

Group Number: 38723		RENEWAL QU	OTE SUMMARY				
Second S	Group Name:	City of Saratoga Springs					
MIM FLYNN Shroker Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVIC	Group Number:	387023					
Brokwrage Name: ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC Sales Representative Name: Opportunity ID PPACA Ombination Number Opportunity ID Non-Grandfathered Onderwriting Approved Prospect ID: 666198 Scenario ID: 766498 Rating ID: 4847038 OD000314 HMO - Initial Renewal	Contract Period:	January 01, 2015 - December 31, 2015					
Agies Regresentative Name: Combination Number Opportunity Department Non Grandfathered Underwriting Approved	Broker Name:	JIM FLYNN					
Prospect ID: 666198 Scenario ID: 766498 Rating ID: 4847038 OD090314 Prospect ID: 666198 Scenario ID: 766498 Rating ID: 4847038 OD090314 Prospect ID: 666198 Scenario ID: 766498 Rating ID: 4847038 OD090314 Primary Copay \$10 Selection Primary Copay \$10 Product/Network Type HMO PMO OP Max 25 times the individual coverage. PMO Coverage Deductible \$0 Sinistric Scopays-Generic: Non-Mandatory Prescription Drugs Deductible \$0 Sinistric Scopays-Generic: Non-Mandatory Oral Contraceptives 100% for Generic/Single-Source Brand; Multi-Source Brand Subj to Rx Cost Share Contraceptive Devices and Female Sterilization 100% Covered Abortion and Male Sterilization 100% Covered Abortion and Male Sterilization 100% Covered Abortion Therapy 30 Visits Outpatient Physical Therapy 30 Visits Outpatient Sp/OccVision Therapies 30 Visits Priced Separately Emergency Room/Ambulatory Surgery Copay Prost & Ortho Coinsurance Same as PCP Copay / 20% Coinsurance Dependent Coverage Age 26 End Of Month Not Covered Company Reimbursement Not Covered Company Reimbursement Not Covered Company Reimbursement Not Covered Co	Brokerage Name:		ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC				
Prospect ID: 666198					1		
Prospect ID: 686198 Seenario ID: 766498 HMQ - Initial Renewal HMQ - I							
HMO - Initial Renewal Base Option Base Option \$10 Specialist Copay \$10 Inpatient Copay \$0 Family ODP Max is 25 times the individual coverage. Coverage HMO HM		Scenario ID: 766498		_			
Primary Copay \$10 Specialist Copay 10 Inpatient Copay 50 Inpatient Copay 50 Inpatient Copay 50 Inpatient Copay 50 In Network Type Product/Network Type	Prospect ID. Gootso		tial Renewal	realing ib. 4047 000	QD000014		
Primary Copay Specialist Copay Inpatient Copay Inpatient Physical Therapy Outpatient Physical Therapy Outpatient Physical Therapy Outpatient Sp/Occ/Vision Therapies Primary Copay Specialist Co	Base Op	tion		Selection			
Inpatient Copay Family OOP Max is 25 times the individual coverage Coverage HMO HMO OOP Max Prescription Drugs Product/Network Type HMO HMO OOP Max Prescription Drugs Deductible \$0 \$5/\$16*25 copays-Generic: Non-Mandatory Oral Contraceptives 100% for Generic/Single-Source Brand; Multi-Source Brand Subj to Rx Cost Share Contraceptive Devices and Female Sterilization 100% Covered Abortion and Male Sterilization Covered Skilled Nursing Facility Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies Wision Care Priced Separately Emergency Room/Ambulatory Surgery Copay Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Gyn Reimbursement Not Covered Age 26 End Of Month Not Covered	Primary Copay		\$10				
Family OOP Max is 25 times the individual coverage. Coverage HMO HMO HMO OOP Max Prescription Drugs Deductible \$0 \$5/5816/25 copays-Generic: Non-Mandatory Oral Contraceptives 100% for Generic/Single-Source Brand; Multi-Source Brand Subj to Rx Cost Share Contraceptive Devices and Female Sterilization Abortion and Male Sterilization Covered Skilled Nursing Facility Inpatient Physical Therapy Outpatient Physical Therapy Outpatient Sp/Occ/Vision Therapies Vision Care Emergency Room/Ambulatory Surgery Copay Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Gym Reimbursement MMO HMO HMO HMO HMO HMO HMO HM	Specialist Copay		\$10				
Product/Network Type HMO HMO OOP Max Prescription Drugs Deductible \$0 \$5,080 Combined Medical and RX OOP Max Prescription Drugs Deductible \$0 \$5,815/\$25 copays-Generic: Non-Mandatory Oral Contraceptives 100% for Generic/Single-Source Brand; Multi-Source Brand Subj to Rx Cost Share Contraceptive Devices and Female Sterilization 100% Covered Abortion and Male Sterilization Covered Skilled Nursing Facility Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies Vision Care Emergency Room/Ambulatory Surgery Copay Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Gym Reimbursement HMO HMO HMO #MO #MO #MO #MO #MO	Inpatient Copay			\$0			
Product/Network Type HMO OOP Max Prescription Drugs Deductible \$0 S5/\$15/\$25 copays-Generic: Non-Mandatory Oral Contraceptives Onla Contraceptive Devices and Female Sterilization Abortion and Male Sterilization Skilled Nursing Facility Inpatient Physical Therapy Outpatient Physical Therapy Outpatient Physical Therapy Outpatient Sp/Occ/Vision Therapies Vision Care Emergency Room/Ambulatory Surgery Copay Demestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Gym Reimbursement HMO Stone Good Combined Medical and RX OOP Max Sp, 000 Combined Medical and RX OOP Max Sp, 000 Covered Sp, 000 Covered Solution Sp, 100 Covered Solution Covered Solution Covered Age 26 End Of Month Not Covered	Family OOP Max is 2.5 times the individual coverage.						
HMO OOP Max Prescription Drugs Deductible \$0 \$5/\$15/\$25 copays-Generic: Non-Mandatory Oral Contraceptives Oral Contraceptives and Female Sterilization Abortion and Male Sterilization Abortion and Male Sterilization Skilled Nursing Facility Inpatient Physical Therapy Outpatient Physical Therapy Outpatient Physical Therapy Outpatient Sp/Occ/Vision Therapies Vision Care Emergency Room/Ambulatory Surgery Copay Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Gyn Reimbursement S5,880 Combined Medical and RX OOP Max Deductible \$0 S5,815/\$25 copays-Generic: Non-Mandatory Overed Schief Copar / Surgery Copay Solvered	Coverage		In Network				
Prescription Drugs Deductible \$0 \$5/\$15/\$25 copays-Generic: Non-Mandatory Oral Contraceptives 100% for Generic/Single-Source Brand; Multi-Source Brand Subj to Rx Cost Share Contraceptive Devices and Female Sterilization 100% Covered Abortion and Male Sterilization Covered Skilled Nursing Facility 60 Days Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies Vision Care Emergency Room/Ambulatory Surgery Copay Says Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Syn Reimbursement Above for Generic/Single-Source Brand; Multi-Source Brand Subj to Rx Cost Share 100% Covered 100%	Product/Network Type		нмо				
S5/\$15/\$25 copays-Generic: Non-Mandatory Oral Contraceptives Oral Contraceptive Devices and Female Sterilization Abortion and Male Sterilization Abortion and Male Sterilization Skilled Nursing Facility Inpatient Physical Therapy Outpatient Physical Therapy Outpatient Physical Therapy Outpatient Sp/Occ/Vision Therapies Vision Care Emergency Room/Ambulatory Surgery Copay Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Age 26 End Of Month Not Covered Same as PCP Copay / 20% Coinsurance Age 26 End Of Month Not Covered	HMO OOP Max		\$5,080 Combined Medical and RX OOP Max				
Oral Contraceptives 100% for Generic/Single-Source Brand; Multi-Source Brand Subj to Rx Cost Share Contraceptive Devices and Female Sterilization 100% Covered Abortion and Male Sterilization Covered Skilled Nursing Facility 60 Days Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies 30 Visits Vision Care Priced Separately Emergency Room/Ambulatory Surgery Copay \$35/\$0 Domestic Partner Coverage Not Covered Rad, Sup, DME Copay / Prost & Ortho Coinsurance Same as PCP Copay / 20% Coinsurance Dependent Coverage Age 26 End Of Month Out Covered	Prescription Drugs		Deductible \$0				
Share Contraceptive Devices and Female Sterilization 100% Covered Abortion and Male Sterilization Covered Skilled Nursing Facility 60 Days Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies 30 Visits Vision Care Priced Separately Emergency Room/Ambulatory Surgery Copay \$35/\$0 Domestic Partner Coverage Not Covered Rad, Sup, DME Copay / Prost & Ortho Coinsurance Same as PCP Copay / 20% Coinsurance Dependent Coverage Age 26 End Of Month Gym Reimbursement Not Covered			\$5/\$15/\$25 copays-Generic: Non-Mandatory				
Abortion and Male Sterilization Skilled Nursing Facility 60 Days Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies 70 Vision Care 70 Priced Separately Fmergency Room/Ambulatory Surgery Copay 70 Domestic Partner Coverage 71 Rad, Sup, DME Copay / Prost & Ortho Coinsurance 72 Dependent Coverage 73 Age 26 End Of Month 74 Not Covered 75 Not Covered 76 Not Covered 77 Not Covered 78 Not Covered 78 Not Covered 79 Not Covered 70 Not Covered 70 Not Covered 70 Not Covered 70 Not Covered	Oral Contraceptives		1				
Skilled Nursing Facility Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies Vision Care Priced Separately Emergency Room/Ambulatory Surgery Copay Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Age 26 End Of Month Source Outpatient Sp/Occ/Vision Therapies Age 26 End Of Month Not Covered	Contraceptive Devices and Female Sterilization		100% Covered				
Inpatient Physical Therapy 30 Days Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies Vision Care Priced Separately Emergency Room/Ambulatory Surgery Copay \$35/\$0 Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Age 26 End Of Month Gym Reimbursement 30 Days 30 Visits 30 Visits Vision Care Priced Separately \$35/\$0 Not Covered \$35/\$0 Not Covered \$4 ge 26 End Of Month Not Covered Not Covered	Abortion and Male Sterilization		Covered				
Outpatient Physical Therapy 30 Visits Outpatient Sp/Occ/Vision Therapies Vision Care Priced Separately Emergency Room/Ambulatory Surgery Copay \$35/\$0 Domestic Partner Coverage Not Covered Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Age 26 End Of Month Gym Reimbursement Not Covered	Skilled Nursing Facility		60 Days				
Outpatient Sp/Occ/Vision Therapies 30 Visits Vision Care Priced Separately Emergency Room/Ambulatory Surgery Copay \$35/\$0 Domestic Partner Coverage Not Covered Rad, Sup, DME Copay / Prost & Ortho Coinsurance Same as PCP Copay / 20% Coinsurance Dependent Coverage Age 26 End Of Month Gym Reimbursement Not Covered	Inpatient Physical Therapy		30 Days				
Vision Care Priced Separately Emergency Room/Ambulatory Surgery Copay \$35/\$0 Domestic Partner Coverage Not Covered Rad, Sup, DME Copay / Prost & Ortho Coinsurance Same as PCP Copay / 20% Coinsurance Dependent Coverage Age 26 End Of Month Gym Reimbursement Not Covered	Outpatient Physical Therapy		30 Visits				
Emergency Room/Ambulatory Surgery Copay \$35/\$0 Domestic Partner Coverage Not Covered Rad, Sup, DME Copay / Prost & Ortho Coinsurance Same as PCP Copay / 20% Coinsurance Dependent Coverage Age 26 End Of Month Gym Reimbursement Not Covered	Outpatient Sp/Occ/Vision Therapies		30 Visits				
Domestic Partner Coverage Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Age 26 End Of Month Gym Reimbursement Not Covered Not Covered Not Covered	Vision Care		Priced Separately				
Rad, Sup, DME Copay / Prost & Ortho Coinsurance Dependent Coverage Gym Reimbursement Same as PCP Copay / 20% Coinsurance Age 26 End Of Month Not Covered	Emergency Room/Ambulatory Surgery Copay		\$35/\$0				
Dependent Coverage Age 26 End Of Month Gym Reimbursement Not Covered	Domestic Partner Coverage		Not Covered				
Gym Reimbursement Not Covered	Rad, Sup, DME Copay / Prost & Ortho Coinsur	ance	Same as PCP Copay / 20% Coinsurance				
	Dependent Coverage	Dependent Coverage		Age 26 End Of Month			
Healthy Lifestyles Base Program (Online)	Gym Reimbursement		Not Covered				
	Healthy Lifestyles	Healthy Lifestyles		Base Program (Online)			



Services provided by Empire HealthChoice HMO. Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans

		RENEWA	L QUOTE SUMMAR	₹Y 		
Group Name:	[c	City of Saratoga Springs				
Group Number:	3	387023				
Contract Period:	J	January 01, 2015 - December 31, 2015				
Broker Name:		JIM FLYNN				
		ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC				
Brokerage Name:			ANT TIMANOIAL SERV	1010 1140		
Sales Representative Name:		UDITH MOORE-KELMAN		DDAGA	01. 0	4-4
Combination Number	0	pportunity ID		PPACA Non Grandfathered	Quote S	
Prospect ID: 666198		Scenario ID: 766498		Rating ID: 4847038		ng Approved QD090314
DOWNSTATE 1				Kalling ID. 4647036		QD090314
DOWNSTATE 1		Non-Medicare			Medicare	
	Individual	2-Party	Family	Individual	2-Party	Family
Current Rates	\$1,051.54	\$2,050.51	\$3,049.68	\$937.61	\$1,936.58	\$2,935.75
tenewal Rates Before Fees	\$1,021.72	\$1,992.36	\$2,963.19	\$910.93	\$1,881.59	\$2,852.42
ACA Insurer Fee	\$25.18	\$48.79	\$66.37	\$28.11	\$58.06	\$88.02
ACA Reinsurance Fee	\$6.35	\$12.70	\$25.08	\$0.00	\$0.00	\$0.00
lenewal Rates	\$1,053.25	\$2,053.85	\$3,054.64	\$939.04	\$1,939.65	\$2,940.44
DOWNSTATE 2		Non-Medicare			Medicare	
	Individual	2-Party	Family	Individual	2-Party	Family
Current Rates	\$1,102.96	\$2,150.78	\$3,198.80	\$981.31	\$2,029.13	\$3,077.16
tenewal Rates Before Fees	\$1,071.63	\$2,089.70	\$3,107.96	\$953.37	\$1,971.43	\$2,989.68
ACA Insurer Fee	\$26.73	\$51.80	\$70.84	\$29.42	\$60.84	\$92.27
ACA Reinsurance Fee	\$6.35	\$12.70	\$25.08	\$0.00	\$0.00	\$0.00
enewal Rates	\$1,104.71	\$2,154.20	\$3,203.88	\$982.79	\$2,032.27	\$3,081.95
MID-HUDSON		Non-Medicare	<u> </u>	<u>. </u>	Medicare	
	la dividual		Family	In alice alocal		Family
urrent Rates	Individual \$1,083.96	2-Party \$2,113.73	Family \$3,143.70	Individual \$965.16	2-Party \$1,994.93	Family \$3,024.91
Renewal Rates Before Fees	\$1,053.96	\$2,113.73	\$3,143.70	\$937.69	\$1,994.93	\$2,938.98
ACA Insurer Fee	\$26.16	\$50.69	\$3,054.46 \$69.19	\$28.94	\$59.82	\$2,936.96
ACA Reinsurance Fee	\$6.35	\$12.70	\$25.08	\$0.00	\$0.00	\$0.00
denewal Rates	\$1,085.70	\$2,117.13	\$3,148.75	\$966.63	\$1,998.06	\$3,029.68
	\$1,005.70		33,146.75	\$900.03		\$3,029.66
CAPITAL		Non-Medicare			Medicare	
		2-Party	Family		2-Party	Family
urrent Rates	\$904.36	\$1,763.51	\$2,622.86	\$812.50	\$1,671.65	\$2,531.01
Renewal Rates Before Fees	\$878.81	\$1,713.69	\$2,548.76	\$789.46	\$1,624.34	\$2,459.41
ACA Insurer Fee	\$20.76	\$40.17	\$53.55	\$24.35	\$50.11	\$75.87
ACA Reinsurance Fee	\$6.35	\$12.70	\$25.08	\$0.00	\$0.00	\$0.00
enewal Rates	\$905.92	\$1,766.56	\$2,627.39	\$813.81	\$1,674.45	\$2,535.28
UPSTATE 1		Non-Medicare			Medicare	
	Individual	2-Party	Family	Individual	2-Party	Family
Current Rates	\$970.85	\$1,893.17	\$2,815.68	\$869.02	\$1,791.34	\$2,713.85
tenewal Rates Before Fees	\$943.37	\$1,839.58	\$2,735.99	\$844.34	\$1,740.56	\$2,636.96
ACA Insurer Fee	\$22.76	\$44.07	\$59.34	\$26.05	\$53.70	\$81.36
ACA Reinsurance Fee	\$6.35	\$12.70	\$25.08	\$0.00	\$0.00	\$0.00
enewal Rates	\$972.48	\$1,896.35	\$2,820.41	\$870.39	\$1,794.26	\$2,718.32
UPSTATE 2	,	Non-Medicare	. ,,		Medicare	. ,
OF OTATE 2						
) mark Datas	Individual	2-Party	Family	Individual	2-Party	Family
Current Rates	\$1,173.40	\$2,288.14	\$3,403.08	\$1,041.19	\$2,155.93	\$3,270.87
Renewal Rates Before Fees	\$1,140.03	\$2,223.06	\$3,306.30	\$1,011.50	\$2,094.54	\$3,177.78
ACA Insurer Fee	\$28.84	\$55.93	\$76.98	\$31.22	\$64.65	\$98.08
ACA Reinsurance Fee	\$6.35	\$12.70	\$25.08	\$0.00	\$0.00	\$0.00
Renewal Rates	\$1,175.22	\$2,291.69	\$3,408.36	\$1,042.72	\$2,159.19	\$3,275.86

The rates assume that there is not a separate plan in place to fund all or part of the employee cost sharing. The broker and /or employer must disclose to Empire, prior to the implementation, any and all sources of funding for employee cost share. Since our pricing does not incorporate the funding of any of the employee cost sharing, should such a plan be offered the Empire rates will be reviewed and may be revised, or the Empire plan may be withdrawn.



Services provided by Empire HealthChoice HMO, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans

	RENEWAL QUOTE S	SUMMARY			
Group Name:	City of Saratoga Springs				
Group Number:	387023				
Contract Period:	January 01, 2015 - December 31, 2015	January 01, 2015 - December 31, 2015			
Broker Name:	JIM FLYNN	JIM FLYNN			
Brokerage Name:	ADIRONDACK TRUST COMPANY FINANC	ADIRONDACK TRUST COMPANY FINANCIAL SERVICES INC			
Sales Representative Name:	JUDITH MOORE-KELMAN				
Combination Number	Opportunity ID	PPACA	Quote Status		
1		Non Grandfathered	Underwriting Approved		
Prospect ID: 666198	Scenario ID: 766498	Rating ID: 4847038	QD090314		
The health benefit plan(s) in this quote is not considered to be grandfathered under the provisions of the Patient Protection and Affordable Care Act. Nongrandfathered plans are subject to additional provisions under the Patient Protection and Affordable Care Act that do not apply to grandfathered plans. For further information, please contact your account representative.					
<u>Disclaimers</u> See attached disc	elaimer page(s).				

<u>Discialmers</u>	See attached discialiner page(s).
	Signature Section: Reviewed and Accepted on behalf of the Group by:
Print Name:	
Title:	
Signature:	
Total Eligibles:	
Date:	

HMO Disclaimers

City of Saratoga Springs Group Number: 387023

Contract Period: January 01, 2015 - December 31, 2015

Funding Arrangement: Prospective Combination Number: 1

Prospect ID: 666198 Scenario ID: 766498

- The commission rate or other compensation that may be received by your broker does not change your premium rate. In addition to the applicable commissions paid to the broker (including a general agent or consultant) on the business sold, the broker may receive payments from Empire or may participate in non-cash award programs, under one or more broker compensation programs (inclusive of overrides, incentive, or bonus programs) that may have been based on aggregate sales, business quality, or persistency. Except to the extent that they contributed to Empire's general administrative charges, such broker compensation programs are not charged specifically to an individual customer's account. You can obtain additional information regarding Empire's large group commission rate schedules and its broker compensation programs by visiting www.empireblue.com or by contacting your Empire representative.
- Your Empire sales associate is a licensed insurance agent and is an employee of the EHC Benefits Agency, Inc. and a representative of Empire HealthChoice Assurance, Inc. and Empire HealthChoice HMO, Inc. (collectively 'Empire'). In addition to a salary, this sales associate participates in a sales incentive plan (SIP) and may receive additional compensation from Empire based upon considerations such as total number of successful sales, and for servicing policyholders and brokers. If you want additional information regarding the sales associates SIP please contact the associate. Your Empire sales associates is prohibited by law from altering the amount of compensation that they would receive for the purchase of an Empire insurance policy by providing any rebate or inducement to the purchaser.
- The rates shown above are intended to remain in effect for the contract period shown. By regulation, these rates are subject to adjustment if Empire files new rates that differ from the rates shown above or if the Superintendent of Insurance approves rates different than the filed rates. In either case, the filed or approved rates replace the above rates. Any difference between filed or approved rates and the rates billed during the contract period will be promptly settled by the parties.
- Employee classes must be established for valid employment-related purposes, and not for the purpose of insurance. Classes that are not employment-related are not acceptable for enrollment into this HMO plan. For example, for purposes of offering this plan, a class of employees cannot be based on years of service or age.
- Effective January 1, 2014, the Affordable Care Act (ACA or health care reform law) imposes a new annual fee on health insurance providers based on their market share of net premiums written, or the sum of premiums earned from all policies, during the previous year. The total fee amount to be collected across all health insurers is set at \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017 and \$14.38 billion in 2018. After 2018, it increases annually based on premium growth. The fee is anticipated to raise \$101.7 billion and is not tax deductible.
- Section 1341 of the Affordable Care Act provides that a transitional reinsurance program be established in each State to help stabilize premiums for coverage in the individual market during the years 2014 through 2016. All health insurance issuers, and third-party administrators (TPAs) on behalf of self-insured group health plans, will submit contributions to support reinsurance payments to issuers that cover high-cost individuals in non-grandfathered individual market plans.
- This quotation includes amounts for the ACA Insurer Fee and ACA Reinsurance Fee. Since the fees change each year in January for all business regardless of renewal date, we have calculated the amounts on a prorated basis across your full coverage period.
- Empire reserves the right to increase rates due to any taxes, fees and assessments prescribed by any statutory, regulatory, or other legal authority, which may bear directly on the financial consequences of this quote.
- Upstate1: Columbia, Delaware, Greene, Montgomery, Saratoga, Schoharie, Warren, and Washington; Upstate2: Clinton, Essex, and Fulton; Capital: Albany, Rensselaer, and Schenectady; MidHudson: Dutchess, Orange, Putnam, Sullivan, Ulster, Westchester, and Connecticut; Downstate1: Bronx, Kings, Richmond, Rockland, and New Jersey; Downstate2: Nassau, New York, Queens, and Suffolk.

HMO Disclaimers City of Saratoga Springs

Group Number: 387023

Contract Period: January 01, 2015 - December 31, 2015

Funding Arrangement: Prospective Combination Number: 1

Prospect ID: 666198 Scenario ID: 766498

- The rates provided assume that you qualify for large group coverage, which requires that you have at least 51 employees eligible for coverage. For purposes of large group coverage, eligible employees include:
 - permanent hourly/salary wage employees who are regularly scheduled to work at least 30 hours per week (underwriting approval required for reduced minimum number of hours) throughout the year
 - commissioned employees who receive W-2 IRS filing from their employer and who are scheduled to work at least 30 hours per week (underwriting approval required for reduced minimum number of hours) throughout the year
- Employees in the waiting period are not included as eligible employees.
- If you do not have 51 or more eligible employees, please notify us prior to the renewal date so that we can provide you with small group rates.
- The above medical rates do not include Blue View Vision benefits. Blue View Vision benefits and rates, if requested, will be provided on a separate illustration.
- Beginning with contract periods effective 1/1/15, the Affordable Care Act requires that health plans have out of pocket maximums which do not exceed a published limit, for all services in total. For groups with no Rx coverage with Empire, this quote assumes that separate out of pocket maximums will be established for pharmacy and for medical, which in total will not exceed the published limit and that Medical and pharmacy costs will not be commingled to accumulate to a combined out of pocket maximum.