



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 SUMMARY

Group Name:	City of Saratoga Springs		
Group Number:	387023		
Contract Period:	January 01, 2015 - December 31, 2015		
Broker Name:	JIM FLYNN		
Brokerage Name:	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

HMO - Initial Renewal

Base Option	Selection
Primary Copay	\$10
Specialist Copay	\$10
Inpatient Copay	\$0

Family OOP Max is 2.5 times the individual coverage.

Coverage	In Network
Product/Network Type	HMO
HMO OOP Max	\$5,080 Combined Medical and RX OOP Max
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	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
Healthy Lifestyles	Base Program (Online)



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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
Renewal 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
Renewal 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
Renewal 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
Renewal Rates	\$1,104.71	\$2,154.20	\$3,203.88	\$982.79	\$2,032.27	\$3,081.95
MID-HUDSON		Non-Medicare			Medicare	
	Individual	2-Party	Family	Individual	2-Party	Family
Current Rates	\$1,083.96	\$2,113.73	\$3,143.70	\$965.16	\$1,994.93	\$3,024.91
Renewal Rates Before Fees	\$1,053.19	\$2,053.74	\$3,054.48	\$937.69	\$1,938.24	\$2,938.98
ACA Insurer Fee	\$26.16	\$50.69	\$69.19	\$28.94	\$59.82	\$90.70
ACA Reinsurance Fee	\$6.35	\$12.70	\$25.08	\$0.00	\$0.00	\$0.00
Renewal Rates	\$1,085.70	\$2,117.13	\$3,148.75	\$966.63	\$1,998.06	\$3,029.68
CAPITAL		Non-Medicare			Medicare	
	Individual	2-Party	Family	Individual	2-Party	Family
Current 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
Renewal 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
Renewal 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
Renewal Rates	\$972.48	\$1,896.35	\$2,820.41	\$870.39	\$1,794.26	\$2,718.32
UPSTATE 2		Non-Medicare			Medicare	
	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.



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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.

Disclaimers See attached disclaimer 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.