

SERFF Tracking #:

AWLP-128694812

State Tracking #:

2012110019

Company Tracking #:2Q13 RATES SG PPO & SG EPO - ART
42**State:**

New York

Filing Company:

Empire Health Choice Assurance, Inc.

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

SG PPO & SG EPO - 2Q13

Project Name/Number:

2Q13 RATE FILING - SG PPO & SG EPO ARTICLE 42/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manuals		New		EPO Base Rate Pages for 2Q13 Rate Filing w. DFS Adj.pdf, EPO Rx Rate Pages for 2Q13 Rate Filing w. DFS Adj.pdf, PPO Base Rate Pages for 2Q13 Rate Filing w. DFS Adj.pdf, PPO Rx Rate Pages for 2Q13 Rate Filing w. DFS Adj.pdf,

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective May 1, 2013**

Quarter 2: April - June 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$292.58	\$614.42	\$526.64	\$886.52
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$312.38	\$656.00	\$562.28	\$946.51
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$305.06	\$640.63	\$549.11	\$924.33
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$235.90	\$495.39	\$424.62	\$714.78
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$261.48	\$549.11	\$470.66	\$792.28
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$339.52	\$712.99	\$611.14	\$1,028.75

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective May 1, 2013**

Quarter 3: July - September 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$303.55	\$637.46	\$546.39	\$919.76
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$324.09	\$680.59	\$583.36	\$981.99
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$316.50	\$664.65	\$569.70	\$959.00
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$244.75	\$513.98	\$440.55	\$741.59
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$271.29	\$569.71	\$488.32	\$822.01
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$352.25	\$739.73	\$634.05	\$1,067.32

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective May 1, 2013**

Quarter 4: October - December 2013

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$314.93	\$661.35	\$566.87	\$954.24
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$336.24	\$706.10	\$605.23	\$1,018.81
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$328.37	\$689.58	\$591.07	\$994.96
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$253.93	\$533.25	\$457.07	\$769.41
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$281.46	\$591.07	\$506.63	\$852.82
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$365.46	\$767.47	\$657.83	\$1,107.34

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO
Form Number: SOB-EPO-Blue Essential 2011
Monthly Rates Effective May 1, 2013**

Quarter 1: January - March 2014

Option	PCP Co-pay	NonPCP Co-pay	Deductible	Coinsurance	OOP Max (incl. ded)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$326.74	\$686.15	\$588.13	\$990.02
Downstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$348.85	\$732.59	\$627.93	\$1,057.02
Mid-Hudson*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$340.68	\$715.43	\$613.22	\$1,032.26
Capital*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$263.45	\$553.25	\$474.21	\$798.25
Upstate 1*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$292.01	\$613.22	\$525.62	\$884.79
Upstate 2*									
10	\$30	\$50	\$4,000	80%	\$10,000	\$379.16	\$796.24	\$682.49	\$1,148.85

*Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND, NEW JERSEY

*Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

*Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER, CONNECTICUT

*Capital: ALBANY, RENSSELAER, SCHENECTADY

*Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

*Upstate 2: CLINTON, ESSEX, FULTON

Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013

Quarter 2: April - June 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOB Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$108.55	\$227.96	\$195.39	\$328.91
\$10	35%	50%	n/a	\$100	\$84.87	\$178.23	\$152.77	\$257.16
\$10	\$35	35%	\$10,000	\$50	\$108.94	\$228.77	\$196.09	\$330.09
\$10	35%	50%	\$10,000	\$100	\$85.60	\$179.76	\$154.08	\$259.37

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Co-pay	***					
\$10	50%		\$17.98	\$37.76	\$32.36	\$54.48

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013**

Quarter 3: July - September 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$112.62	\$236.50	\$202.72	\$341.24
\$10	35%	50%	n/a	\$100	\$88.05	\$184.91	\$158.49	\$266.79
\$10	\$35	35%	\$10,000	\$50	\$113.03	\$237.36	\$203.45	\$342.48
\$10	35%	50%	\$10,000	\$100	\$88.81	\$186.50	\$159.86	\$269.09

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Co-pay	***					
\$10	50%		\$18.65	\$39.17	\$33.57	\$56.51

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013**

Quarter 4: October - December 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOB Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$116.84	\$245.36	\$210.31	\$354.03
\$10	35%	50%	n/a	\$100	\$91.35	\$191.84	\$164.43	\$276.79
\$10	\$35	35%	\$10,000	\$50	\$117.27	\$246.27	\$211.09	\$355.33
\$10	35%	50%	\$10,000	\$100	\$92.14	\$193.49	\$165.85	\$279.18

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Co-pay	***					
\$10	50%		\$19.35	\$40.64	\$34.83	\$58.63

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group Blue Essential EPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013**

Quarter 1: January - March 2014

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOB Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	\$35	35%	n/a	\$50	\$121.22	\$254.56	\$218.20	\$367.30
\$10	35%	50%	n/a	\$100	\$94.78	\$199.04	\$170.60	\$287.18
\$10	\$35	35%	\$10,000	\$50	\$121.67	\$255.51	\$219.01	\$368.66
\$10	35%	50%	\$10,000	\$100	\$95.60	\$200.76	\$172.08	\$289.67

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Coinsurance		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
Co-pay	***					
\$10	50%		\$20.08	\$42.17	\$36.14	\$60.84

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective May 1, 2013

Quarter 2: April - June 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$597.99	\$1,195.98	\$1,076.38	\$1,793.97
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$540.28	\$1,080.56	\$972.50	\$1,620.84
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$638.46	\$1,276.92	\$1,149.23	\$1,915.38
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$576.87	\$1,153.74	\$1,038.37	\$1,730.61
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$623.52	\$1,247.04	\$1,122.34	\$1,870.56
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$563.35	\$1,126.70	\$1,014.03	\$1,690.05
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$482.10	\$964.20	\$867.78	\$1,446.30
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$435.59	\$871.18	\$784.06	\$1,306.77
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$534.42	\$1,068.84	\$961.96	\$1,603.26
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$482.85	\$965.70	\$869.13	\$1,448.55
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$693.92	\$1,387.84	\$1,249.06	\$2,081.76
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$626.95	\$1,253.90	\$1,128.51	\$1,880.85

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective May 1, 2013

Quarter 3: July - September 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$620.41	\$1,240.82	\$1,116.74	\$1,861.23
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$560.54	\$1,121.08	\$1,008.97	\$1,681.62
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$662.40	\$1,324.80	\$1,192.32	\$1,987.20
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$598.50	\$1,197.00	\$1,077.30	\$1,795.50
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$646.90	\$1,293.80	\$1,164.42	\$1,940.70
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$584.48	\$1,168.96	\$1,052.06	\$1,753.44
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$500.18	\$1,000.36	\$900.32	\$1,500.54
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$451.92	\$903.84	\$813.46	\$1,355.76
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$554.46	\$1,108.92	\$998.03	\$1,663.38
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$500.96	\$1,001.92	\$901.73	\$1,502.88
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$719.94	\$1,439.88	\$1,295.89	\$2,159.82
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$650.46	\$1,300.92	\$1,170.83	\$1,951.38

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective May 1, 2013

Quarter 4: October - December 2013

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option H/W	P/Ch(ren)	Family
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$643.68	\$1,287.36	\$1,158.62	\$1,931.04
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$581.56	\$1,163.12	\$1,046.81	\$1,744.68
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$687.24	\$1,374.48	\$1,237.03	\$2,061.72
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$620.94	\$1,241.88	\$1,117.69	\$1,862.82
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$671.16	\$1,342.32	\$1,208.09	\$2,013.48
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$606.40	\$1,212.80	\$1,091.52	\$1,819.20
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$518.94	\$1,037.88	\$934.09	\$1,556.82
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$468.87	\$937.74	\$843.97	\$1,406.61
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$575.25	\$1,150.50	\$1,035.45	\$1,725.75
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$519.75	\$1,039.50	\$935.55	\$1,559.25
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$746.94	\$1,493.88	\$1,344.49	\$2,240.82
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$674.85	\$1,349.70	\$1,214.73	\$2,024.55

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

Empire HealthChoice Assurance, Inc.
Small Group Empire PPO
Form Number: CR-GR-PPO.A/Rev
Group Monthly Rates Effective May 1, 2013

Quarter 1: January - March 2014

Small Group

Option	In-Network Benefits		Out-of-Network Benefits			Premium			
	Physician Co-pay	Inpatient Co-pay	Ded.	Coins.	Out of Pocket (incl. ded.)	Individual	Four Tier Option		Family
							H/W	P/Ch(ren)	
Downstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$667.82	\$1,335.64	\$1,202.08	\$2,003.46
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$603.37	\$1,206.74	\$1,086.07	\$1,810.11
Downstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$713.01	\$1,426.02	\$1,283.42	\$2,139.03
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$644.23	\$1,288.46	\$1,159.61	\$1,932.69
Mid-Hudson									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$696.33	\$1,392.66	\$1,253.39	\$2,088.99
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$629.14	\$1,258.28	\$1,132.45	\$1,887.42
Capital									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$538.40	\$1,076.80	\$969.12	\$1,615.20
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$486.45	\$972.90	\$875.61	\$1,459.35
Upstate 1									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$596.82	\$1,193.64	\$1,074.28	\$1,790.46
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$539.24	\$1,078.48	\$970.63	\$1,617.72
Upstate 2									
10	45/60	\$1000 ded/90% coins	\$2,500	70%	\$7,500	\$774.95	\$1,549.90	\$1,394.91	\$2,324.85
11	45/60	\$1500 ded/80% coins	\$3,000	60%	\$9,000	\$700.16	\$1,400.32	\$1,260.29	\$2,100.48

Downstate 1: BRONX, KINGS, RICHMOND, ROCKLAND

Downstate 2: NASSAU, NEW YORK, QUEENS, SUFFOLK

Mid-Hudson: DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER, WESTCHESTER

Capital: ALBANY, RENSSELAER, SCHENECTADY

Upstate 1: COLUMBIA, DELAWARE, GREENE, MONTGOMERY, SARATOGA, SCHOHARIE, WARREN, WASHINGTON

Upstate 2: CLINTON, ESSEX, FULTON

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013**

Quarter 2: April - June 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$134.47	\$268.94	\$242.05	\$403.41
\$10	35%	50%	\$10,000	\$100	\$135.63	\$271.26	\$244.13	\$406.89
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Coinsurance*					
	**					
\$10	50%		\$28.50	\$57.00	\$51.30	\$85.50

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013**

Quarter 3: July - September 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$139.51	\$279.02	\$251.12	\$418.53
\$10	35%	50%	\$10,000	\$100	\$140.72	\$281.44	\$253.30	\$422.16
- Coinsurance Max/Script : \$350								
- Deductible will not apply to Tier 1 Generic Drugs								

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Coinsurance*					
	**					
\$10	50%		\$29.57	\$59.14	\$53.23	\$88.71

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013**

Quarter 4: October - December 2013

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$144.74	\$289.48	\$260.53	\$434.22
\$10	35%	50%	\$10,000	\$100	\$146.00	\$292.00	\$262.80	\$438.00

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Generic	Brand				
	Co-pay	Coinsurance*				
	\$10	50%**	\$30.68	\$61.36	\$55.22	\$92.04

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.

**Empire HealthChoice Assurance, Inc.
Small Group PPO Prescription Drug Riders
Group Monthly Rates Effective May 1, 2013**

Quarter 1: January - March 2014

Rider Description					Individual	Four Tier Option		Family
Tier 1	Tier 2	Tier 3	OOP Max.	Deductible		H/W	P/Ch(ren)	
Includes Preferred Generic								
Form Number: RX-SOB-3T-42-SG; RX-NOC-42.Rev1112**								
\$10	35%	50%	n/a	\$100	\$150.17	\$300.34	\$270.31	\$450.51
\$10	35%	50%	\$10,000	\$100	\$151.48	\$302.96	\$272.66	\$454.44

- Coinsurance Max/Script : \$350
- Deductible will not apply to Tier 1 Generic Drugs

Form Number: R-ContraRx&Dev42*

Generic & Brand Contraceptives	3.0%	3.0%	3.0%	3.0%
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Rider Description			Individual	Four Tier Option		Family
Generic	Brand	Co-pay		H/W	P/Ch(ren)	
Generic Only, No Deductible						
Form Number: RX-NOC-42-GEN10.Rev1112**						
	Coinsurance*					
	**					
\$10	50%		\$31.83	\$63.66	\$57.29	\$95.49

Form Number: R-ContraRxGen42*

Generic Only Contraceptives	7.0%	7.0%	7.0%	7.0%
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* Rider rate is multiplied by prescription drug rate.

** Excludes coverage for contraceptives.

*** For mandated drugs only.