

**Affinity Health Plan, Inc.**  
**New York State Individual Health Benefit On-Exchange Product Rate Manual**  
***Effective January 1, 2015***

HIOS ID

57165

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**Rate Setting Parameters**

Base Rate 316.54

Product	Plan	HIOS Plan ID	Metal	Rate Factor
Affinity Access Platinum with Pediatric Dental	Affinity Access Platinum with Pediatric Dental	57165NY0010001	Platinum	1.637
Affinity Access Gold with Pediatric Dental	Affinity Access Gold with Pediatric Dental	57165NY0010002	Gold	1.380
Affinity Access Silver with Pediatric Dental	Affinity Access Silver with Pediatric Dental	57165NY0010003	Silver	1.176
Affinity Access Bronze with Pediatric Dental	Affinity Access Bronze with Pediatric Dental	57165NY0010004	Bronze	1.001
Affinity Access Catastrophic with Pediatric Dental	Affinity Access Catastrophic with Pediatric Dental	57165NY0010005	Catastrophic	0.488
Affinity Access Platinum Child with Pediatric Dental	Affinity Access Platinum Child with Pediatric Dental	57165NY0010006	Platinum	1.637
Affinity Access Gold Child with Pediatric Dental	Affinity Access Gold Child with Pediatric Dental	57165NY0010007	Gold	1.380
Affinity Access Silver Child with Pediatric Dental	Affinity Access Silver Child with Pediatric Dental	57165NY0010008	Silver	1.176
Affinity Access Bronze Child with Pediatric Dental	Affinity Access Bronze Child with Pediatric Dental	57165NY0010009	Bronze	1.001
Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental	57165NY0010010	Platinum	1.775
Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental	57165NY0010011	Gold	1.496
Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental	57165NY0010012	Silver	1.275
Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental	57165NY0010013	Bronze	1.085
Affinity Access Platinum without Pediatric Dental	Affinity Access Platinum without Pediatric Dental	57165NY0020001	Platinum	1.635
Affinity Access Gold without Pediatric Dental	Affinity Access Gold without Pediatric Dental	57165NY0020002	Gold	1.377
Affinity Access Silver without Pediatric Dental	Affinity Access Silver without Pediatric Dental	57165NY0020003	Silver	1.174
Affinity Access Bronze without Pediatric Dental	Affinity Access Bronze without Pediatric Dental	57165NY0020004	Bronze	1.000
Affinity Access Catastrophic without Pediatric Dental	Affinity Access Catastrophic without Pediatric Dental	57165NY0020005	Catastrophic	0.488
Affinity Access Platinum Child without Pediatric Dental	Affinity Access Platinum Child without Pediatric Dental	57165NY0020006	Platinum	1.635
Affinity Access Gold Child without Pediatric Dental	Affinity Access Gold Child without Pediatric Dental	57165NY0020007	Gold	1.377
Affinity Access Silver Child without Pediatric Dental	Affinity Access Silver Child without Pediatric Dental	57165NY0020008	Silver	1.174
Affinity Access Bronze Child without Pediatric Dental	Affinity Access Bronze Child without Pediatric Dental	57165NY0020009	Bronze	1.000
Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental	57165NY0020010	Platinum	1.772
Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental	57165NY0020011	Gold	1.493
Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental	57165NY0020012	Silver	1.273
Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental	57165NY0020013	Bronze	1.084

Family Tier	Rate Factor	Tobacco Factor
Individual	1.000	1.000
Couple	2.000	2.000
Parent/Child(ren)	1.700	1.700
Primary Subscriber and Two Dependents	1.700	1.700
Primary Subscriber and Three or More Dependents	1.700	1.700
Family	2.850	2.850
Couple and Two Dependents	2.850	2.850
Couple and Three or More Dependents	2.850	2.850
Child Only	0.412	0.412

Geographic Factors	
Area	Rate Factor
Rating Area 1	0.000
Rating Area 2	0.000
Rating Area 3	0.975
Rating Area 4	1.000
Rating Area 5	0.000
Rating Area 6	0.000
Rating Area 7	0.000
Rating Area 8	1.022

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Plan ID: 57165NY0010001

**Affinity Access Platinum with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 505.38	\$ 518.33	\$ 529.74	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.637</u>	(b)	Couple	2.000	\$ 1,010.75	\$ 1,036.67	\$ 1,059.47	
Plan Specific Base Rate	\$ 518.33	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 859.14	\$ 881.17	\$ 900.55	
			Family	2.850	\$ 1,440.32	\$ 1,477.25	\$ 1,509.75	

Plan ID: 57165NY0010006

**Affinity Access Platinum Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 208.21	\$ 213.55	\$ 218.25	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.637</u>	(b)						
Plan Specific Base Rate	\$ 518.33	(c) = (a) x (b)						

Plan ID: 57165NY0010010

**Affinity Access Platinum with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 547.83	\$ 561.87	\$ 574.24	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.775</u>	(b)	Couple	2.000	\$ 1,095.65	\$ 1,123.75	\$ 1,148.47	
Plan Specific Base Rate	\$ 561.87	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 931.31	\$ 955.19	\$ 976.20	
			Family	2.850	\$ 1,561.31	\$ 1,601.34	\$ 1,636.57	

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Plan ID: 57165NY0010002

**Affinity Access Gold with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 425.81	\$ 436.73	\$ 446.34	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.380</u>	(b)	Couple	2.000	\$ 851.62	\$ 873.46	\$ 892.67	
Plan Specific Base Rate	\$ 436.73	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 723.88	\$ 742.44	\$ 758.77	
			Family	2.850	\$ 1,213.56	\$ 1,244.68	\$ 1,272.06	

Plan ID: 57165NY0010007

**Affinity Access Gold Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 175.43	\$ 179.93	\$ 183.89	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.380</u>	(b)						
Plan Specific Base Rate	\$ 436.73	(c) = (a) x (b)						

Plan ID: 57165NY0010011

**Affinity Access Gold with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 461.58	\$ 473.41	\$ 483.83	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.496</u>	(b)	Couple	2.000	\$ 923.16	\$ 946.83	\$ 967.66	
Plan Specific Base Rate	\$ 473.41	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 784.68	\$ 804.80	\$ 822.51	
			Family	2.850	\$ 1,315.50	\$ 1,349.23	\$ 1,378.91	

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Plan ID: 57165NY0010003

**Affinity Access Silver with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 363.09	\$ 372.40	\$ 380.60	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.176</u>	(b)	Couple	2.000	\$ 726.19	\$ 744.81	\$ 761.19	
Plan Specific Base Rate	\$ 372.40	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 617.26	\$ 633.09	\$ 647.01	
			Family	2.850	\$ 1,034.82	\$ 1,061.35	\$ 1,084.70	

Plan ID: 57165NY0010008

**Affinity Access Silver Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 149.59	\$ 153.43	\$ 156.81	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.176</u>	(b)						
Plan Specific Base Rate	\$ 372.40	(c) = (a) x (b)						

Plan ID: 57165NY0010012

**Affinity Access Silver with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 393.59	\$ 403.69	\$ 412.57	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.275</u>	(b)	Couple	2.000	\$ 787.19	\$ 807.37	\$ 825.13	
Plan Specific Base Rate	\$ 403.69	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 669.11	\$ 686.27	\$ 701.36	
			Family	2.850	\$ 1,121.74	\$ 1,150.50	\$ 1,175.81	

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Plan ID: 57165NY0010004

**Affinity Access Bronze with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 308.95	\$ 316.87	\$ 323.84	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.001</u>	(b)	Couple	2.000	\$ 617.89	\$ 633.73	\$ 647.68	
Plan Specific Base Rate	\$ 316.87	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 525.21	\$ 538.67	\$ 550.53	
			Family	2.850	\$ 880.49	\$ 903.07	\$ 922.94	

Plan ID: 57165NY0010009

**Affinity Access Bronze Child with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 127.29	\$ 130.55	\$ 133.42	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.001</u>	(b)						
Plan Specific Base Rate	\$ 316.87	(c) = (a) x (b)						

Plan ID: 57165NY0010013

**Affinity Access Bronze with Dependent Coverage to 29 with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 334.90	\$ 343.48	\$ 351.04	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.085</u>	(b)	Couple	2.000	\$ 669.79	\$ 686.97	\$ 702.08	
Plan Specific Base Rate	\$ 343.48	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 569.32	\$ 583.92	\$ 596.77	
			Family	2.850	\$ 954.46	\$ 978.93	\$ 1,000.47	

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Plan ID: 57165NY0010005

**Affinity Access Catastrophic with Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 150.61	\$ 154.48	\$ 157.88	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>0.488</u>	(b)	Couple	2.000	\$ 301.23	\$ 308.95	\$ 315.75	
Plan Specific Base Rate	\$ 154.48	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 256.05	\$ 262.61	\$ 268.39	
			Family	2.850	\$ 429.25	\$ 440.26	\$ 449.94	

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Plan ID: 57165NY0020001

**Affinity Access Platinum without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 504.48	\$ 517.42	\$ 528.80	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.635</u>	(b)	Couple	2.000	\$ 1,008.96	\$ 1,034.83	\$ 1,057.60	
Plan Specific Base Rate	\$ 517.42	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 857.62	\$ 879.61	\$ 898.96	
			Family	2.850	\$ 1,437.77	\$ 1,474.64	\$ 1,507.08	

Plan ID: 57165NY0020006

**Affinity Access Platinum Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 207.85	\$ 213.18	\$ 217.87	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.635</u>	(b)						
Plan Specific Base Rate	\$ 517.42	(c) = (a) x (b)						

Plan ID: 57165NY0020010

**Affinity Access Platinum with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 546.86	\$ 560.88	\$ 573.22	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.772</u>	(b)	Couple	2.000	\$ 1,093.72	\$ 1,121.76	\$ 1,146.44	
Plan Specific Base Rate	\$ 560.88	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 929.66	\$ 953.50	\$ 974.47	
			Family	2.850	\$ 1,558.54	\$ 1,598.51	\$ 1,633.67	

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Plan ID: 57165NY0020002

**Affinity Access Gold without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 425.02	\$ 435.92	\$ 445.51	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.377</u>	(b)	Couple	2.000	\$ 850.04	\$ 871.84	\$ 891.02	
Plan Specific Base Rate	\$ 435.92	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 722.53	\$ 741.06	\$ 757.36	
			Family	2.850	\$ 1,211.31	\$ 1,242.37	\$ 1,269.70	

Plan ID: 57165NY0020007

**Affinity Access Gold Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 175.11	\$ 179.60	\$ 183.55	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.377</u>	(b)						
Plan Specific Base Rate	\$ 435.92	(c) = (a) x (b)						

Plan ID: 57165NY0020011

**Affinity Access Gold with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 460.72	\$ 472.53	\$ 482.93	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.493</u>	(b)	Couple	2.000	\$ 921.44	\$ 945.07	\$ 965.86	
Plan Specific Base Rate	\$ 472.54	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 783.23	\$ 803.31	\$ 820.98	
			Family	2.850	\$ 1,313.06	\$ 1,346.72	\$ 1,376.35	

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Plan ID: 57165NY0020003

**Affinity Access Silver without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 362.46	\$ 371.75	\$ 379.93	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.174</u>	(b)	Couple	2.000	\$ 724.91	\$ 743.50	\$ 759.86	
Plan Specific Base Rate	\$ 371.75	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 616.18	\$ 631.98	\$ 645.88	
			Family	2.850	\$ 1,033.00	\$ 1,059.49	\$ 1,082.80	

Plan ID: 57165NY0020008

**Affinity Access Silver Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 149.33	\$ 153.16	\$ 156.53	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.174</u>	(b)						
Plan Specific Base Rate	\$ 371.75	(c) = (a) x (b)						

Plan ID: 57165NY0020012

**Affinity Access Silver with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 392.90	\$ 402.98	\$ 411.84	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.273</u>	(b)	Couple	2.000	\$ 785.81	\$ 805.96	\$ 823.69	
Plan Specific Base Rate	\$ 402.98	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 667.94	\$ 685.06	\$ 700.13	
			Family	2.850	\$ 1,119.77	\$ 1,148.49	\$ 1,173.75	

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Plan ID: 57165NY0020004

**Affinity Access Bronze without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 308.63	\$ 316.54	\$ 323.51	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.000</u>	(b)	Couple	2.000	\$ 617.26	\$ 633.09	\$ 647.01	
Plan Specific Base Rate	\$ 316.54	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 524.67	\$ 538.12	\$ 549.96	
			Family	2.850	\$ 879.59	\$ 902.15	\$ 922.00	

Plan ID: 57165NY0020009

**Affinity Access Bronze Child without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Child Only	0.412	\$ 127.16	\$ 130.42	\$ 133.28	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.000</u>	(b)						
Plan Specific Base Rate	\$ 316.54	(c) = (a) x (b)						

Plan ID: 57165NY0020013

**Affinity Access Bronze with Dependent Coverage to 29 without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>		
				0.975	1.000	1.022	(e)	
				<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	1.000	\$ 334.55	\$ 343.13	\$ 350.68	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>1.084</u>	(b)	Couple	2.000	\$ 669.11	\$ 686.27	\$ 701.36	
Plan Specific Base Rate	\$ 343.13	(c) = (a) x (b)	Parent/Child(ren)	1.700	\$ 568.74	\$ 583.33	\$ 596.16	
			Family	2.850	\$ 953.48	\$ 977.93	\$ 999.44	

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Plan ID: 57165NY0020005

**Affinity Access Catastrophic without Pediatric Dental**

				<u>Rating Area 3</u>	<u>Rating Area 4</u>	<u>Rating Area 8</u>	
				0.975	1.000	1.022	(e)
			<u>Multiplier (d)</u>				
Base Rate	\$ 316.54	(a)	Individual	\$ 150.59	\$ 154.45	\$ 157.85	(f) = (c) x (d) x (e)
Plan Specific Rate Factor	<u>0.488</u>	(b)	Couple	\$ 301.18	\$ 308.90	\$ 315.69	
Plan Specific Base Rate	\$ 154.45	(c) = (a) x (b)	Parent/Child(ren)	\$ 256.00	\$ 262.56	\$ 268.34	
			Family	\$ 429.18	\$ 440.18	\$ 449.86	

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HIOS ID

57165

**Composition of Rating Regions**

Rating Area 4 contains the following counties in Affinity's Service Area:

Bronx  
Kings  
New York  
Queens  
Richmond  
Rockland  
Westchester

Area 4 Rating Factor                    1.000

Rating Area 8 contains the following counties in Affinity's Service Area:

Nassau  
Suffolk

Area 8 Rating Factor                    1.022

Rating Area 3 contains the following counties in Affinity's Service Area:

Orange

Area 3 Rating Factor                    0.975

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**Description of the Coverage Provided by the Plan and Limitations**

Affinity Health Plan provides the coverage that reflects standard benefit designs for each Metallic Plan level specified in the NYHBE regulations. The benefits cover Essential Health Benefits as defined by HHS and NYHBE.

Affinity provides the following types of individual coverage offered on NYHBE: Standard Plans, Child Only Plans, and Standard Plans with Dependent Coverage to Age 29.

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

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

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

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions			Bronze (AV = 0.58 to 0.62)	Catastrophic	sharing variation Less than or equal to 300% FPL
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)			
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$1,200	\$250	\$0	\$3,000	\$6,600	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	\$4,000	\$5,500	\$5,200	\$2,000	\$1,000	\$6,350	\$6,600	\$0
<b>COST SHARING - MEDICAL SERVICES</b>									
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission	50% cost sharing	0% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25	50% cost sharing	0% cost sharing	0% cost sharing
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".								
PCP	\$15	\$25	\$30	\$30	\$15	\$10	50% cost sharing	0% cost sharing	0% cost sharing
Specialist	\$35	\$40	\$50	\$50	\$35	\$20	50% cost sharing	0% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	\$30	\$25	\$15	50% cost sharing	0% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	\$150	\$75	\$50	50% cost sharing	0% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$30	50% cost sharing	0% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing	50% cost sharing	0% cost sharing	0% cost sharing

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<b>INPATIENT HOSPITAL SERVICES</b>									
Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit						50% cost sharing	0% cost sharing	0% cost sharing
Hospital services - non-maternity				Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)				Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care				Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Detoxification				Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services				Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Skilled nursing facility				Inpatient Facility copay per admission #			50% cost sharing	0% cost sharing	0% cost sharing
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility						50% cost sharing	0% cost sharing	0% cost sharing
	Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility								
<b>EMERGENCY MEDICAL SERVICES</b>									
Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation stay or to an observation care unit) directly from the emergency room						50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Emergency Room visit				\$0 copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center				Urgent Care copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit				\$0 copay per visit			50% cost sharing	0% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance				Ambulance copay per case			50% cost sharing	0% cost sharing	0% cost sharing

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<b>OUTPATIENT HOSPITAL/FACILITY SERVICES</b>									
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters			Outpatient Facility-Surgery copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Pre-admission/pre-operative testing			\$0 copay				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI			Specialist copay				50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative			PT/OT/ST copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Home care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hospice			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing

**PREVENTIVE & PRIMARY CARE SERVICES**

- Bone density testing
- Cervical cytology
- Colonoscopy screening
- Gynecological exams
- Immunizations
- Mammography
- Prenatal maternity care
- Prostate cancer screening
- Routine exams
- Women's preventive health services

NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies. Otherwise the cost sharing indicated below applies to all services in this benefit service category.

PCP/Specialist copay per visit (based on type of physician performing the service)

50% cost sharing    0% cost sharing    0% cost sharing

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<b>PHYSICIAN/PROFESSIONAL SERVICES</b>									
Inpatient hospital surgery - surgeon			Surgeon copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon			Surgeon copay per case				50% cost sharing	0% cost sharing	0% cost sharing
Office surgery		PCP/Specialist copay per visit (based on type of physician performing the service)					50% cost sharing	0% cost sharing	0% cost sharing
Anesthesia (any setting)		Covered in full, no deductible and no cost sharing applies					50% cost sharing	0% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative			PT/OT/ST copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Additional surgical opinion			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Second medical opinion for cancer			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife		Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)					50% cost sharing	0% cost sharing	0% cost sharing
In-hospital physician visits			\$0 copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic office visits		PCP/Specialist copay per visit (based on type of physician performing the service)					50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Allergy testing			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Allergy shots			PCP/Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Office/outpatient consultations		PCP/Specialist copay per visit (based on type of physician performing the service)					50% cost sharing	0% cost sharing	0% cost sharing
Mental health/Behavioral health care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Substance abuse disorder services			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Chemotherapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Radiation therapy			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Chiropractic care			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing

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<b>ADDITIONAL BENEFITS/SERVICES</b>									
ABA treatment for Autism Spectrum Disorder			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder			PCP copay per device				50% cost sharing	0% cost sharing	0% cost sharing
Durable medical equipment and medical supplies			DME/Medical supplies coinsurance cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
Hearing evaluations/testing			Specialist copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Hearing aids			Hearing aid coinsurance cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
Diabetic drugs and supplies			PCP copay per 30 days supply				50% cost sharing	0% cost sharing	0% cost sharing
Diabetic education and self-management			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Home care			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Exercise facility reimbursements			Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.						
<b>PEDIATRIC DENTAL SERVICES</b>									
Dental office visit			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
<b>PEDIATRIC VISION SERVICES</b>									
Eye exam visit			PCP copay per visit				50% cost sharing	0% cost sharing	0% cost sharing
Prescribed lenses and frames			Eyewear coinsurance cost sharing applies to combined cost of lenses and frames				50% cost sharing	0% cost sharing	0% cost sharing
Contact lenses			Eyewear coinsurance cost sharing applies				50% cost sharing	0% cost sharing	0% cost sharing
<b>PRESCRIPTION DRUGS</b>									
Generic or Tier 1	\$10	\$10	\$10	\$10	\$9	\$6	\$10	0% cost sharing	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	\$20	\$15	\$35	0% cost sharing	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	\$40	\$30	\$70	0% cost sharing	0% cost sharing

Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply

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Additional Instructions:

The following applies to the Platinum, Gold, Silver and Silver-CSR Plans:

For an inpatient admission the only copay that applies during an inpatient stay is the inpatient facility per admission copay, and if surgery is performed a surgeon copay, and if a maternity delivery is performed a maternity delivery copay which is the same as the surgeon copay if this copay has not already been collected as part of another maternity related claim.

There are no additional copays for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc.

For a maternity stay the inpatient per admission copay covers charges for the mother and a well newborn.

# The inpatient facility copay per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition.

For all the standard plan designs, the deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.

If the copay payable is more than the allowed amount (or remainder of the allowed amount), the copay payable is reduced to the allowed amount (or to the remainder of the allowed amount).

The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible.

The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products.

For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs.

For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs).

No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA.

Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply.

These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply.

These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

The family deductible is two times the single deductible and the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family member needs to accumulate any more dollars towards the deductible (or out-of-pocket limit).

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

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**Underwriting Guidelines**

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These products are guaranteed issue, provided that NYHBE eligibility criteria are met.

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**Commissions Schedule and Fees**

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Affinity is not expecting to pay any Commissions for NYHBE products.

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**Expected Loss Ratio**

The HHS expected loss ratio using Federally prescribed MLR methodology for Affinity's NYHBE Plans is 89.6%.

The NY State expected loss ratio defined as the ratio of expected incurred claims adjusted for impacts of ACA risk sharing and reinsurance programs, over earned premiums for Affinity's NYHBE Plans is 83.0%.