Empire HealthChoice HMO, Inc.
Rate Manual

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Empire HealthChoice HMO, Inc
Individual Off-Exchange Plans

Plan Name	Deductible Single/ Family	Office Visit		Network Coins	OOP Max Single/ Family	Out-of-Network Cost Shares (Does not accumulate to in-network OOPM)			Pharmacy	Inpatient Hospital	Emergency Room (Facility)	Urgent Care	Outpt Hospital (Facility)	Maternity & Newborn Care	Mental Health & Substance Abuse	Rehab & Habilitative	Diagnostics	Chronic Disease Mgmt
		PCP	Specialist			Ded Single/Family	Coins	OOP Max										
CATASTROPHIC																		
Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$6,600/ $13,200	3 @ $0 before Ded	0%	0%	$6,600/ $13,200	Not Covered, Emergent/Urgent Care Only			0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BRONZE																		
Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$6,000/ $12,000	2 @ $45 before Ded/Coins	20%	20%	$6,600/ $13,200	Not Covered, Emergent/Urgent Care Only			20%	$600 Copay + Coin	$500 Copay + Coins	$50 Copay + Coins	20%	20%	20%	20%[1]	20%	20%
Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$5,600/ $11,200	$15 unlimited	40%	40%	$6,600/ $13,200	Not Covered, Emergent/Urgent Care Only			40%	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	40%	40%	40%	40%[1]	40%	40%
Empire HMO 3000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 25	$3,000/ $6,000	50%	50%	50%	$6,350/ $12,700	Not Covered, Emergent/Urgent Care Only			Tier 1 - $10 Tier 2 - $35 Tier 3 - $70	50%	50%	50%	50%	50%	50%	50%[1]	50%	50%
SILVER																		
Empire HMO 2450 for HSA, Silver, NS, INN, Pediatric Dental, Dep 25	$2,450/ $4,900	10%	10%	10%	$6,450/ $12,900	Not Covered, Emergent/Urgent Care Only			10%	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	10%	10%	10%	10%[1]	10%	10%
Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$2,250/ $4,500	$30 unlimited	25%	25%	$5,800/ $11,600	Not Covered, Emergent/Urgent Care Only			25%	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	25%	25%	25%	25%[1]	25%	25%
Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$2,000/ $4,000	$30	$50	N/A	$5,500/ $11,000	Not Covered, Emergent/Urgent Care Only			Tier 1 - $10 Tier 2 - $35 Tier 3 - $70; No Deductible	$1,500 per adm	$150	$70	$100 per use	$1,500 per adm, $100 for prenatal & delivery physician	$1,500 per adm, PCP copay for outpt	$30 per visit[1]	$50 per visit	$30
GOLD																		
Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$1,000/ $2,000	$30 unlimited	10%	10%	$6,550/ $13,100	Not Covered, Emergent/Urgent Care Only			Tier 1 - $15 Tier 2 - $40 Tier 3 - Med Ded / Coins	$1000 Copay + Coins	$500 Copay + Coins	$50 Copay + Coins	10%	10%	10%	10%[1]	10%	10%
Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$600/ $1,200	$25	$40	N/A	$4,000/ $8,000	Not Covered, Emergent/Urgent Care Only			Tier 1 - $10 Tier 2 - $35 Tier 3 - $70; No Deductible	$1,000 per adm	$150	$60	$100 per use	$1,000 per adm, $100 for prenatal & delivery physician	$1,000 per adm, PCP copay for outpt	$30 per visit[1]	$40 per visit	PCP / SPC Copay
PLATINUM																		
Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$200/ $400	$20 unlimited	$35	5%	$3,500/ $7,000	Not Covered, Emergent/Urgent Care Only			Tier 1 - $10 Tier 2 - $35 Tier 3 - $50; No Ded on Tiers 1 & 2	$300 Copay + Coins	$150 Copay + Coins	$50 Copay + Coins	5%	5%	5%	5%[1]	5%	5%
Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$0/ $0	$15	$35	N/A	$2,000/ $4,000	Not Covered, Emergent/Urgent Care Only			Tier 1 - $10 Tier 2 - $30 Tier 3 - $60; No Deductible	$500 per adm	$100	$55	$100 per use	$500 per adm, $100 for prenatal & delivery physician	$500 per adm, PCP copay for outpt	$25 per visit[1]	Specialist copay per visit	PCP / SPC Copay
Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	$0/$0	$15	$35	N/A	$2,000/ $4,000	$1,000/ $2,000	20%	$3,000/ $5,000	Tier 1 - $10 Tier 2 - $30 Tier 3 - $60; No Deductible	$500 per adm	$100	$55	$100 per use	$500 per adm, $100 for prenatal & delivery physician	$500 per adm, PCP copay for outpt	$25 per visit[1]	$35 per visit	PCP / SPC Copay

1. limited to 60 visits per condition per lifetime

All Plans include the following:

	Diagnostic & Preventive	Basic Services	Endodontic/ Periodontal/ Oral Surgery	Major Services	Medically Necessary Orthodontics
Pediatric Dental	Covered in full	20%	50%	50%	50%

Rate Manual - Description of Benefits

Empire HealthChoice HMO, Inc.
Individual - Off Exchange
Sample Rate Calculation

Plan: Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29, SNF
Rating Region: Mid-Hudson (Region 3)
Effective Date: January 1, 2015
Build in benefit: Dependent Coverage through Age 29
Unlimited Days of SNF Coverage

	Individual	Husband/ Wife	Parent/ Child(ren)	Family
Base Rates:	$593.88	$1,187.76	$1,009.60	$1,692.56
TOTAL	$593.88	$1,187.76	$1,009.60	$1,692.56

NOTE: Empire will be using a new rating system for 2015 and rounding rules have not yet been finalized. Therefore the amounts shown are approximate.

Empire HealthChoice HMO, Inc.
Individual
Effective January 1, 2015

Rating Area Description	Area Factor	Counties Included
Albany	0.9418	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington
Long Island	0.9310	Nassau and Suffolk
Mid-Hudson	1.1108	Delaware, Dutchess, Orange, Putnam, Sullivan, and Ulster
New York City	1.0115	Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester
Upstate	1.4991	Clinton and Essex

Empire HealthChoice HMO, Inc
Rate Manual
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Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$184.10	$368.20	$312.97	$524.69
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$358.56	$717.12	$609.55	$1,021.90
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$372.90	$745.80	$633.93	$1,062.77
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$376.83	$753.66	$640.61	$1,073.97
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$391.93	$783.86	$666.28	$1,117.00
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$355.60	$711.20	$604.52	$1,013.46
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$369.83	$739.66	$628.71	$1,054.02
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$427.24	$854.48	$726.31	$1,217.63
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$444.33	$888.66	$755.36	$1,266.34
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$417.24	$834.48	$709.31	$1,189.13
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$433.92	$867.84	$737.66	$1,236.67
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$438.72	$877.44	$745.82	$1,250.35
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$456.32	$912.64	$775.74	$1,300.51
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$523.22	$1,046.44	$889.47	$1,491.18
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$544.19	$1,088.38	$925.12	$1,550.94
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$518.88	$1,037.76	$882.10	$1,478.81
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$539.65	$1,079.30	$917.41	$1,538.00
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$613.02	$1,226.04	$1,042.13	$1,747.11
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$637.57	$1,275.14	$1,083.87	$1,817.07
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$620.52	$1,241.04	$1,054.88	$1,768.48
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$645.32	$1,290.64	$1,097.04	$1,839.16
22	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$358.81	$717.62	$609.98	$1,022.61
23	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$373.15	$746.30	$634.36	$1,063.48
24	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$355.85	$711.70	$604.95	$1,014.17
25	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$370.09	$740.18	$629.15	$1,054.76

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Albany (Region 1)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$427.55	$855.10	$726.84	$1,218.52
27	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	$444.64	$889.28	$755.89	$1,267.22
28	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$417.54	$835.08	$709.82	$1,189.99
29	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29 , SNF	$434.23	$868.46	$738.19	$1,237.56
30	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	$518.27	$1,036.54	$881.06	$1,477.07
31	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	$538.99	$1,077.98	$916.28	$1,536.12
32	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	$613.43	$1,226.86	$1,042.83	$1,748.28
33	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	$637.98	$1,275.96	$1,084.57	$1,818.24
34	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	$685.28	$1,370.56	$1,164.98	$1,953.05
35	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	$712.68	$1,425.36	$1,211.56	$2,031.14
36	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	$685.79	$1,371.58	$1,165.84	$1,954.50
37	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	$713.19	$1,426.38	$1,212.42	$2,032.59

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
38	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$155.22	$310.44	$465.66
39	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$180.78	$361.56	$542.34
40	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$215.58	$431.16	$646.74
41	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$255.64	$511.28	$766.92
42	Empire HMO 3000, Bronze, Child Only, ST, INN, Pediatric Dental, SNF	$154.35	$308.70	$463.05
43	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, SNF	$180.89	$361.78	$542.67
44	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, SNF	$215.74	$431.48	$647.22
45	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, SNF	$255.54	$511.08	$766.62
46	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental	$282.38	$564.76	$847.14
47	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, SNF	$282.53	$565.06	$847.59

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$181.99	$363.98	$309.38	$518.67
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$354.45	$708.90	$602.57	$1,010.18
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$368.62	$737.24	$626.65	$1,050.57
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$372.50	$745.00	$633.25	$1,061.63
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$387.43	$774.86	$658.63	$1,104.18
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$351.52	$703.04	$597.58	$1,001.83
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$365.59	$731.18	$621.50	$1,041.93
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$422.34	$844.68	$717.98	$1,203.67
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$439.24	$878.48	$746.71	$1,251.83
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$412.45	$824.90	$701.17	$1,175.48
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$428.95	$857.90	$729.22	$1,222.51
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$433.69	$867.38	$737.27	$1,236.02
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$451.09	$902.18	$766.85	$1,285.61
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$517.22	$1,034.44	$879.27	$1,474.08
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$537.95	$1,075.90	$914.52	$1,533.16
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$512.93	$1,025.86	$871.98	$1,461.85
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$533.46	$1,066.92	$906.88	$1,520.36
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$605.99	$1,211.98	$1,030.18	$1,727.07
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$630.26	$1,260.52	$1,071.44	$1,796.24
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$613.41	$1,226.82	$1,042.80	$1,748.22
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$637.92	$1,275.84	$1,084.46	$1,818.07
22	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$354.70	$709.40	$602.99	$1,010.90
23	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$368.87	$737.74	$627.08	$1,051.28
24	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$351.77	$703.54	$598.01	$1,002.54
25	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$365.85	$731.70	$621.95	$1,042.67

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Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Long Island (Region 8)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$422.64	$845.28	$718.49	$1,204.52
27	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	$439.54	$879.08	$747.22	$1,252.69
28	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$412.76	$825.52	$701.69	$1,176.37
29	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29 , SNF	$429.25	$858.50	$729.73	$1,223.36
30	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	$512.33	$1,024.66	$870.96	$1,460.14
31	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	$532.80	$1,065.60	$905.76	$1,518.48
32	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	$606.40	$1,212.80	$1,030.88	$1,728.24
33	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	$630.66	$1,261.32	$1,072.12	$1,797.38
34	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	$677.42	$1,354.84	$1,151.61	$1,930.65
35	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	$704.50	$1,409.00	$1,197.65	$2,007.83
36	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	$677.92	$1,355.84	$1,152.46	$1,932.07
37	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	$705.01	$1,410.02	$1,198.52	$2,009.28

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
38	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$153.44	$306.88	$460.32
39	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$178.71	$357.42	$536.13
40	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$213.11	$426.22	$639.33
41	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$252.71	$505.42	$758.13
42	Empire HMO 3000, Bronze, Child Only, ST, INN, Pediatric Dental, SNF	$152.58	$305.16	$457.74
43	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, SNF	$178.81	$357.62	$536.43
44	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, SNF	$213.26	$426.52	$639.78
45	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, SNF	$252.61	$505.22	$757.83
46	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental	$279.14	$558.28	$837.42
47	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, SNF	$279.29	$558.58	$837.87

Rate Manual

Empire HealthChoice HMO, Inc.
Individual

Calendar Year 2015

Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$217.14	$434.28	$369.14	$618.85
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$422.90	$845.80	$718.93	$1,205.27
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$439.81	$879.62	$747.68	$1,253.46
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$444.44	$888.88	$755.55	$1,266.65
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$462.26	$924.52	$785.84	$1,317.44
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$419.41	$838.82	$713.00	$1,195.32
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$436.20	$872.40	$741.54	$1,243.17
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$503.90	$1,007.80	$856.63	$1,436.12
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$524.07	$1,048.14	$890.92	$1,493.60
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$492.11	$984.22	$836.59	$1,402.51
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$511.79	$1,023.58	$870.04	$1,458.60
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$517.45	$1,034.90	$879.67	$1,474.73
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$538.21	$1,076.42	$914.96	$1,533.90
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$617.11	$1,234.22	$1,049.09	$1,758.76
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$641.84	$1,283.68	$1,091.13	$1,829.24
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$611.99	$1,223.98	$1,040.38	$1,744.17
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$636.49	$1,272.98	$1,082.03	$1,814.00
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$723.03	$1,446.06	$1,229.15	$2,060.64
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$751.97	$1,503.94	$1,278.35	$2,143.11
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$731.87	$1,463.74	$1,244.18	$2,085.83
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$761.12	$1,522.24	$1,293.90	$2,169.19
22	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$423.20	$846.40	$719.44	$1,206.12
23	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$440.11	$880.22	$748.19	$1,254.31
24	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$419.71	$839.42	$713.51	$1,196.17
25	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$436.50	$873.00	$742.05	$1,244.03

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Empire HealthChoice HMO, Inc.
Individual

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Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Mid-Hudson (Region 3)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$504.27	$1,008.54	$857.26	$1,437.17
27	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	$524.43	$1,048.86	$891.53	$1,494.63
28	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$492.47	$984.94	$837.20	$1,403.54
29	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29 , SNF	$512.15	$1,024.30	$870.66	$1,459.63
30	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	$611.27	$1,222.54	$1,039.16	$1,742.12
31	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	$635.70	$1,271.40	$1,080.69	$1,811.75
32	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	$723.51	$1,447.02	$1,229.97	$2,062.00
33	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	$752.46	$1,504.92	$1,279.18	$2,144.51
34	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	$808.24	$1,616.48	$1,374.01	$2,303.48
35	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	$840.56	$1,681.12	$1,428.95	$2,395.60
36	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	$808.85	$1,617.70	$1,375.05	$2,305.22
37	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	$841.16	$1,682.32	$1,429.97	$2,397.31

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
38	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$183.07	$366.14	$549.21
39	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$213.22	$426.44	$639.66
40	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$254.27	$508.54	$762.81
41	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$301.51	$603.02	$904.53
42	Empire HMO 3000, Bronze, Child Only, ST, INN, Pediatric Dental, SNF	$182.05	$364.10	$546.15
43	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, SNF	$213.35	$426.70	$640.05
44	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, SNF	$254.45	$508.90	$763.35
45	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, SNF	$301.39	$602.78	$904.17
46	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental	$333.05	$666.10	$999.15
47	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, SNF	$333.23	$666.46	$999.69

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Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$197.73	$395.46	$336.14	$563.53
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$385.09	$770.18	$654.65	$1,097.51
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$400.49	$800.98	$680.83	$1,141.40
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$404.71	$809.42	$688.01	$1,153.42
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$420.93	$841.86	$715.58	$1,199.65
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$381.92	$763.84	$649.26	$1,088.47
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$397.21	$794.42	$675.26	$1,132.05
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$458.86	$917.72	$780.06	$1,307.75
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$477.22	$954.44	$811.27	$1,360.08
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$448.12	$896.24	$761.80	$1,277.14
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$466.04	$932.08	$792.27	$1,328.21
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$471.19	$942.38	$801.02	$1,342.89
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$490.09	$980.18	$833.15	$1,396.76
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$561.94	$1,123.88	$955.30	$1,601.53
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$584.46	$1,168.92	$993.58	$1,665.71
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$557.28	$1,114.56	$947.38	$1,588.25
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$579.59	$1,159.18	$985.30	$1,651.83
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$658.39	$1,316.78	$1,119.26	$1,876.41
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$684.75	$1,369.50	$1,164.08	$1,951.54
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$666.45	$1,332.90	$1,132.97	$1,899.38
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$693.08	$1,386.16	$1,178.24	$1,975.28
22	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$385.37	$770.74	$655.13	$1,098.30
23	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$400.77	$801.54	$681.31	$1,142.19
24	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$382.19	$764.38	$649.72	$1,089.24
25	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$397.48	$794.96	$675.72	$1,132.82

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Empire HealthChoice HMO, Inc.
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Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

New York City (Region 4)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$459.19	$918.38	$780.62	$1,308.69
27	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	$477.55	$955.10	$811.84	$1,361.02
28	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$448.45	$896.90	$762.37	$1,278.08
29	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29 , SNF	$466.37	$932.74	$792.83	$1,329.15
30	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	$556.62	$1,113.24	$946.25	$1,586.37
31	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	$578.87	$1,157.74	$984.08	$1,649.78
32	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	$658.83	$1,317.66	$1,120.01	$1,877.67
33	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	$685.19	$1,370.38	$1,164.82	$1,952.79
34	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	$735.99	$1,471.98	$1,251.18	$2,097.57
35	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	$765.42	$1,530.84	$1,301.21	$2,181.45
36	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	$736.54	$1,473.08	$1,252.12	$2,099.14
37	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	$765.97	$1,531.94	$1,302.15	$2,183.01

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
38	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$166.71	$333.42	$500.13
39	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$194.16	$388.32	$582.48
40	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$231.54	$463.08	$694.62
41	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$274.56	$549.12	$823.68
42	Empire HMO 3000, Bronze, Child Only, ST, INN, Pediatric Dental, SNF	$165.78	$331.56	$497.34
43	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, SNF	$194.27	$388.54	$582.81
44	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, SNF	$231.70	$463.40	$695.10
45	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, SNF	$274.45	$548.90	$823.35
46	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental	$303.27	$606.54	$909.81
47	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, SNF	$303.44	$606.88	$910.32

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Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
1	Empire HMO 6600, Catastrophic, ST, INN, Pediatric Dental	$293.04	$586.08	$498.17	$835.16
2	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25	$570.73	$1,141.46	$970.24	$1,626.58
3	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29	$593.55	$1,187.10	$1,009.04	$1,691.62
4	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Dep 25	$599.81	$1,199.62	$1,019.68	$1,709.46
5	Empire HMO 3000, Bronze, ST, INN, Pediatric Dental, Age 29	$623.85	$1,247.70	$1,060.55	$1,777.97
6	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25	$566.02	$1,132.04	$962.23	$1,613.16
7	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29	$588.68	$1,177.36	$1,000.76	$1,677.74
8	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25	$680.05	$1,360.10	$1,156.09	$1,938.14
9	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29	$707.26	$1,414.52	$1,202.34	$2,015.69
10	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25	$664.13	$1,328.26	$1,129.02	$1,892.77
11	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29	$690.69	$1,381.38	$1,174.17	$1,968.47
12	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25	$698.33	$1,396.66	$1,187.16	$1,990.24
13	Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 29	$726.35	$1,452.70	$1,234.80	$2,070.10
14	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25	$832.83	$1,665.66	$1,415.81	$2,373.57
15	Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 29	$866.21	$1,732.42	$1,472.56	$2,468.70
16	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25	$825.92	$1,651.84	$1,404.06	$2,353.87
17	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29	$858.98	$1,717.96	$1,460.27	$2,448.09
18	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25	$975.77	$1,951.54	$1,658.81	$2,780.94
19	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29	$1,014.84	$2,029.68	$1,725.23	$2,892.29
20	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 25	$987.71	$1,975.42	$1,679.11	$2,814.97
21	Empire HMO 0, Platinum, ST, INN, Pediatric Dental, Dep 29	$1,027.19	$2,054.38	$1,746.22	$2,927.49
22	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$571.14	$1,142.28	$970.94	$1,627.75
23	Empire HMO 5600, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$593.96	$1,187.92	$1,009.73	$1,692.79
24	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25, SNF	$566.43	$1,132.86	$962.93	$1,614.33
25	Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 29, SNF	$589.09	$1,178.18	$1,001.45	$1,678.91

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Empire HealthChoice HMO, Inc.
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Form Number(s): NY_OFFHIX_HM(1/15), NY_OFFHIX_HM_CHILD(1/15), NY_OFFHIX_HM_CAT(1/15)

Upstate (Region 7)

Index	HIOS Plan Name	Individual	Husband/ Wife	Parent/ Child(ren)	Family
26	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$680.54	$1,361.08	$1,156.92	$1,939.54
27	Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 29, SNF	$707.75	$1,415.50	$1,203.18	$2,017.09
28	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 25, SNF	$664.62	$1,329.24	$1,129.85	$1,894.17
29	Empire HMO 2450, Silver, NS, INN, Pediatric Dental, Dep 29 , SNF	$691.18	$1,382.36	$1,175.01	$1,969.86
30	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 25, SNF	$824.95	$1,649.90	$1,402.42	$2,351.11
31	Empire HMO 1000, Gold, NS, INN, Pediatric Dental, Dep 29, SNF	$857.92	$1,715.84	$1,458.46	$2,445.07
32	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 25, SNF	$976.42	$1,952.84	$1,659.91	$2,782.80
33	Empire HMO 200, Platinum, NS, INN, Pediatric Dental, Dep 29, SNF	$1,015.49	$2,030.98	$1,726.33	$2,894.15
34	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25	$1,090.78	$2,181.56	$1,854.33	$3,108.72
35	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29	$1,134.40	$2,268.80	$1,928.48	$3,233.04
36	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 25, SNF	$1,091.59	$2,183.18	$1,855.70	$3,111.03
37	Empire HMO 0, Platinum, ST, OON, Pediatric Dental, Dep 29, SNF	$1,135.21	$2,270.42	$1,929.86	$3,235.35

Index	HIOS Plan Name	Child Only (1 Child)	Child Only (2 Children)	Child Only (3+ Children)
38	Empire HMO 3000 , Bronze, Child Only, ST, INN, Pediatric Dental	$247.07	$494.14	$741.21
39	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental	$287.76	$575.52	$863.28
40	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental	$343.15	$686.30	$1,029.45
41	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental	$406.91	$813.82	$1,220.73
42	Empire HMO 3000, Bronze, Child Only, ST, INN, Pediatric Dental, SNF	$245.69	$491.38	$737.07
43	Empire HMO 2000, Silver, Child Only, ST, INN, Pediatric Dental, SNF	$287.92	$575.84	$863.76
44	Empire HMO 600, Gold, Child Only, ST, INN, Pediatric Dental, SNF	$343.40	$686.80	$1,030.20
45	Empire HMO 0, Platinum, Child Only, ST, INN, Pediatric Dental, SNF	$406.75	$813.50	$1,220.25
46	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental	$449.47	$898.94	$1,348.41
47	Empire HMO 0, Platinum, Child Only, ST, OON, Pediatric Dental, SNF	$449.71	$899.42	$1,349.13