## Rate Guide for the Individual Market

2016 Calendar Year (1/1/16-12/31/16)

## On-exchange plans

Offered by Empire on the New York State of Health Marketplace.

|  |  | Empire HMO 5850 X, Bronze, NS, INN, Pediatric Dental, Dep 25 1H1K | $\begin{aligned} & \text { Empire HMO } \\ & 6000 \text { X, Bronze, } \\ & \text { NS, INN, } \\ & \text { Pediatric Dental, } \\ & \text { Dep } 25 \\ & \text { 1H1D } \end{aligned}$ | Empire HMO 4000 X , for HSA, Bronze, ST, INN, Pediatric Dental Dep 25 1H14 | Empire HMO 5850 X, Bronze, NS, INN, Pediatric Dental, Dep 25, \$0 PCP Office Visit 1XK7 | Empire HMO 2000 X, Silver, ST, INN, Pediatric Dental, Dep 25 1H1R | Empire HMO <br> 2250 X, Silver, <br> NS, INN, <br> Pediatric Dental, <br> Dep 25 <br> 1H2M | Empire HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 25 1H29 | Empire Blue Cross Blue Shield HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan 1H0Q | Empire HMO 600 X, Gold, ST, INN, Pediatric Dental, Dep 25 1H33 | Empire HMO 1000 X, Gold, NS, INN, Pediatric Dental, Dep 25 1H3C | Empire Blue Cross Blue Shield HMO 1000 X, Gold, NS, INN, Pediatric Dental, Dep 25, a MultiState Plan 1HOY | Empire HMO O X, Platinum, ST, INN, Pediatric Dental, Dep 25 1H3N | Empire HMO 250 <br> X, Platinum, NS, <br> INN, Pediatric <br> Dental, Dep 25 <br> 1H44 | Empire HMO 6850 X, Catastrophic, ST, INN, Pediatric Dental 1H49 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Long Island | Individual | \$400.40 | \$402.50 | \$408.17 | \$408.33 | \$509.36 | \$466.95 | \$475.03 | \$475.24 | \$594.28 | \$565.25 | \$565.62 | \$691.01 | \$667.39 | \$204.37 |
|  | Individual/ <br> Spouse | \$800.80 | \$805.00 | \$816.34 | \$816.66 | \$1,018.72 | \$933.90 | \$950.06 | \$950.48 | \$1,188.56 | \$1,130.50 | \$1,131.24 | \$1,382.02 | \$1,334.78 | \$408.74 |
|  | Parent/Children | \$680.68 | \$684.25 | \$693.89 | \$694.16 | \$865.91 | \$793.82 | \$807.55 | \$807.91 | \$1,010.28 | \$960.93 | \$961.55 | \$1,174.72 | \$1,134.56 | \$347.43 |
|  | Family | \$1,141.14 | \$1,147.13 | \$1,163.28 | \$1,163.74 | \$1,451.68 | \$1,330.81 | \$1,353.84 | \$1,354.43 | \$1,693.70 | \$1,610.96 | \$1,612.02 | \$1,969.38 | \$1,902.06 | \$582.45 |
| New York City | Individual | \$435.02 | \$437.30 | \$443.46 | \$443.63 | \$553.40 | \$507.33 | \$516.11 | \$516.34 | \$645.66 | \$614.13 | \$614.53 | \$750.76 | \$725.10 | \$222.04 |
|  | Individual/ Spouse | \$870.04 | \$874.60 | \$886.92 | \$887.26 | \$1,106.80 | \$1,014.66 | \$1,032.22 | \$1,032.68 | \$1,291.32 | \$1,228.26 | \$1,229.06 | \$1,501.52 | \$1,450.20 | \$444.08 |
|  | Parent/Children | \$739.53 | \$743.41 | \$753.88 | \$754.17 | \$940.78 | \$862.46 | \$877.39 | \$877.78 | \$1,097.62 | \$1,044.02 | \$1,044.70 | \$1,276.29 | \$1,232.67 | \$377.47 |
|  | Family | \$1,239.81 | \$1,246.31 | \$1,263.86 | \$1,264.35 | \$1.577.19 | \$1,445.89 | \$1,470.91 | \$1,471.57 | \$1,840.13 | \$1,750.27 | \$1,751.41 | \$2,139.67 | \$2,066.54 | \$632.81 |
| Mid-Hudson | Individual | \$477.73 | \$480.23 | \$487.00 | \$487.19 | \$607.73 | \$557.13 | \$566.78 | \$567.03 | \$709.05 | \$674.42 | \$674.86 | \$824.46 | \$796.28 | \$243.84 |
|  | Individual/ Spouse | \$955.46 | \$960.46 | \$974.00 | \$974.38 | \$1,215.46 | \$1,114.26 | \$1,133.56 | \$1,134.06 | \$1,418.10 | \$1,348.84 | \$1,349.72 | \$1,648.92 | \$1,592.56 | \$487.68 |
|  | Parent/Children | \$812.14 | \$816.39 | \$827.90 | \$828.22 | \$1,033.14 | \$947.12 | \$963.53 | \$963.95 | \$1,205.39 | \$1,146.51 | \$1,147.26 | \$1,401.58 | \$1,353.68 | \$414.53 |
|  | Family | \$1,361.53 | \$1,368.66 | \$1,387.95 | \$1,388.49 | \$1,732.03 | \$1,587.82 | \$1,615.32 | \$1,616.04 | \$2,020.79 | \$1,922.10 | \$1,923.35 | \$2,349.71 | \$2,269.40 | \$694.94 |
| Albany | Individual | \$405.05 | \$407.17 | \$412.90 | \$413.06 | \$515.27 | \$472.37 | \$480.55 | \$480.76 | \$601.17 | \$571.81 | \$572.18 | \$699.02 | \$675.13 | \$206.74 |
|  | Individual/ Spouse | \$810.10 | \$814.34 | \$825.80 | \$826.12 | \$1,030.54 | \$944.74 | \$961.10 | \$ 961.52 | \$1,202.34 | \$1,143.62 | \$1,144.36 | \$1,398.04 | \$1,350.26 | \$413.48 |
|  | Parent/Children | \$688.59 | \$692.19 | \$701.93 | \$702.20 | \$875.96 | \$803.03 | \$816.94 | \$817.29 | \$1,021.99 | \$972.08 | \$972.71 | \$1,188.33 | \$1,147.72 | \$351.46 |
|  | Family | \$1,154.39 | \$1,160.43 | \$1,176.77 | \$1,177.22 | \$1,468.52 | \$1,346.25 | \$1,369.57 | \$1,370.17 | \$1,713.33 | \$1,629.66 | \$1,630.71 | \$1,992.21 | \$1,924.12 | \$589.21 |

This is intended for broker use only and should not be distributed to consumers or employer groups.
Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., Iicensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Note:The plans described here are available for effective dates starting January 1, 2016. They can be purchased from Empire directly or on the NY State of Health, The Official Health Plan Marketplace. Open Enrollment begins November 1, 2015 and ends January 31, 2016.

## Rate Guide for the Individual Market

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An Anthem Company

2016 Calendar Year (1/1/16-12/31/16)
Off-exchange plans

|  |  | Empire HMO 5850, Bronze, NS, INN, Pediatric Dental, Dep 25 1H1M | Empire HMO 6000, Bronze, NS, INN, Pediatric Dental, Dep 25 1H1F | Empire HMO 4000 for HSA, Bronze, ST, INN, Pediatric Dental, Dep 25 1 H19 | Empire HMO 5850, Bronze, NS, INN, Pediatric Dental, Dep 25, \$0 PCP Office Visit 1XK9 | Empire HMO 2000, Silver, ST, INN, Pediatric Dental, Dep 25 1H25 | Empire HMO 2250, Silver, NS, INN, Pediatric Dental, Dep 25 1H2V | Empire HMO 2750 for HSA, Silver, NS, INN, Pediatric Dental, Dep 25 282C | $\begin{aligned} & \text { Empire HMO 600, } \\ & \text { Gold, ST, INN, } \\ & \text { Pediatric Dental, } \\ & \text { Dep } 25 \\ & 1 \text { H38 } \end{aligned}$ | Empire HMO 600, Gold, ST, INN, Pediatric Dental, Dep 25 1H3E | Empire HMO O, Platinum, ST, INN, Pediatric Dental, Dep 25 1Н3T | Empire HMO 250, Platinum, NS, INN, Pediatric Dental, Dep 25 1H45 | Empire HMO 6850, Catastrophic, ST, INN, Pediatric Dental 1H4A |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| LongIsland | Individual | \$400.40 | \$402.50 | \$408.17 | \$408.33 | \$509.36 | \$466.95 | \$475.03 | \$594.28 | \$565.25 | \$691.01 | \$667.39 | \$204.37 |
|  | Individual/ Spouse | \$800.80 | \$805.00 | \$816.34 | \$816.66 | \$1,018.72 | \$933.90 | \$950.06 | \$1,188.56 | \$1,130.50 | \$1,382.02 | \$1,334.78 | \$408.74 |
|  | Parent/Children | \$680.68 | \$684.25 | \$693.89 | \$694.16 | \$865.91 | \$793.82 | \$807.55 | \$1,010.28 | \$960.93 | \$1,174.72 | \$1,134.56 | \$347.43 |
|  | Family | \$1,141.14 | \$1,147.13 | \$1,163.28 | \$1,163.74 | \$1,451.68 | \$1,330.81 | \$1,353.84 | \$1,693.70 | \$1,610.96 | \$1,969.38 | \$1,902.06 | \$582.45 |
| New York City | Individual | \$435.02 | \$437.30 | \$443.46 | \$443.63 | \$553.40 | \$507.33 | \$516.11 | \$645.66 | \$614.13 | \$750.76 | \$725.10 | \$222.04 |
|  | Individual/ <br> Spouse | \$870.04 | \$874.60 | \$886.92 | \$887.26 | \$1,106.80 | \$1,014.66 | \$1,032.22 | \$1,291.32 | \$1,228.26 | \$1,501.52 | \$1,450.20 | \$444.08 |
|  | Parent/Children | \$739.53 | \$743.41 | \$753.88 | \$754.17 | \$940.78 | \$862.46 | \$877.39 | \$1,097.62 | \$1,044.02 | \$1,276.29 | \$1,232.67 | \$377.47 |
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|  | Parent/Children | \$812.14 | \$816.39 | \$827.90 | \$828.22 | \$1,033.14 | \$947.12 | \$963.53 | \$1,205.39 | \$1,146.51 | \$1,401.58 | \$1,353.68 | \$414.53 |
|  | Family | \$1,361.53 | \$1,368.66 | \$1,387.95 | \$1,388.49 | \$1,732.03 | \$1,587.82 | \$1,615.32 | \$2,020.79 | \$1,922.10 | \$2,349.71 | \$2,269.40 | \$694.94 |
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|  | Individual/ Spouse | \$810.10 | \$814.34 | \$825.80 | \$826.12 | \$1,030.54 | \$944.74 | \$961.10 | \$1,202.34 | \$1,143.62 | \$1,398.04 | \$1,350.26 | \$413.48 |
|  | Parent/Children | \$688.59 | \$692.19 | \$701.93 | \$702.20 | \$875.96 | \$803.03 | \$816.94 | \$1,021.99 | \$972.08 | \$1,188.33 | \$1,147.72 | \$351.46 |
|  | Family | \$1,154.39 | \$1,160.43 | \$1,176.77 | \$1,177.22 | \$1,468.52 | \$1,346.25 | \$1,369.57 | \$1,713.33 | \$1,629.66 | \$1,992.21 | \$1,924.12 | \$589.21 |

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