

Humana Insurance Company of New York

Rate Manual

Individual Standardized Medicare Supplement Plans

Revised October 17, 2014

**Humana Insurance Company of New York
Rate Manual**

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**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10A
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$268.44	\$266.44
2	\$227.35	\$225.35
3	\$183.38	\$181.38
4 (Out of State)	\$267.12	\$265.12

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10B
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$303.02	\$301.02
2	\$256.59	\$254.59
3	\$206.92	\$204.92
4 (Out of State)	\$301.52	\$299.52

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10C
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$363.68	\$361.68
2	\$307.90	\$305.90
3	\$248.22	\$246.22
4 (Out of State)	\$361.88	\$359.88

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10F
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$371.06	\$369.06
2	\$314.14	\$312.14
3	\$253.24	\$251.24
4 (Out of State)	\$369.22	\$367.22

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10F(HD)
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$115.86	\$113.86
2	\$98.30	\$96.30
3	\$79.51	\$77.51
4 (Out of State)	\$115.29	\$113.29

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10K
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$175.07	\$173.07
2	\$148.38	\$146.38
3	\$119.82	\$117.82
4 (Out of State)	\$174.21	\$172.21

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10L
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$249.91	\$247.91
2	\$211.67	\$209.67
3	\$170.76	\$168.76
4 (Out of State)	\$248.67	\$246.67

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Schedule of Rates**

State: New York
Form #: NYMESM10N
Effective Date: March 1, 2015

MONTHLY PREMIUM RATES:

<u>Area</u>	<u>Coupon Book Payment</u>	<u>Automatic Payment</u>
1	\$230.84	\$228.84
2	\$195.55	\$193.55
3	\$157.78	\$155.78
4 (Out of State)	\$229.70	\$227.70

Premium Classes: No variation based upon age, gender, occupation or other classification.

Issue Age Range: This policy is available to all eligible Medicare beneficiaries regardless of age. This policy is offered on a community rated basis.

Area Factors: Refer to Area Factors and Classification (Section C).

Modal Factors: None. The only premium payment mode available is monthly.

Policy Fees: None.

Rate Changes at Renewal: Premiums change annually for all like policies in the State, subject to approval by the NY Insurance Department. No change in premium will be made because of the number of claims a policyholder files or a change in health or type of work.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10A
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

STANDARDIZED PLAN A

Basic benefits (Part A coinsurance for days 61 to 90 of a hospital stay in each Medicare benefit period, Part A coinsurance for days 91 to 150 of a hospital stay while using Medicare lifetime reserve days, Part A eligible hospital expenses for 365 lifetime days after all Medicare hospital benefits are used up, Part A/B blood deductibles, and Part B coinsurance)

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

Optional and Miscellaneous Benefits: None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 79%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10B
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

STANDARDIZED PLAN B

Basic benefits as described for Plan A plus Part A deductible

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

Optional and Miscellaneous Benefits: None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 79%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10C
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

STANDARDIZED PLAN C

Basic benefits as described for Plan A
Part A deductible
Skilled nursing facility coinsurance for days 21 to 100
Part B deductible
Foreign travel emergency coverage

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

Optional and Miscellaneous Benefits: None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 79%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10F
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

STANDARDIZED PLAN F

Basic benefits as described for Plan A
Part A deductible
Skilled nursing facility coinsurance for days 21 to 100
Part B deductible
Foreign travel emergency coverage
100% of Part B excess charges

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

**Optional and
Miscellaneous Benefits:** None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 79%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10F(HD)
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

HIGH DEDUCTIBLE STANDARDIZED PLAN F

Same benefits as described for Standardized Plan F, however includes a \$2,180 plan deductible in 2015; deductible value indexed each year.

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

Optional and Miscellaneous Benefits: None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 79%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10K
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

STANDARDIZED PLAN K

100% of the Part A hospitalization coinsurance plus 100% coverage for 365 days after Medicare benefits end
50% hospice cost-sharing
50% of Medicare-eligible expenses for the first three pints of blood
50% Part B coinsurance, except 100% coinsurance for the Part B preventive services
50% skilled nursing facility coinsurance
50% Part A deductible
\$4,940 out-of-pocket annual limit in 2015; maximum out-of-pocket value indexed each year

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

**Optional and
Miscellaneous Benefits:** None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 79%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10L
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

STANDARDIZED PLAN L

100% of the Part A hospitalization coinsurance plus 100% coverage for 365 days after Medicare benefits end
75% hospice cost-sharing
75% of Medicare-eligible expenses for the first three pints of blood
75% Part B coinsurance, except 100% coinsurance for the Part B preventive services
75% skilled nursing facility coinsurance
75% Part A deductible
\$2,470 out-of-pocket annual limit in 2015; maximum out-of-pocket value indexed each year

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

**Optional and
Miscellaneous Benefits:** None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 79%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Description of Benefits**

State: New York
Form #: NYMESM10N
Effective Date: March 1, 2015

BENEFITS: The benefits per policy (only 1 policy/insured is allowed) provided by these forms are summarized below; refer to the policy forms for more detailed information:

STANDARDIZED PLAN N

Basic benefits as described for Plan A
100% of the Part B coinsurance except up to a \$20 copayment for office visits and up to a \$50 copayment for emergency room visits
Part A deductible
Skilled nursing facility coinsurance for days 21 to 100
Foreign travel emergency coverage

Network Requirements: There are no network requirements (i.e. non-SELECT)

Riders and Endorsements: None

Innovative Benefits: None

**Optional and
Miscellaneous Benefits:** None

Exclusions and Limitations: Refer to the policy forms for more detailed information.

Expected Benefit Ratio: 74%

Issue Limitations: None

Underwriting Limitations: Three-month pre-existing condition waiting period with a six-month look back, not applicable for those who enroll during an Open Enrollment or Guaranteed Issue period, or who satisfy the creditable coverage requirements.

Renewability: Guaranteed renewable for life.

**Humana Insurance Company of New York
Medicare Supplement Area Factors and Classification**

State: New York
Form #s: NYMESM10A, NYMESM10B, NYMESM10C, NYMESM10F, NYMESM10F(HD), NYMESM10K,
NYMESM10L
Effective Date: March 1, 2015

**Humana Insurance Company of New York
Schedule of Occupational Classification**

State: New York
Form #s: NYMESM10A, NYMESM10B, NYMESM10C, NYMESM10F, NYMESM10F(HD), NYMESM10K,
NYMESM10L
Effective Date: March 1, 2015

**Governing
Rules:** None

Humana Insurance Company of New York

State: New York
Form #s: NYMESM10A, NYMESM10B, NYMESM10C, NYMESM10F, NYMESM10F(HD), NYMESM10K, NYMESM10L
Effective Date: March 1, 2015

Marketing

Method: These products will be marketed by Humana's career, delegated, and telesales agents via paper, electronic, and online enrollment methods where approved by the State.

**Humana Insurance Company of New York
Schedule of Commissions**

State: New York
Form #s: NYMESM10A, NYMESM10B, NYMESM10C, NYMESM10F, NYMESM10F(HD), NYMESM10K, NYMESM10L
Effective Date: March 1, 2015

**Commission
Expense:**

Pricing Commissions Rate			
Policy Year	Captive	Delegated	Telesales
1-6	8%	8%	4%
7+	0%	0%	0%

Commissions are applied to the first year premium level. Percentages given are in aggregate.

Humana Insurance Company of New York

State: New York
Form #s: NYMESM10A, NYMESM10B, NYMESM10C, NYMESM10F, NYMESM10F(HD), NYMESM10K,
NYMESM10L
Effective Date: March 1, 2015

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