	68.1%	94	\$ 226.18	0.0%
2028	\$ 299,023	\$ 217,155	\$ 13,537	68.1%	80	\$ 226.18	0.0%
2029	\$ 253,854	\$ 184,353	\$ 11,492	68.1%	68	\$ 226.18	0.0%
2030	\$ 215,508	\$ 156,505	\$ 9,756	68.1%	58	\$ 226.18	0.0%
2031	\$ 182,955	\$ 132,865	\$ 8,283	68.1%	49	\$ 226.18	0.0%
2032	\$ 155,319	\$ 112,795	\$ 7,032	68.1%	42	\$ 226.18	0.0%
2033	\$ 131,857	\$ 95,757	\$ 5,969	68.1%	35	\$ 226.18	0.0%

* Projected enrollment figures assume an annual persistency rate of 84.89%.

* Claims projections assume an annual trend of 0% for all projection years.

* A 0% rate increase is assumed for 2014. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 2,513,422	\$ 1,825,283	\$ 113,787	68.1%	672	\$ 226.18	0.0%
2016	\$ 2,133,759	\$ 1,549,566	\$ 96,599	68.1%	571	\$ 226.18	0.0%
2017	\$ 1,811,445	\$ 1,315,498	\$ 82,007	68.1%	485	\$ 226.18	0.0%
2018	\$ 1,537,819	\$ 1,116,786	\$ 69,620	68.1%	411	\$ 226.18	0.0%
2019	\$ 1,305,525	\$ 948,091	\$ 59,103	68.1%	349	\$ 226.18	0.0%
2020	\$ 1,108,320	\$ 804,878	\$ 50,175	68.1%	297	\$ 226.18	0.0%
2021	\$ 940,903	\$ 683,297	\$ 42,596	68.1%	252	\$ 226.18	0.0%
2022	\$ 798,776	\$ 580,082	\$ 36,162	68.1%	214	\$ 226.18	0.0%
2023	\$ 678,117	\$ 492,459	\$ 30,699	68.1%	181	\$ 226.18	0.0%
2024	\$ 575,685	\$ 418,071	\$ 26,062	68.1%	154	\$ 226.18	0.0%
2025	\$ 488,725	\$ 354,919	\$ 22,125	68.1%	131	\$ 226.18	0.0%
2026	\$ 414,901	\$ 301,307	\$ 18,783	68.1%	111	\$ 226.18	0.0%
2027	\$ 352,229	\$ 255,793	\$ 15,946	68.1%	94	\$ 226.18	0.0%
2028	\$ 299,023	\$ 217,155	\$ 13,537	68.1%	80	\$ 226.18	0.0%
2029	\$ 253,854	\$ 184,353	\$ 11,492	68.1%	68	\$ 226.18	0.0%
2030	\$ 215,508	\$ 156,505	\$ 9,756	68.1%	58	\$ 226.18	0.0%
2031	\$ 182,955	\$ 132,865	\$ 8,283	68.1%	49	\$ 226.18	0.0%
2032	\$ 155,319	\$ 112,795	\$ 7,032	68.1%	42	\$ 226.18	0.0%
2033	\$ 131,857	\$ 95,757	\$ 5,969	68.1%	35	\$ 226.18	0.0%

Exhibit VI-F
Historical & Projected Experience
MedSupp Plan F

Year	Earned Premium	Incurred Claims	Market		Average	Clms		Trend
			Stabilization	Loss Ratio	Lives	PMPM		
2007	\$ 14,556,168	\$ 13,077,569	\$ 906,774	83.6%	5,181	\$ 210.37		
2008	\$ 16,491,420	\$ 14,397,245	\$ 977,393	81.4%	5,201	\$ 230.68	9.7%	
2009	\$ 16,343,190	\$ 13,367,660	\$ 863,847	76.5%	4,930	\$ 225.96	-2.0%	
2010	\$ 16,427,728	\$ 13,027,952	\$ 841,865	74.2%	4,740	\$ 229.04	1.4%	
2011	\$ 16,636,154	\$ 14,652,695	\$ 801,650	83.3%	4,789	\$ 254.99	11.3%	
2012	\$ 17,060,467	\$ 15,200,007	\$ 1,135,824	82.4%	4,919	\$ 257.51	1.0%	
2013	\$ 18,258,718	\$ 15,426,498	\$ 1,212,297	77.8%	4,808	\$ 267.38	3.8%	
2014	\$ 17,808,963	\$ 15,681,269	\$ 1,399,074	80.2%	4,699	\$ 278.08	4.0%	

Projections (with increase)

2015	\$ 17,406,809	\$ 15,940,247	\$ 1,367,480	83.7%	4,593	\$ 289.20	4.0%
2016	\$ 17,694,285	\$ 16,203,503	\$ 1,336,600	84.0%	4,489	\$ 300.77	4.0%
2017	\$ 17,986,508	\$ 16,471,106	\$ 1,306,418	84.3%	4,388	\$ 312.80	4.0%
2018	\$ 18,283,558	\$ 16,743,129	\$ 1,276,917	84.6%	4,289	\$ 325.31	4.0%
2019	\$ 18,585,514	\$ 17,019,644	\$ 1,248,082	84.9%	4,192	\$ 338.33	4.0%
2020	\$ 18,892,456	\$ 17,300,726	\$ 1,219,898	85.1%	4,097	\$ 351.86	4.0%
2021	\$ 19,204,468	\$ 17,586,450	\$ 1,192,351	85.4%	4,005	\$ 365.93	4.0%
2022	\$ 19,521,632	\$ 17,876,892	\$ 1,165,426	85.6%	3,915	\$ 380.57	4.0%
2023	\$ 19,844,035	\$ 18,172,132	\$ 1,139,109	85.8%	3,826	\$ 395.79	4.0%
2024	\$ 20,171,762	\$ 18,472,247	\$ 1,113,386	86.1%	3,740	\$ 411.62	4.0%
2025	\$ 20,504,901	\$ 18,777,319	\$ 1,088,244	86.3%	3,655	\$ 428.09	4.0%
2026	\$ 20,843,543	\$ 19,087,429	\$ 1,063,670	86.5%	3,573	\$ 445.21	4.0%
2027	\$ 21,187,777	\$ 19,402,661	\$ 1,039,650	86.7%	3,492	\$ 463.02	4.0%
2028	\$ 21,537,696	\$ 19,723,098	\$ 1,016,173	86.9%	3,413	\$ 481.54	4.0%
2029	\$ 21,893,394	\$ 20,048,828	\$ 993,226	87.0%	3,336	\$ 500.80	4.0%
2030	\$ 22,254,967	\$ 20,379,937	\$ 970,798	87.2%	3,261	\$ 520.84	4.0%
2031	\$ 22,622,511	\$ 20,716,515	\$ 948,876	87.4%	3,187	\$ 541.67	4.0%
2032	\$ 22,996,125	\$ 21,058,651	\$ 927,449	87.5%	3,115	\$ 563.34	4.0%
2033	\$ 23,375,909	\$ 21,406,438	\$ 906,505	87.7%	3,045	\$ 585.87	4.0%

* Projected enrollment figures assume an annual persistency rate of 97.74%.

* Claims projections assume an annual trend of 4% for all projection years.

* A 0% rate increase is assumed for 2014. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 17,406,809	\$ 15,940,247	\$ 1,367,480	83.7%	4,593	\$ 289.20	4.0%
2016	\$ 17,013,735	\$ 16,203,503	\$ 1,336,600	87.4%	4,489	\$ 300.77	4.0%
2017	\$ 16,629,538	\$ 16,471,106	\$ 1,306,418	91.2%	4,388	\$ 312.80	4.0%
2018	\$ 16,254,017	\$ 16,743,129	\$ 1,276,917	95.2%	4,289	\$ 325.31	4.0%
2019	\$ 15,886,975	\$ 17,019,644	\$ 1,248,082	99.3%	4,192	\$ 338.33	4.0%
2020	\$ 15,528,222	\$ 17,300,726	\$ 1,219,898	103.6%	4,097	\$ 351.86	4.0%
2021	\$ 15,177,570	\$ 17,586,450	\$ 1,192,351	108.0%	4,005	\$ 365.93	4.0%
2022	\$ 14,834,836	\$ 17,876,892	\$ 1,165,426	112.7%	3,915	\$ 380.57	4.0%
2023	\$ 14,499,842	\$ 18,172,132	\$ 1,139,109	117.5%	3,826	\$ 395.79	4.0%
2024	\$ 14,172,412	\$ 18,472,247	\$ 1,113,386	122.5%	3,740	\$ 411.62	4.0%
2025	\$ 13,852,377	\$ 18,777,319	\$ 1,088,244	127.7%	3,655	\$ 428.09	4.0%
2026	\$ 13,539,568	\$ 19,087,429	\$ 1,063,670	133.1%	3,573	\$ 445.21	4.0%
2027	\$ 13,233,823	\$ 19,402,661	\$ 1,039,650	138.8%	3,492	\$ 463.02	4.0%
2028	\$ 12,934,982	\$ 19,723,098	\$ 1,016,173	144.6%	3,413	\$ 481.54	4.0%
2029	\$ 12,642,890	\$ 20,048,828	\$ 993,226	150.7%	3,336	\$ 500.80	4.0%
2030	\$ 12,357,393	\$ 20,379,937	\$ 970,798	157.1%	3,261	\$ 520.84	4.0%
2031	\$ 12,078,343	\$ 20,716,515	\$ 948,876	163.7%	3,187	\$ 541.67	4.0%
2032	\$ 11,805,595	\$ 21,058,651	\$ 927,449	170.5%	3,115	\$ 563.34	4.0%
2033	\$ 11,539,006	\$ 21,406,438	\$ 906,505	177.7%	3,045	\$ 585.87	4.0%

Exhibit VI-H

Historical & Projected Experience MedSupp Plan H

Year	Earned Premium	Incurred Claims	Market		Average	Clms		Trend
			Stabilization	Loss Ratio	Lives	PMPM		
2007	\$ 28,101,637	\$ 21,063,844	\$ 1,786,856	68.6%	7,832	\$ 224.11		
2008	\$ 23,175,516	\$ 18,938,004	\$ 1,467,983	75.4%	6,949	\$ 227.11	1.3%	
2009	\$ 20,981,289	\$ 16,307,064	\$ 1,413,149	71.0%	6,092	\$ 223.07	-1.8%	
2010	\$ 17,942,592	\$ 14,637,611	\$ 1,283,511	74.4%	5,383	\$ 226.60	1.6%	
2011	\$ 14,399,667	\$ 11,643,742	\$ 1,102,799	73.2%	4,728	\$ 205.24	-9.4%	
2012	\$ 12,864,735	\$ 11,332,293	\$ 1,013,883	80.2%	4,158	\$ 227.15	10.7%	
2013	\$ 11,224,944	\$ 11,226,567	\$ 981,308	91.3%	3,647	\$ 256.55	12.9%	
2014	\$ 9,812,856	\$ 10,026,332	\$ 999,115	92.0%	3,199	\$ 261.22	1.8%	

Projections (with increase)

2015	\$ 9,459,255	\$ 8,954,414	\$ 876,353	85.4%	2,806	\$ 265.97	1.8%
2016	\$ 8,447,963	\$ 7,997,095	\$ 768,675	85.6%	2,461	\$ 270.81	1.8%
2017	\$ 7,544,789	\$ 7,142,123	\$ 674,228	85.7%	2,158	\$ 275.74	1.8%
2018	\$ 6,738,174	\$ 6,378,557	\$ 591,385	85.9%	1,893	\$ 280.75	1.8%
2019	\$ 6,017,794	\$ 5,696,624	\$ 518,722	86.0%	1,661	\$ 285.86	1.8%
2020	\$ 5,374,430	\$ 5,087,596	\$ 454,986	86.2%	1,457	\$ 291.06	1.8%
2021	\$ 4,799,848	\$ 4,543,680	\$ 399,082	86.3%	1,278	\$ 296.36	1.8%
2022	\$ 4,286,695	\$ 4,057,914	\$ 350,047	86.5%	1,121	\$ 301.75	1.8%
2023	\$ 3,828,403	\$ 3,624,081	\$ 307,036	86.6%	983	\$ 307.24	1.8%
2024	\$ 3,419,108	\$ 3,236,629	\$ 269,311	86.8%	862	\$ 312.83	1.8%
2025	\$ 3,053,570	\$ 2,890,600	\$ 236,220	86.9%	756	\$ 318.53	1.8%
2026	\$ 2,727,112	\$ 2,581,566	\$ 207,196	87.1%	663	\$ 324.32	1.8%
2027	\$ 2,435,556	\$ 2,305,570	\$ 181,738	87.2%	582	\$ 330.22	1.8%
2028	\$ 2,175,170	\$ 2,059,081	\$ 159,407	87.3%	510	\$ 336.23	1.8%
2029	\$ 1,942,622	\$ 1,838,944	\$ 139,821	87.5%	448	\$ 342.35	1.8%
2030	\$ 1,734,935	\$ 1,642,342	\$ 122,641	87.6%	393	\$ 348.58	1.8%
2031	\$ 1,549,453	\$ 1,466,759	\$ 107,572	87.7%	344	\$ 354.92	1.8%
2032	\$ 1,383,801	\$ 1,309,947	\$ 94,355	87.8%	302	\$ 361.38	1.8%
2033	\$ 1,235,858	\$ 1,169,900	\$ 82,761	88.0%	265	\$ 367.96	1.8%

* Projected enrollment figures assume an annual persistency rate of 87.71%.

* Claims projections assume an annual trend of 1.8% for all projection years.

* A 9.9% rate increase is assumed for 2014. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 8,607,147	\$ 8,954,414	\$ 876,353	93.9%	2,806	\$ 265.97	1.8%
2016	\$ 7,549,585	\$ 7,997,095	\$ 768,675	95.7%	2,461	\$ 270.81	1.8%
2017	\$ 6,621,965	\$ 7,142,123	\$ 674,228	97.7%	2,158	\$ 275.74	1.8%
2018	\$ 5,808,322	\$ 6,378,557	\$ 591,385	99.6%	1,893	\$ 280.75	1.8%
2019	\$ 5,094,651	\$ 5,696,624	\$ 518,722	101.6%	1,661	\$ 285.86	1.8%
2020	\$ 4,468,670	\$ 5,087,596	\$ 454,986	103.7%	1,457	\$ 291.06	1.8%
2021	\$ 3,919,603	\$ 4,543,680	\$ 399,082	105.7%	1,278	\$ 296.36	1.8%
2022	\$ 3,438,000	\$ 4,057,914	\$ 350,047	107.8%	1,121	\$ 301.75	1.8%
2023	\$ 3,015,572	\$ 3,624,081	\$ 307,036	110.0%	983	\$ 307.24	1.8%
2024	\$ 2,645,048	\$ 3,236,629	\$ 269,311	112.2%	862	\$ 312.83	1.8%
2025	\$ 2,320,050	\$ 2,890,600	\$ 236,220	114.4%	756	\$ 318.53	1.8%
2026	\$ 2,034,985	\$ 2,581,566	\$ 207,196	116.7%	663	\$ 324.32	1.8%
2027	\$ 1,784,945	\$ 2,305,570	\$ 181,738	119.0%	582	\$ 330.22	1.8%
2028	\$ 1,565,629	\$ 2,059,081	\$ 159,407	121.3%	510	\$ 336.23	1.8%
2029	\$ 1,373,259	\$ 1,838,944	\$ 139,821	123.7%	448	\$ 342.35	1.8%
2030	\$ 1,204,527	\$ 1,642,342	\$ 122,641	126.2%	393	\$ 348.58	1.8%
2031	\$ 1,056,526	\$ 1,466,759	\$ 107,572	128.6%	344	\$ 354.92	1.8%
2032	\$ 926,710	\$ 1,309,947	\$ 94,355	131.2%	302	\$ 361.38	1.8%
2033	\$ 812,845	\$ 1,169,900	\$ 82,761	133.7%	265	\$ 367.96	1.8%

Exhibit VI-I

Historical & Projected Experience MedSupp Plan K & L

Year	Earned Premium	Incurred Claims	Market		Average Lives	Clms		Trend
			Stabilization	Loss Ratio		PMPM		
2007	\$ 14,592	\$ 8,550	\$ -	58.6%	10	\$ 73.71		
2008	\$ 61,039	\$ 58,927	\$ 1,429	94.2%	39	\$ 125.91	70.8%	
2009	\$ 170,923	\$ 87,626	\$ 3,604	49.2%	112	\$ 65.05	-48.3%	
2010	\$ 330,059	\$ 217,267	\$ (8,732)	68.5%	210	\$ 86.25	32.6%	
2011	\$ 284,058	\$ 259,513	\$ (7,597)	94.0%	180	\$ 119.92	39.0%	
2012	\$ 236,959	\$ 172,189	\$ (9,485)	76.7%	150	\$ 95.61	-20.3%	
2013	\$ 221,983	\$ 113,761	\$ (6,883)	54.3%	134	\$ 70.88	-25.9%	
2014	\$ 197,531	\$ 101,381	\$ (4,062)	53.4%	119	\$ 70.88	0.0%	

Projections (with increase)

2015	\$ 176,034	\$ 90,347	\$ (3,620)	53.4%	106	\$ 70.88	0.0%	
2016	\$ 156,876	\$ 80,515	\$ (3,226)	53.4%	95	\$ 70.88	0.0%	
2017	\$ 139,804	\$ 71,753	\$ (2,875)	53.4%	84	\$ 70.88	0.0%	
2018	\$ 124,589	\$ 63,944	\$ (2,562)	53.4%	75	\$ 70.88	0.0%	
2019	\$ 111,030	\$ 56,985	\$ (2,283)	53.4%	67	\$ 70.88	0.0%	
2020	\$ 98,947	\$ 50,784	\$ (2,035)	53.4%	60	\$ 70.88	0.0%	
2021	\$ 88,179	\$ 45,257	\$ (1,813)	53.4%	53	\$ 70.88	0.0%	
2022	\$ 78,582	\$ 40,332	\$ (1,616)	53.4%	47	\$ 70.88	0.0%	
2023	\$ 70,030	\$ 35,942	\$ (1,440)	53.4%	42	\$ 70.88	0.0%	
2024	\$ 62,409	\$ 32,031	\$ (1,283)	53.4%	38	\$ 70.88	0.0%	
2025	\$ 55,617	\$ 28,545	\$ (1,144)	53.4%	34	\$ 70.88	0.0%	
2026	\$ 49,564	\$ 25,438	\$ (1,019)	53.4%	30	\$ 70.88	0.0%	
2027	\$ 44,170	\$ 22,670	\$ (908)	53.4%	27	\$ 70.88	0.0%	
2028	\$ 39,363	\$ 20,203	\$ (809)	53.4%	24	\$ 70.88	0.0%	
2029	\$ 35,080	\$ 18,004	\$ (721)	53.4%	21	\$ 70.88	0.0%	
2030	\$ 31,262	\$ 16,045	\$ (643)	53.4%	19	\$ 70.88	0.0%	
2031	\$ 27,860	\$ 14,299	\$ (573)	53.4%	17	\$ 70.88	0.0%	
2032	\$ 24,828	\$ 12,743	\$ (511)	53.4%	15	\$ 70.88	0.0%	
2033	\$ 22,126	\$ 11,356	\$ (455)	53.4%	13	\$ 70.88	0.0%	

* Projected enrollment figures assume an annual persistency rate of 89.12%.

* Claims projections assume an annual trend of 0% for all projection years.

* A 0% rate increase is assumed for 2014. Rate increases in 2016 and beyond are set equal to trend.

* Market stabilization is assumed to be flat on a PMPM basis.

Projections (without increase)

2015	\$ 176,034	\$ 90,347	\$ (3,620)	53.4%	106	\$ 70.88	0.0%	
2016	\$ 156,876	\$ 80,515	\$ (3,226)	53.4%	95	\$ 70.88	0.0%	
2017	\$ 139,804	\$ 71,753	\$ (2,875)	53.4%	84	\$ 70.88	0.0%	
2018	\$ 124,589	\$ 63,944	\$ (2,562)	53.4%	75	\$ 70.88	0.0%	
2019	\$ 111,030	\$ 56,985	\$ (2,283)	53.4%	67	\$ 70.88	0.0%	
2020	\$ 98,947	\$ 50,784	\$ (2,035)	53.4%	60	\$ 70.88	0.0%	
2021	\$ 88,179	\$ 45,257	\$ (1,813)	53.4%	53	\$ 70.88	0.0%	
2022	\$ 78,582	\$ 40,332	\$ (1,616)	53.4%	47	\$ 70.88	0.0%	
2023	\$ 70,030	\$ 35,942	\$ (1,440)	53.4%	42	\$ 70.88	0.0%	
2024	\$ 62,409	\$ 32,031	\$ (1,283)	53.4%	38	\$ 70.88	0.0%	
2025	\$ 55,617	\$ 28,545	\$ (1,144)	53.4%	34	\$ 70.88	0.0%	
2026	\$ 49,564	\$ 25,438	\$ (1,019)	53.4%	30	\$ 70.88	0.0%	
2027	\$ 44,170	\$ 22,670	\$ (908)	53.4%	27	\$ 70.88	0.0%	
2028	\$ 39,363	\$ 20,203	\$ (809)	53.4%	24	\$ 70.88	0.0%	
2029	\$ 35,080	\$ 18,004	\$ (721)	53.4%	21	\$ 70.88	0.0%	
2030	\$ 31,262	\$ 16,045	\$ (643)	53.4%	19	\$ 70.88	0.0%	
2031	\$ 27,860	\$ 14,299	\$ (573)	53.4%	17	\$ 70.88	0.0%	
2032	\$ 24,828	\$ 12,743	\$ (511)	53.4%	15	\$ 70.88	0.0%	
2033	\$ 22,126	\$ 11,356	\$ (455)	53.4%	13	\$ 70.88	0.0%	

TraditionPlus Medicare Supplemental Program, Plan A

Form Number: EHAMSA-IND

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 185.91	\$ 185.91
Mid-Hudson Region	\$ 161.24	\$ 161.24
Albany Region	\$ 140.61	\$ 140.61

Note: The rates above are monthly rates.

Actual rates are billed quarterly and are three times the monthly rates.

TraditionPlus Medicare Supplemental Program, Plan B

Form Number: EHAMSB-IND

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 237.71	\$ 237.71
Mid-Hudson Region	\$ 206.32	\$ 206.32
Albany Region	\$ 179.94	\$ 179.94

Note: The rates above are monthly rates.

Actual rates are billed quarterly and are three times the monthly rates.

TraditionPlus Medicare Supplemental Program, Plan C

Form Number: EHAMSC-IND

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 316.49	\$ 316.49
Mid-Hudson Region	\$ 272.20	\$ 272.20
Albany Region	\$ 237.37	\$ 237.37

Note: The rates above are monthly rates.

Actual rates are billed quarterly and are three times the monthly rates.

TraditionPlus Medicare Supplemental Program, Plan F

Form Number: EHAMSF-IND

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 323.91	\$ 323.91
Mid-Hudson Region	\$ 278.55	\$ 278.55
Albany Region	\$ 242.92	\$ 242.92

Note: The rates above are monthly rates.

Actual rates are billed quarterly and are three times the monthly rates.

TraditionPlus Medicare Supplemental Program, Plan H
Form Number: EHAMSH-IND
Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 328.39	\$ 328.39
Mid-Hudson Region	\$ 271.67	\$ 271.67
Albany Region	\$ 247.13	\$ 247.13

Note: The rates above are monthly rates.
Actual rates are billed quarterly and are three times the monthly rates.

TraditionPlus Medicare Supplemental Program, Plan H "Lite"
Form Number: EHAMSH-IND-05
Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 249.57	\$ 249.57
Mid-Hudson Region	\$ 206.46	\$ 206.46
Albany Region	\$ 187.56	\$ 187.56

Note: The rates above are monthly rates.
Actual rates are billed quarterly and are three times the monthly rates.

TraditionPlus Medicare Supplemental Program, Plan K

Form Number: EHAMSK-IND-06

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 113.25	\$ 113.25
Mid-Hudson Region	\$ 97.40	\$ 97.40
Albany Region	\$ 84.95	\$ 84.95

Note: The rates above are monthly rates.

Actual rates are billed quarterly and are three times the monthly rates.

TraditionPlus Medicare Supplemental Program, Plan L

Form Number: EHAMSL-IND-06

Individual Product Monthly Rates Effective January 1, 2015

	<u>65 and Over</u>	<u>Under 65</u>
New York Region	\$ 154.25	\$ 154.25
Mid-Hudson Region	\$ 132.65	\$ 132.65
Albany Region	\$ 115.69	\$ 115.69

Note: The rates above are monthly rates.

Actual rates are billed quarterly and are three times the monthly rates.



Empire BlueCross
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

Important Premium Information

<Member name> <Date>
<Member Address 1>
[<Member Address 2>]
[<Member Address 3>]
<City, State Zip code>

Dear Member:

We would like to thank you for choosing **Empire BlueCross** to help with your health care coverage needs. We value the trust you have placed in us.

We notified you in <Month, Year> that we had filed proposed rates with the New York State Department of Financial Services (DFS) for their review and approval. That process is now complete and we have received the DFS’s final disposition on our proposed rate actions.

Your current [monthly] [quarterly] semi-annual] [annual] premium is <\$XXX.XX>. Effective <Date>, the [monthly] [quarterly] [semi-annual] [annual] amount of your premium will be <\$XXX.XX>.

Under New York law, you have the right to choose someone, (a third-party designee) to get notices about your premiums and policy. The person you select would receive notice of missed premium payments, or if your coverage has been cancelled due to non-payment. Choosing a third-party to get these notices can help you keep premiums current if you are away from home.

If you have already designated a third party, you do not have to do anything. If you would like to choose someone to receive these premium notices, you can obtain the **Authorization for Third Party Designation to Receive Nonpayment of Premium Notices** form by calling **Customer Service toll-free at <1-800-261-5962, between 8:00 a.m. and 6:00 p.m. EST, Monday through Friday. (TTY callers may use 711)>**, or by visiting our website, **www.empireblue.com**, from there select:

- <• “Customer Support”
- Click on “I Need to Download Forms”
- Locate the Medicare Supplement Third Party Designation in the Authorization section
- Print and return to us as instructed on the form.>

(continued)

Please be assured that any change in your premium does not affect your benefits. If you would like to stay with your current coverage, just continue making your premium payment. You will continue to have the benefits you have come to rely on. We're always here to help and answer any questions you may have.

If you have questions about your current coverage or would like to ask about other Medicare Supplement plans we offer, contact your **Empire BlueCross** agent or broker, or call **Customer Service toll-free at <1-800-261-5962, from 8:00 a.m. to 6:00 p.m. EST, Monday through Friday. TTY users may call 711.>** Ask for a Health Plan Advisor who can help you with plan options that may better suit your needs.

[We have enclosed important information we are required to send to our members each year.]

Thank you for your membership. We look forward to continuing to provide the quality health benefits you have come to expect from us.

Sincerely,

A handwritten signature in black ink, appearing to read "Marc S. Russo", with a horizontal line extending to the right.

<Marc S. Russo>
<President, Medicare>

[Enclosures]

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



Empire BlueCross
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

Important Premium Information

<Member name> <Date>
<Member Address 1>
[<Member Address 2>]
[<Member Address 3>]
<City, State Zip code>

Dear Member:

We would like to thank you for choosing **Empire BlueCross** to help with your health care coverage needs. We value the trust you have placed in us.

We notified you in <June 2012>, that we had filed proposed rates with the New York State Department of Financial Services (DFS) for their review and approval. That process is now complete and we have received the DFS’s final disposition on our proposed rate actions.

Your current [monthly] [quarterly] semi-annual] [annual] premium is <\$XXX.XX>. Effective <Date>, the [monthly] [quarterly] [semi-annual] [annual] amount of your premium will be <\$XXX.XX>. Your statement or automatic bank account deduction will reflect the premium change and include any applicable discounts.

Under New York law, you have the right to choose someone, (a third-party designee) to get notices about your premiums and policy. The person you select would receive notice of missed premium payments, or if your coverage has been cancelled due to non-payment. Choosing a third-party to get these notices can help you keep premiums current if you are away from home.

If you have already designated a third party, you do not have to do anything. If you would like to choose someone to receive these premium notices, you can obtain the **Authorization for Third Party Designation to Receive Nonpayment of Premium Notices** form by calling **Customer Service toll-free at <1-800-261-5962, between 8:00 a.m. and 6:00 p.m. EST, Monday through Friday. TTY users may call 711, or by visiting our website, www.empireblue.com,>** from there select:

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(continued)

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Our automatic draft payment option is a convenient way to make your monthly premium payment. No matter where you are or what you are doing, you can be certain your payment will be on time, every time. In addition to saving postage, you will get a discount of up to \$24.00 per year (\$2 per month). For more information, or to enroll, please contact Customer Service and ask for the Medicare Supplement Premium Payment Form.

If you have questions about your current coverage or would like to ask about other Medicare Supplement plans we offer, contact your **Empire BlueCross** agent or broker, or call **Customer Service toll-free at <1-800-261-5962, from 8:00 a.m. to 6:00 p.m. EST, Monday through Friday. TTY users may call 711>**. Ask for a Health Plan Advisor who can help you with plan options that may better suit your needs.

[We have enclosed important information we are required to send to our members each year.]

Thank you for your membership. We look forward to continuing to provide the quality health benefits you have come to expect from us.

Sincerely,



<Marc S. Russo>
<President, Medicare>

[Enclosures]

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Empire BlueCross BlueShield
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

Important Premium Information

<Member name> <Date>
<Member Address 1>
[<Member Address 2>]
[<Member Address 3>]
<City, State Zip code>

Dear Member:

We would like to thank you for choosing **Empire BlueCross BlueShield** to help with your health care coverage needs. We value the trust you have placed in us.

We notified you in <Month, Year> that we had filed proposed rates with the New York State Department of Financial Services (DFS) for their review and approval. That process is now complete and we have received the DFS's final disposition on our proposed rate actions.

Your current [monthly] [quarterly] semi-annual] [annual] premium is <\$XXX.XX>. Effective <Date>, the [monthly] [quarterly] semi-annual] [annual] amount of your premium will be <\$XXX.XX>.

Under New York law, you have the right to choose someone, (a third-party designee) to get notices about your premiums and policy. The person you select would receive notice of missed premium payments, or if your coverage has been cancelled due to non-payment. Choosing a third-party to get these notices can help you keep premiums current if you are away from home.

If you have already designated a third party, you do not have to do anything. If you would like to choose someone to receive these premium notices, you can obtain the ***Authorization for Third Party Designation to Receive Nonpayment of Premium Notices*** form by calling **Customer Service toll-free at <1-800-261-5962, between 8:00 a.m. and 6:00 p.m. EST, Monday through Friday. (TTY callers may use 711)>**, or by visiting our website, **www.empireblue.com**, from there select:

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Sincerely,



<Marc S. Russo>
<President, Medicare>

[Enclosures]

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Empire BlueCross BlueShield
P.O. Box 1407 Church Street Station
New York, NY 10008-1407

Important Premium Information

<Member name> <Date>
<Member Address 1>
[<Member Address 2>]
[<Member Address 3>]
<City, State Zip code>

Dear Member:

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We notified you in <June 2012>, that we had filed proposed rates with the New York State Department of Financial Services (DFS) for their review and approval. That process is now complete and we have received the DFS's final disposition on our proposed rate actions.

Your current [monthly] [quarterly] semi-annual] [annual] premium is <\$XXX.XX>. Effective <Date>, the [monthly] [quarterly] [semi-annual] [annual] amount of your premium will be <\$XXX.XX>. Your statement or automatic bank account deduction will reflect the premium change and include any applicable discounts.

Under New York law, you have the right to choose someone, (a third-party designee) to get notices about your premiums and policy. The person you select would receive notice of missed premium payments, or if your coverage has been cancelled due to non-payment. Choosing a third-party to get these notices can help you keep premiums current if you are away from home.

If you have already designated a third party, you do not have to do anything. If you would like to choose someone to receive these premium notices, you can obtain the ***Authorization for Third Party Designation to Receive Nonpayment of Premium Notices*** form by calling **Customer Service toll-free at <1-800-261-5962, between 8:00 a.m. and 6:00 p.m. EST, Monday through Friday. TTY users may call 711>**, or by visiting our website, **www.empireblue.com**, from there select:

- <• "Customer Support"
- Click on "I Need to Download Forms"
- Locate the Medicare Supplement Third Party Designation in the Authorization section
- Print and return to us as instructed on the form.>

(continued)

Please be assured that any change in your premium does not affect your benefits. If you would like to stay with your current coverage, just continue making your premium payment. You will continue to have the benefits you have come to rely on. We're always here to help and answer any questions you may have.

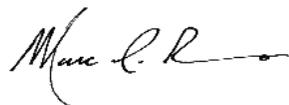
Our automatic draft payment option is a convenient way to make your monthly premium payment. No matter where you are or what you are doing, you can be certain your payment will be on time, every time. In addition to saving postage, you will get a discount of up to \$24.00 per year (\$2 per month). For more information, or to enroll, please contact Customer Service and ask for the Medicare Supplement Premium Payment Form.

If you have questions about your current coverage or would like to ask about other Medicare Supplement plans we offer, contact your **Empire BlueCross BlueShield** agent or broker, or call **Customer Service toll-free at <1-800-261-5962, from 8:00 a.m. to 6:00 p.m. EST, Monday through Friday. TTY users may call 711>**. Ask for a Health Plan Advisor who can help you with plan options that may better suit your needs.

[We have enclosed important information we are required to send to our members each year.]

Thank you for your membership. We look forward to continuing to provide the quality health benefits you have come to expect from us.

Sincerely,



<Marc S. Russo>
<President, Medicare>

Enclosures

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



P.O. Box 1407 Church Street Station
New York, NY 10008-1407

[Date]

<Member Name>

<Address 1>

[HCID]

[<Address 2>]

<City, State ZIP Code>

IMPORTANT: Proposed Rate Change Notice

Dear Member:

Each year, rising medical costs and the growing use of medical goods and services combined, drive health care costs higher. To keep up with these increasing costs, we must modify premium rates for your Medicare Supplement plan, tentatively effective on <Rate Effective Date>.

We have filed our proposed rate changes for approval by the New York State Department of Financial Services (DFS). In compliance with New York State law, this is our initial notice to members explaining our proposed rate change. Empire BlueCross' narrative summary as well as additional information that provides a detailed summary of the factors that contribute to the rate change will be posted on both DFS' (www.dfs.ny.gov) and Empire BlueCross' (www.empireblue.com/<xxx>) websites.

Below is a grid showing the proposed rate change for your current plan. We have requested a rate change effective date of <Rate change Effective Date>.

Plan	Current Premium	Proposed Premium
<Plan>	<\$>	<\$>

The New York State Department of Financial Services must approve all community rates. The actual premium amount and effective date will not be available until DFS grants approval. In addition to this initial proposed rate change notice, we will send you another notice with the final approved rate. We will send the second notice at least 60 days prior to the rate change effective date.

You have from <June 18, 2012>, to <July 18, 2012>, to request additional information or submit your written comments. You may call, email or submit your request or comments in writing to:

Empire BlueCross

P.O. Box 1407 Church Street Station

New York, NY 10008-1407

Toll free: 1-800-261-5962; TTY/TDD: 711

Hours: 8 a.m. to 6 p.m. EST, Monday through Friday

Email: Premiumratechange@empireblue.com

(continued)

Or, you may write or email the New York State Department of Financial Services at:

Health Bureau – Premium Rate Adjustments
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
Email: PremiumRateIncreases@dfs.ny.gov

When you email or write to either DFS or us, please be sure to include the insurer's name (Empire BlueCross) on all letters. Also, please be advised that your comments will be posted on DFS' website (www.dfs.ny.gov), but your personal information will not be published.

Sincerely,



Brian T. Griffin
Plan President

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



P.O. Box 1407 Church Street Station
New York, NY 10008-1407

[Date]

<Member Name>

<Address 1>

[HCID]

[<Address 2>]

<City, State ZIP Code>

IMPORTANT: Proposed Rate Change Notice

Dear Member:

Each year, rising medical costs and the growing use of medical goods and services combined, drive health care costs higher. To keep up with these increasing costs, we must modify premium rates for your Medicare Supplement plan, tentatively effective on <Rate Effective Date>.

We have filed our proposed rate changes for approval by the New York State Department of Financial Services (DFS). In compliance with New York State law, this is our initial notice to members explaining our proposed rate change. Empire BlueCross BlueShield’s narrative summary as well as additional information that provides a detailed summary of the factors that contribute to the rate change will be posted on both DFS’ (www.dfs.ny.gov) and Empire BlueCross BlueShield’s (www.empireblue.com/<xxx>) websites.

Below is a grid showing the proposed rate change for your current plan. We have requested a rate change effective date of <Rate change Effective Date>.

Plan	Current Premium	Proposed Premium
<Plan>	<\$>	<\$>

The New York State Department of Financial Services must approve all community rates. The actual premium amount and effective date will not be available until DFS grants approval. In addition to this initial proposed rate change notice, we will send you another notice with the final approved rate. We will send the second notice at least 60 days prior to the rate change effective date.

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Empire BlueCross BlueShield
P.O. Box 1407 Church Street Station
New York, NY 10008-1407
Toll free: 1-800-261-5962; TTY/TDD: 711
Hours: 8 a.m. to 6 p.m. EST, Monday through Friday
Email: Premiumratechange@empireblue.com

(continued)

Or, you may write or email the New York State Department of Financial Services at:

Health Bureau – Premium Rate Adjustments
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
Email: PremiumRateIncreases@dfs.ny.gov

When you email or write to either DFS or us, please be sure to include the insurer's name (Empire BlueCross BlueShield) on all letters. Also, please be advised that your comments will be posted on DFS' website (www.dfs.ny.gov), but your personal information will not be published.

Sincerely,



Brian T. Griffin
Plan President

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:	Empire HealthChoice, Inc. <small>Company submitting the rate adjustment request</small>	A&H - 42 <small>Company Type</small>	For Profit <small>Org. Type</small>	55093 <small>Company NAIC Code</small>
	<small>One Liberty Plaza, NY, NY 10006</small>			
	<small>Company mailing address</small>			
B. Contact Person:	[REDACTED]	[REDACTED] 0		[REDACTED]
	<small>Rate filing contact person name, title</small>	<small>Contact phone number</small>		<small>Contact Email address</small>
C. Actuarial Contact (If different from above):				
	<small>Actuary name, title</small>	<small>Actuary phone number</small>		<small>Actuary Email address</small>
D. New Rate Information (See Note #1):	1/1/2015 - 12/31/2015 <small>New rate applicability period</small>		1/1/2015 <small>New rate effective date</small>	AWLP-129576101 <small>SERFF Tracking Number</small>
E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	Medicare Supplement			
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 (2).	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?	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 (3).	Yes			
4. Have all the required exhibits been submitted with this rate application? 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 associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefilling.	Yes. AWLP-129544001			

Notes:

- (1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.
- (2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing. Use the following SERFF filing types for rate adjustment filings:
 - * For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
 - * For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
 - * For all other prior approval filings: Normal Pre-Approval
- (3) §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 application is submitted to the Insurance Department.

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name
 NAIC Code
 SERFF Number

- A. Complete a separate filing for each project.
- Information should be provided for each project.
- Indicate the market (HNY-IND), Small (HNY-SM), or Large (HNY-LG) percentage rate of change.
- Enter a descriptive title for the project (e.g., Upstate).
- Use a separate filing for each project.
- Append additional information to the end of the filing.
- B. The average claim trend and administrative expenses included in the filing.
- C. Enter the required information for the filing.
- D. Enter the corresponding information for the filing.
- E. This form must be filed with the filing.

		Data Item for Specific Filing																						
		For the rate period included in the immediately prior filing																						
1. Market Segment	2. Description of rating pool within the market segment	12.6 Other administrative expenses as \$mpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/contribution to surplus) - as \$mpm	14. State income tax component as \$mpm	15. Federal income tax component as \$mpm	16. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	17. Subtotal columns 12.7 through 16	18. Period assumed beginning date (MM/DD/YY)	19. Period assumed ending date (MM/DD/YY)	20. Average annual claim trend assumed	21.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	21.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Supplement Health Care Exhibit - as a % of gross premium	21.3 Commissions and broker fees - as a % of gross premium	21.4 Premium Taxes - as a % of gross premium	21.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as a % of gross premium	21.6 Other administrative expenses as a % of gross premium	21.7 Subtotal columns 21.1 through 21.6	22. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	23. State income tax component - as a % of gross premium	23.1 State income tax rate assumed (eg 3%)	24. Federal income tax component - as a % of gross premium	24.1 Federal income tax rate assumed (eg 30%)	
MS-IND	All Medicare Supplement Plans		0.00					0.00 XX	01/01/14	12/31/14		1.10%	1.35%	-0.02%	1.99%	-1.18%	9.19%	12.43%	2.22%	-0.01%	-0.29%	-1.19%	35.10%	
			0.00					0.00 XX										0.00%						
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EXHIBIT 4 - PART A: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

-- for Base Medical Plan with NON ROLLING Rate Structure

Empire HealthChoice, Inc.
Company submitting the rate adjustment request

55093

AWLP-129576101
SERFF tracking number

- => Use this Exhibit for the base medical plan type policy forms/products with NON ROLLING rate structure that are included in the rate adjustment submission.
- => This form must be submitted as an Excel file and as a PDF file.
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- =>
 - Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
 - The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
 - The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 - Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
 - The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
 - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Base Medical Plan Non Rolling Rate Products

SERFF# AWLP-129576101

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
WPPLANAM(09)-NY	MS-IND		Medicare Supplement Plan A	Medicare Supplement Plan A	1/1/2015	0.00%	0.00%	0.00%
WPPLANBM(09)-NY	MS-IND		Medicare Supplement Plan B	Medicare Supplement Plan B	1/1/2015	7.60%	7.60%	7.60%
WPPLANFM(09)-NY	MS-IND		Medicare Supplement Plan F	Medicare Supplement Plan F	1/1/2015	0.00%	0.00%	0.00%
WPPLANHiFM(09)-NY	MS-IND		Medicare Supplement Plan High F	Medicare Supplement Plan High F	1/1/2015	0.00%	0.00%	0.00%
WPPLANGM(09)-NY	MS-IND		Medicare Supplement Plan G	Medicare Supplement Plan G	1/1/2015	6.90%	6.90%	6.90%
WPPLANNM(09)-NY	MS-IND		Medicare Supplement Plan N	Medicare Supplement Plan N	1/1/2015	15.00%	15.00%	15.00%
EHAMSA	MS-IND		Medicare Supplement Plan A	Medicare Supplement Plan A	1/1/2015	0.00%	0.00%	0.00%
EHAMSB	MS-IND		Medicare Supplement Plan B	Medicare Supplement Plan B	1/1/2015	7.60%	7.60%	7.60%
EHAMSC-IND	MS-IND		Medicare Supplement Plan C	Medicare Supplement Plan C	1/1/2015	0.00%	0.00%	0.00%
EHAMSF-IND	MS-IND		Medicare Supplement Plan F	Medicare Supplement Plan F	1/1/2015	0.00%	0.00%	0.00%
EHAMSH-IND	MS-IND		Medicare Supplement Plan H	Medicare Supplement Plan H	1/1/2015	9.90%	9.90%	9.90%
EHAMSH-IND-05	MS-IND		Medicare Supplement Plan H "Lite"	Medicare Supplement Plan H "Lite"	1/1/2015	9.90%	9.90%	9.90%
EHAMSK-IND-06	MS-IND		Medicare Supplement Plan K	Medicare Supplement Plan K	1/1/2015	0.00%	0.00%	0.00%
EHAMSL-IND-06	MS-IND		Medicare Supplement Plan L	Medicare Supplement Plan L	1/1/2015	0.00%	0.00%	0.00%

EXHIBIT 5 - PART A: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS for NON ROLLING Rate Structured Products

Company Name: Empire HealthChoice, Inc.
 NAIC Code: 55093
 SERFF Tracking #: AWLP-129576101

Instructions:

- 1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of members or number of contracts. The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
- 3) The Weighted Average Percentage should be developed based on the distribution of annualized premiums for that Market Segment/Rating Region/Product and for the market segment in total.
- 4) Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), and Group Medicare Supplement (MC change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
- 6) Provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by effective date/market segment/product.
- 7) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
- 8) After each market segment there should be a market segment total row. Enter Total in the "Product" column, the sum of the counts in the various columns, and the market segment weighted avg %.
- 9) This exhibit must be submitted as an Excel file and a PDF file.

FOR NON-ROLLING RATE STRUCTURE PRODUCTS -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

SERFF#: AWLP-129576

Effective Date	Market Segment	Rating Region	Product	Weighted Avg %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Proposed Percentage Rate Change at Renewal								
								2/28/2014	Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%
1/1/2015	MS-IND	Albany	Med Supp Plan A		\$ 15,186	9			9							
1/1/2015	MS-IND	Mid-Hudson	Med Supp Plan A		\$ 44,502	23			23							
1/1/2015	MS-IND	New York City	Med Supp Plan A		\$ 414,951	186			186							
1/1/2015	MS-IND	Albany	Med Supp Plan B		\$ 56,189	28					28					
1/1/2015	MS-IND	Mid-Hudson	Med Supp Plan B		\$ 227,799	99					99					
1/1/2015	MS-IND	New York City	Med Supp Plan B		\$ 3,814,847	1,439					1,439					
1/1/2015	MS-IND	Albany	Med Supp Plan F		\$ 212,798	73			73							
1/1/2015	MS-IND	Mid-Hudson	Med Supp Plan F		\$ 404,455	121			121							
1/1/2015	MS-IND	New York City	Med Supp Plan F		\$ 5,247,342	1,350			1,350							
1/1/2015	MS-IND	Albany	Med Supp Plan High F		\$ 40,972	57			57							
1/1/2015	MS-IND	Mid-Hudson	Med Supp Plan High F		\$ 141,776	172			172							
1/1/2015	MS-IND	New York City	Med Supp Plan High F		\$ 1,662,890	1,751			1,751							
1/1/2015	MS-IND	Albany	MedSupp Plan G		\$ 2,906	1					1					
1/1/2015	MS-IND	Mid-Hudson	MedSupp Plan G		\$ 9,998	3					3					
1/1/2015	MS-IND	New York City	MedSupp Plan G		\$ 104,629	27					27					
1/1/2015	MS-IND	Albany	MedSupp Plan N		\$ 255,048	129							129			
1/1/2015	MS-IND	Mid-Hudson	MedSupp Plan N		\$ 650,744	287							287			
1/1/2015	MS-IND	New York City	MedSupp Plan N		\$ 6,041,926	2,313							2,313			
1/1/2015	MS-IND	Albany	Medicare Supplement Plan A		\$ 155,233	92			92							
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan A		\$ 247,665	128			128							
1/1/2015	MS-IND	New York City	Medicare Supplement Plan A		\$ 3,734,560	1,674			1,674							
1/1/2015	MS-IND	Albany	Medicare Supplement Plan B		\$ 1,932,510	963					963					
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan B		\$ 2,786,511	1,211					1,211					
1/1/2015	MS-IND	New York City	Medicare Supplement Plan B		\$ 53,513,893	20,186					20,186					
1/1/2015	MS-IND	Albany	Medicare Supplement Plan C		\$ 108,241	38			38							
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan C		\$ 137,189	42			42							
1/1/2015	MS-IND	New York City	Medicare Supplement Plan C		\$ 2,958,549	779			779							
1/1/2015	MS-IND	Albany	Medicare Supplement Plan F		\$ 472,236	162			162							
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan F		\$ 561,557	168			168							
1/1/2015	MS-IND	New York City	Medicare Supplement Plan F		\$ 10,549,101	2,714			2,714							
1/1/2015	MS-IND	Albany	Medicare Supplement Plan H		\$ 299,527	111					111					
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan H		\$ 216,547	73					73					
1/1/2015	MS-IND	New York City	Medicare Supplement Plan H		\$ 5,227,980	1,458					1,458					

FOR NON-ROLLING RATE STRUCTURE PRODUCTS -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

SERFF#: AWLP-129576

Effective Date	Market Segment	Rating Region	Product	Weighted Avg %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Proposed Percentage Rate Change at Renewal							
								2/28/2014	Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%
1/1/2015	MS-IND	Albany	Medicare Supplement Plan H "Lite"		\$ 219,127	107					107				
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan H "Lite"		\$ 200,634	89					89				
1/1/2015	MS-IND	New York City	Medicare Supplement Plan H "Lite"		\$ 4,202,073	1,542			2		1,542				
1/1/2015	MS-IND	Albany	Medicare Supplement Plan K		\$ 2,039	2			5						
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan K		\$ 5,844	5			26						
1/1/2015	MS-IND	New York City	Medicare Supplement Plan K		\$ 35,334	26			9						
1/1/2015	MS-IND	Albany	Medicare Supplement Plan L		\$ 12,495	9			7						
1/1/2015	MS-IND	Mid-Hudson	Medicare Supplement Plan L		\$ 11,143	7			74						
1/1/2015	MS-IND	New York City	Medicare Supplement Plan L		\$ 136,974	74									
	Market Segment Total:					\$ 107,075,919	39,728	-	-	9,662	-	27,337	-	2,729	

101

30.0% - 39.9%	40.0% - 49.9%	50.0% or higher

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Empire HealthChoice, Inc.
 NAIC Code: 55093
 SERFF Number: AWLP-129576101

- A. Complete a separate ROW for each base medical policy form included in the rate adjustment filing, even if no rate adjustment is proposed for that base medical policy form.
- Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 1a. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-00N, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form													Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)																			
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YYYY)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	11. Number of policyholders affected by rate change. (For group business this is number of groups.)	12. Number of covered lives affected by rate change	13. Expected NY statewide loss ratio for base medical policy form including associated riders	14.1 Beginning Date of the experience period (MM/DD/YYYY)	14.2 Ending Date of the experience period (MM/DD/YYYY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter receipts as a negative value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	14.11 Earned premiums for experience period (\$mpm)	14.12 Standardized premiums for experience period (\$mpm)	14.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for payments to the Regulation 146 pool (\$mpm)	14.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for payments to the Regulation 146 pool (\$mpm)	14.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$mpm)	14.16 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter receipts as a negative value) (\$mpm)	14.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	
WPPLANAM(09)-NY	Medicare Supplement Plan A	Medicare Supplement Plan A	Medicare Supplement	01/01/15	MS-IND	A	No	No	Open	0	0.00%	218	218	71.1%	XX	01/01/13	12/31/13	3,202	509,068		1,252,924	1,089,358	(41,210)	64,143	158.98	0.00	391.29	340.21	0.00	(12.87)	20.03	
WPPLANBM(09)-NY	Medicare Supplement Plan B	Medicare Supplement Plan B	Medicare Supplement	01/01/15	MS-IND	B	No	No	Open	0	7.60%	1,566	1,566	84.8%	XX	01/01/13	12/31/13	19,678	3,883,153		12,311,226	12,503,599	(341,330)	489,277	197.33	0.00	625.63	635.41	0.00	(17.35)	24.86	
WPPLANFM(09)-NY	Medicare Supplement Plan F	Medicare Supplement Plan F	Medicare Supplement	01/01/15	MS-IND	F Basic	No	No	Open	0	0.00%	1,544	1,544	83.7%	XX	01/01/13	12/31/13	18,431	5,787,074		5,695,498	5,984,882	(385,786)	729,171	313.99	0.00	319.87	324.72	0.00	(20.93)	39.56	
WPPLANHF(09)-NY	Medicare Supplement Plan High F	Medicare Supplement Plan High F	Medicare Supplement	01/01/15	MS-IND	F High	No	No	Open	0	0.00%	1,980	1,980	70.5%	XX	01/01/13	12/31/13	22,424	1,693,700		917,938	1,029,373	92,192	213,406	75.53	0.00	40.94	45.90	0.00	4.11	9.52	
WPPLANGM(09)-NY	Medicare Supplement Plan G	Medicare Supplement Plan G	Medicare Supplement	01/01/15	MS-IND	G	No	No	Open	0	6.90%	31	31	84.8%	XX	01/01/13	12/31/13	378	116,721		408,501	113,942	(5,149)	14,707	308.79	0.00	1,080.69	301.43	0.00	(13.62)	38.91	
WPPLANNM(09)-NY	Medicare Supplement Plan N	Medicare Supplement Plan N	Medicare Supplement	01/01/15	MS-IND	N	No	No	Open	0	15.00%	2,729	2,729	117.7%	XX	01/01/13	12/31/13	36,115	6,601,490		10,625,351	10,176,738	(456,903)	831,788	182.79	0.00	294.21	281.79	0.00	(12.65)	23.03	
EHAMSA	Plan A	Plan A	Medicare Supplement	01/01/15	MS-IND	A	No	No	Closed	0	0.00%	1,894	1,894	71.1%	XX	01/01/13	12/31/13	24,526	3,886,153		2,891,563	2,870,462	(314,106)	489,655	158.45	0.00	117.90	117.04	0.00	(12.81)	19.96	
EHAMSB	Plan B	Plan B	Medicare Supplement	01/01/15	MS-IND	B	No	No	Closed	0	7.60%	22,360	22,360	84.8%	XX	01/01/13	12/31/13	293,756	#####		51,470,554	47,158,123	(5,082,722)	7,304,409	197.35	0.00	175.22	160.54	0.00	(17.30)	24.87	
EHAMSC-IND	Plan C	Plan C	Medicare Supplement	01/01/15	MS-IND	C	No	No	Closed	0	0.00%	859	859	68.1%	XX	01/01/13	12/31/13	11,197	3,489,628		2,874,155	2,532,622	(161,627)	439,693	311.66	0.00	256.69	226.19	0.00	(14.43)	39.27	
EHAMSF-IND	Plan F	Plan F	Medicare Supplement	01/01/15	MS-IND	F Basic	No	No	Closed	0	0.00%	3,044	3,044	83.7%	XX	01/01/13	12/31/13	39,263	#####		8,835,807	9,441,616	(826,511)	1,571,427	317.64	0.00	225.04	240.47	0.00	(21.05)	40.02	
EHAMSH-IND	Plan H	Plan H	Medicare Supplement	01/01/15	MS-IND	H	No	No	Closed	0	9.90%	1,738	1,738	85.4%	XX	01/01/13	12/31/13	21,445	6,272,398		5,605,126	5,704,842	(548,303)	790,322	292.49	0.00	261.37	266.02	0.00	(25.57)	36.85	
EHAMSH-IND-RX	Plan H without RX	Plan H without RX	Medicare Supplement	01/01/15	MS-IND	H	No	No	Closed	0	9.90%	1,642	1,642	85.4%	XX	01/01/13	12/31/13	22,315	4,952,546		5,947,844	5,521,725	(433,005)	624,021	221.94	0.00	266.54	247.44	0.00	(19.40)	27.96	
EHAMSK-IND-C	Plan K	Plan K	Medicare Supplement	01/01/15	MS-IND	K	No	No	Closed	0	0.00%	33	33	53.4%	XX	01/01/13	12/31/13	426	46,189		19,080	18,750	1,434	5,820	108.42	0.00	44.79	44.01	0.00	3.37	13.66	
EHAMSL-IND-G	Plan L	Plan L	Medicare Supplement	01/01/15	MS-IND	L	No	No	Closed	0	0.00%	90	90	53.4%	XX	01/01/13	12/31/13	1,179	175,794		99,808	95,011	5,448	22,150	149.10	0.00	84.65	80.59	0.00	4.62	18.79	
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EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

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1a. Base medical policy form number	1b. Product Name as in Rate Manual	14.18 Ratio: Col 14.7/ Col 14.4 (Incurred Claims / Earned Premiums)	14.19 Ratio: Col 14.7/ Col 14.5 (Incurred Claims / Standardized Earned Premiums)	14.20 Ratio: Col 14.10/ Col 14.4 (Administration Expenses / Earned Premiums)	14.21 Ratio: (Col 14.7 + Col 14.9 + Col 14.10) / Col 14.4	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	15.11 Earned premiums for experience period (\$mpm)	15.12 Standardized premiums for experience period (\$mpm)	15.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	15.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	15.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value and payments to the pool as a positive value) (\$mpm)	15.16 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$mpm)	15.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	15.18 Ratio: Col 15.7/ Col 15.4 (Incurred Claims / Earned Premiums)	15.19 Ratio: Col 15.7/ Col 15.5 (Incurred Claims / Standardized Earned Premiums)	15.20 Ratio: Col 15.4 (Administration Expenses / Earned Premiums)	15.21 Ratio: (Col 15.7 + Col 15.9 + Col 15.10) / Col 15.4	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value and payments to the pool as a positive value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)
WPPLANAM(09)-NY	Medicare Supplement Plan A	2.140	0.000	0.126	2.185	XX	01/01/12	12/31/12	3,111	445,561	1,207,004	1,383,090	(30,165)	59,260	143.22	0.00	387.98	444.58	0.00	(9.70)	19.05	3.104	0.000	0.133	3.169	XX	01/01/11	12/31/11	1,196.00	171,110		149,653	169,960		-10,796	21,218
WPPLANBM(09)-NY	Medicare Supplement Plan B	3.220	0.000	0.126	3.258	XX	01/01/12	12/31/12	12,649	2,407,300	5,854,360	6,813,215	(182,567)	320,171	190.32	0.00	462.83	538.64	0.00	(14.43)	25.31	2.830	0.000	0.133	2.887	XX	01/01/11	12/31/11	5,394.00	1,020,822		1,525,349	1,781,972		-76,090	126,582
WPPLANFM(09)-NY	Medicare Supplement Plan F	1.034	0.000	0.126	1.094	XX	01/01/12	12/31/12	14,131	4,043,744	4,550,251	4,759,155	(269,577)	537,818	286.16	0.00	322.00	336.79	0.00	(19.08)	38.06	1.177	0.000	0.133	1.243	XX	01/01/11	12/31/11	7,411.00	2,130,209		2,545,198	2,912,793		-102,475	264,146
WPPLANHF(09)-NY	Medicare Supplement Plan High F	0.608	0.000	0.126	0.788	XX	01/01/12	12/31/12	11,019	829,128	444,311	475,116	47,977	110,274	75.25	0.00	40.32	43.12	0.00	4.35	10.01	0.573	0.000	0.133	0.764	XX	01/01/11	12/31/11	5,699.00	426,714		213,456	264,887		30,047	52,913
WPPLANGM(09)-NY	Medicare Supplement Plan G	0.976	0.000	0.126	1.058	XX	01/01/12	12/31/12	355	104,011	508,168	131,634	(18,327)	13,833	292.99	0.00	1,431.46	370.80	0.00	(51.63)	38.97	1.266	0.000	0.133	1.222	XX	01/01/11	12/31/11	271.00	75,147		369,036	1,789,352		-1,697	9,318
WPPLANNM(09)-NY	Medicare Supplement Plan N	1.542	0.000	0.126	1.598	XX	01/01/12	12/31/12	29,071	4,579,258	6,996,543	7,298,944	(239,049)	609,041	157.52	0.00	240.67	251.07	0.00	(8.22)	20.95	1.594	0.000	0.133	1.675	XX	01/01/11	12/31/11	#####	2,469,307		3,904,661	4,580,509		-146,613	306,194
EHAMSA	Plan A	0.739	0.000	0.126	0.794	XX	01/01/12	12/31/12	27,377	3,956,256	3,352,008	3,272,151	(267,063)	526,182	144.51	0.00	122.44	119.52	0.00	(9.76)	19.22	0.827	0.000	0.133	0.893	XX	01/01/11	12/31/11	30,631	4,433,667		3,987,608	3,882,340		-278,560	549,775
EHAMSB	Plan B	0.813	0.000	0.126	0.852	XX	01/01/12	12/31/12	343,279	65,877,818	56,328,442	54,674,146	(4,998,382)	8,761,750	191.91	0.00	164.09	159.27	0.00	(14.56)	25.52	0.830	0.000	0.133	0.887	XX	01/01/11	12/31/11	399,668	76,729,586		63,879,670	65,837,491		-5,667,957	9,514,469
EHAMSC-IND	Plan C	0.726	0.000	0.126	0.805	XX	01/01/12	12/31/12	13,196	4,118,948	3,914,504	3,305,111	(167,680)	547,820	312.14	0.00	296.64	250.46	0.00	(12.71)	41.51	0.802	0.000	0.133	0.895	XX	01/01/11	12/31/11	16,761	4,854,124		4,820,631	4,606,259		-317,076	601,911
EHAMSF-IND	Plan F	0.757	0.000	0.126	0.817	XX	01/01/12	12/31/12	44,913	13,016,723	10,577,403	10,067,238	(866,247)	1,731,224	289.82	0.00	235.51	224.15	0.00	(19.29)	38.55	0.773	0.000	0.133	0.840	XX	01/01/11	12/31/11	50,052	14,505,945		12,229,546	11,793,966		-699,175	1,798,737
EHAMSH-IND	Plan H	0.910	0.000	0.126	0.948	XX	01/01/12	12/31/12	25,098	7,363,709	6,224,220	6,112,398	(580,336)	979,373	293.40	0.00	248.00	243.54	0.00	(23.12)	39.02	0.830	0.000	0.133	0.884	XX	01/01/11	12/31/11	29,594	8,505,801		7,603,289	7,362,457		-651,299	1,054,719
EHAMSH-IND-0	Plan H without RX	1.115	0.000	0.126	1.153	XX	01/01/12	12/31/12	24,816	5,501,026	5,218,887	5,083,619	(433,547)	731,636	221.67	0.00	210.30	204.85	0.00	(17.47)	29.48	0.924	0.000	0.133	0.978	XX	01/01/11	12/31/11	27,137	5,893,866		6,069,806	6,809,511		-451,500	730,839
EHAMSK-IND-0	Plan K	0.406	0.000	0.126	0.563	XX	01/01/12	12/31/12	485	50,633	45,315	43,575	2,026	6,734	104.40	0.00	93.43	89.84	0.00	4.18	13.88	0.861	0.000	0.133	1.034	XX	01/01/11	12/31/11	631	66,027		49,040	45,885		1,765	8,187
EHAMSL-IND-0	Plan L	0.540	0.000	0.126	0.697	XX	01/01/12	12/31/12	1,316	186,326	120,355	130,210	7,459	24,781	141.59	0.00	91.46	98.94	0.00	5.67	18.83	0.699	0.000	0.133	0.872	XX	01/01/11	12/31/11	1,533	218,031		219,977	204,584		5,832	27,036

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

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- A. Complete a separate
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1a. Base medical policy form number	1b. Product Name as in Rate Manual	Prior Experience Period (a medical policy form + associated riders)										Annualized Medical Trend Factors Assumed in Rate Development (%)				Ratios: Most Recent Experience Period to First Prior Period						Ratios: First Prior Period to Second Prior Period						Ratio: Standard Premium to Earned Premium							
		16.11 Earned premiums for experience period (\$mpm)	16.12 Standardized premiums for experience period (\$mpm)	16.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	16.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$mpm)	16.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$mpm)	16.16 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a positive value) (\$mpm)	16.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	16.18 Ratio: Col 16.17 / Col 16.4 (Incurred Claims / Earned Premiums)	16.19 Ratio: Col 16.7 / Col 16.5 (Incurred Claims / Standardized Premiums)	16.20 Ratio: Col 16.10 / Col 16.4 (Administrative Expenses + Col 16.8 / Earned Premiums)	16.21 Ratio: Col 16.7 / Col 16.10 (Col 16.8 + Col 16.9 / Earned Premiums)	17.1 All benefits combined, composite	17.2 Due to utilization	17.3 Due to unit cost	17.4 Due to case mix/intensity/other	18.1 Member months	18.2 Earned premiums (\$mpm)	18.3 Standardized premiums (\$mpm)	18.4 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	18.5 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	18.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	19.1 Member months	19.2 Earned premiums (\$mpm)	19.3 Standardized premiums (\$mpm)	19.4 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	19.5 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	19.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	20.1 Most Recent Experience Period	20.2 First Prior Experience Period	20.3 Second Prior Experience Period				
WPPLANAM(09)-NY	Medicare Supplement Plan A	143.07	0.00	125.13	142.11	0.00	(9.03)	17.74	0.993	0.000	0.124	1.054	XX	8.00%				XX	1.029	1.110	0.000	1.009	0.765	1.052	XX	2.601	1.001	0.000	3.101	3.128	1.074	XX	0.000	0.000	0.000
WPPLANBM(09)-NY	Medicare Supplement Plan B	189.25	0.00	282.79	330.36	0.00	(14.11)	23.47	1.746	0.000	0.124	1.795	XX	2.80%				XX	1.556	1.037	0.000	1.352	1.180	0.982	XX	2.345	1.006	0.000	1.637	1.630	1.079	XX	0.000	0.000	0.000
WPPLANFM(09)-NY	Medicare Supplement Plan F	287.44	0.00	343.44	393.04	0.00	(13.63)	35.64	1.367	0.000	0.124	1.443	XX	3.20%				XX	1.304	1.097	0.000	0.993	0.964	1.039	XX	1.907	0.996	0.000	0.938	0.857	1.068	XX	0.000	0.000	0.000
WPPLANHF(09)-NY	Medicare Supplement Plan High F	74.88	0.00	37.45	46.48	0.00	5.27	9.28	0.621	0.000	0.124	0.815	XX	3.00%				XX	2.035	1.004	0.000	1.015	1.065	0.951	XX	1.933	1.005	0.000	1.077	0.928	1.078	XX	0.000	0.000	0.000
WPPLANGM(09)-NY	Medicare Supplement Plan G	277.30	0.00	1,361.76	6,602.77	0.00	(6.26)	34.38	23.811	0.000	0.124	23.913	XX	3.00%				XX	1.065	1.054	0.000	0.755	0.813	0.998	XX	1.310	1.057	0.000	1.051	0.056	1.133	XX	0.000	0.000	0.000
WPPLANNM(09)-NY	Medicare Supplement Plan N	148.96	0.00	235.55	276.32	0.00	(8.84)	18.47	1.855	0.000	0.124	1.920	XX	3.00%				XX	1.242	1.160	0.000	1.222	1.122	1.099	XX	1.754	1.057	0.000	1.022	0.909	1.134	XX	0.000	0.000	0.000
EHAMSA	Plan A	144.74	0.00	130.18	126.75	0.00	(9.09)	17.95	0.876	0.000	0.124	0.937	XX	8.00%				XX	0.896	1.096	0.000	0.963	0.979	1.039	XX	0.894	0.998	0.000	0.941	0.943	1.071	XX	0.000	0.000	0.000
EHAMSB	Plan B	191.98	0.00	159.83	164.73	0.00	(14.18)	23.81	0.858	0.000	0.124	0.908	XX	2.80%				XX	0.856	1.028	0.000	1.068	1.008	0.974	XX	0.859	1.000	0.000	1.027	0.967	1.072	XX	0.000	0.000	0.000
EHAMSC-IND	Plan C	289.61	0.00	287.61	274.82	0.00	(18.92)	35.91	0.949	0.000	0.124	1.008	XX	0.00%				XX	0.849	0.998	0.000	0.865	0.903	0.946	XX	0.787	1.078	0.000	1.031	0.911	1.156	XX	0.000	0.000	0.000
EHAMSF-IND	Plan F	289.82	0.00	244.34	235.63	0.00	(13.97)	35.94	0.813	0.000	0.124	0.889	XX	3.20%				XX	0.874	1.096	0.000	0.956	1.073	1.038	XX	0.897	1.000	0.000	0.964	0.951	1.073	XX	0.000	0.000	0.000
EHAMSH-IND	Plan H	287.42	0.00	256.92	248.78	0.00	(22.01)	35.64	0.866	0.000	0.124	0.913	XX	0.00%				XX	0.854	0.997	0.000	1.054	1.092	0.944	XX	0.848	1.021	0.000	0.965	0.979	1.095	XX	0.000	0.000	0.000
EHAMSH-IND-D	Plan H without RX	217.19	0.00	223.67	250.93	0.00	(16.64)	26.93	1.155	0.000	0.124	1.203	XX	0.00%				XX	0.899	1.001	0.000	1.267	1.208	0.949	XX	0.914	1.021	0.000	0.940	0.816	1.095	XX	0.000	0.000	0.000
EHAMSK-IND-D	Plan K	104.64	0.00	77.72	72.72	0.00	2.80	12.98	0.695	0.000	0.124	0.846	XX	3.00%				XX	0.878	1.039	0.000	0.479	0.490	0.984	XX	0.769	0.998	0.000	1.202	1.236	1.070	XX	0.000	0.000	0.000
EHAMSL-IND-G	Plan L	142.23	0.00	143.49	133.45	0.00	3.80	17.64	0.938	0.000	0.124	1.089	XX	3.00%				XX	0.896	1.053	0.000	0.926	0.814	0.998	XX	0.858	0.996	0.000	0.637	0.741	1.068	XX	0.000	0.000	0.000
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000