

HMO Name (NYSHIP Option # XXX)
New York State Health Insurance Program
January 1, 20YY Rate Calculation

	<u>With Drugs</u>		<u>Without Drugs</u>	
	Individual	Family	Individual	Family
<u>Community Rates</u>				
a. Basic Contract (Basic Contract Identification #)	500.00	1,100.00	500.00	1,100.00
<u>Adj. Riders</u>				
b. Drug Rider (Drug Rider #)	<u>120.00</u>	<u>260.00</u>		
Total Drug Coverage	120.00	260.00		
c. Additional Riders (Total from Schedule II)	<u>25.00</u>	<u>50.00</u>	<u>25.00</u>	<u>50.00</u>
1. Unadjusted Community Rates	645.00	1,410.00	525.00	1,150.00
<u>Adjustments For:</u>				
2. Medicare Contracts (Total from Schedule III)	(55.68)	(121.72)	(45.32)	(99.28)
3. Prior Rate Period (Total from Schedule I-PPA)	2.13	3.60	1.72	2.82
4. NYSHIP Monthly Rates	\$591.45	\$1,291.88	\$481.40	\$1,053.54
NYSHIP Bi-Weekly Rates (Monthly Rate x 12 x 14/365)	\$272.23	\$594.62	\$221.58	\$484.92

Note: Biweekly Rates during Leap Years are based on 366 days; the formula is:
 Monthly Rate x 12 x 14/266

Note: \$ Amounts are for illustrative purposes only

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January 1, 20YY Rate Calculation

<u>Rider Benefit Description</u>	Identification Number	<u>With Drugs</u>		<u>Without Drugs</u>	
		Individual	Family	Individual	Family
Benefit A	XXXX	10.00	20.00	10.00	20.00
Benefit B	XXXX	5.00	10.00	5.00	10.00
Benefit C	XXXX	5.00	10.00	5.00	10.00
Benefit D	XXXX	5.00	10.00	5.00	10.00
Total (Carryforward to Schedule I, line c.)		\$25.00	\$50.00	\$25.00	\$50.00

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Schedule III

**HMO Name (NYSHIP Option # XXX)
New York State Health Insurance Program
January 1, 20YY Rate Calculation
Schedule of Medicare Adjustment**

<u>Community Rates</u>	<u>With Drugs</u>		<u>Without Drugs</u>	
	Individual	Family	Individual	Family
1. Unadjusted Community Rates	645.00	1,410.00	525.00	1,150.00
2. Medicare Rate (A)	330.00		160.00	
3. Difference (2 - 1)	(315.00)	(1,410.00)	(365.00)	(1,150.00)
4. Medicare Enrollments	1,500		15	
5. Estimated Monthly Adj. (3x4)	(472,500.00)	0.00	(5,475.00)	0.00
6. Total Monthly Adjustment (Sum of line 5)	(477,975.00)			

WEIGHED AVERAGE METHOD - Both Drug Eligible and Non Drug Eligible Enrollees must be used for the computation of the Medicare Adjustment.

7. Unadjusted Community Rates	645.00	1,410.00	525.00	1,150.00
8. Enrollment	2,000	3,000	10	10
9. Product (7 x 8)	1,290,000.00	4,230,000.00	5,250.00	11,500.00
10. Total of line 9	5,536,750.00			
11. Ratio to Total (9/10)	0.232988667	0.763986093	0.000948210	0.002077031
12. Distribution of Medicare Credit by Group (6 x 11)	(111,362.76)	(365,166.25)	(453.22)	(992.77)
13. Monthly Adjustment (12/8) - Carried Forward to Schedule I, line 2.	(\$55.68)	(\$121.72)	(\$45.32)	(\$99.28)

Medicare Cost Components

Medicare Non-RX Coverage Rate	170.00
Medicare Rx Rate	160.00
Total	330.00

Note: \$ Amounts are for illustrative purposes only

**HMO Name (NYSHIP Option # XXX)
New York State Health Insurance Program
January 1, 20YY Rate Calculation
Prior Period Rate Adjustment**

Adjustment Period: January 1, 20XX - December 31, 20XX (i.e, the year prior to the Sched I, II & III rate year)

	<u>With Drugs</u>		<u>Without Drugs</u>	
	Individual	Family	Individual	Family
NYS Department of Financial Services				
<u>Approved Community Rates</u>				
a. Basic Contract (Basic Contract Identification #)	490.00	1,080.00	490.00	1,080.00
<u>ADD. RIDERS</u>				
b. Drug Rider (Drug Rider #)	110.00	240.00		
Total Drug Coverage	110.00	240.00		
c. Additional Riders (Total from Schedule II)	23.00	46.00	23.00	46.00
1. Unadjusted Community Rates	623.00	1,366.00	513.00	1,126.00
<u>Adjustments For:</u>				
2. Medicare Contracts (total from schedule III-PPA)	(54.32)	(119.10)	(44.73)	(98.18)
3. Prior Rate Period Adj (per 20XX rate wksht: Sched I, Line 3)	(3.80)	(9.80)	(3.05)	(8.45)
4. Adjusted Community Rates (1+2+3) = 4	\$564.88	\$1,237.10	\$465.22	\$1,019.37
5. 20XX NYSHIP Monthly Rates (per 20XX rate wksht: Sched I, Line 4)	\$562.75	\$1,233.50	\$463.50	\$1,016.55
Net Monthly Difference (4-5)	2.13	3.60	1.72	2.82
x 20XX Adjustment Months *	12.00	12.00	12.00	12.00
Premium Adjustment to Prorate	25.56	43.20	20.64	33.84
Divide by 20XX Months (12)	12.00	12.00	12.00	12.00
Monthly Adjustment - Carried Forward To Schedule I, line 3.	\$2.13	\$3.60	\$1.72	\$2.82

* Contract Months (Enrollment x Months) is used when rate change was mid-year.

Note: \$ Amounts are for illustrative purposes only

Note: The Line 3b amounts will equal the amounts listed on Line 3 of Schedule I of the prior year rate submission.

Note: The Line 5 amounts will equal the amounts listed on Line 4 of Schedule I of the prior year rate submission.

HMO Name (NYSHIP Option # XXX)
New York State Health Insurance Program
January 1, 20YY Rate Calculation
Prior Period Rate Adjustment - Schedule of Riders

Adjustment Period: January 1, 20XX - December 31, 20XX (i.e, the year prior to the Sched I, II & III rate year)

<u>Rider Benefit</u>	<u>Identification Number</u>	<u>With Drugs</u>		<u>Without Drugs</u>	
		<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
Benefit A	XXXX	9.00	18.00	9.00	18.00
Benefit B	XXXX	5.00	10.00	5.00	10.00
Benefit C	XXXX	4.00	8.00	4.00	8.00
Benefit D	XXXX	5.00	10.00	5.00	10.00
Total (Carryforward to Schedule I-PPA, line c.)		\$23.00	\$46.00	\$23.00	\$46.00

Note: \$ Amounts are for illustrative purposes only

**HMO Name (NYSHIP Option # XXX)
 New York State Health Insurance Program
 January 1, 20YY Rate Calculation
 Prior Rate Adjustment - Schedule of Medicare Adjustment**

Adjustment Period: January 1, 20XX - December 31, 20XX (i.e, the year prior to the Sched I, II & III rate year)

<u>Community Rates</u>	<u>With Drugs</u>		<u>Without Drugs</u>	
	Individual	Family	Individual	Family
1. Unadjusted Community Rates	623.00	1,366.00	513.00	1,126.00
2. Medicare Rate(A)	315.00		155.00	
3. Difference (2 - 1)	(308.00)	(1,366.00)	(358.00)	(1,126.00)
4. Medicare Enrollments	1,500		15	
5. Estimated Monthly Adj. (3x4)	(462,000.00)	0.00	(5,370.00)	0.00
6. Total Monthly Adjustment (Sum of line 5)	(467,370.00)			

WEIGHED AVERAGE METHOD - Both Drug Eligible and Non Drug Eligible Enrollees must be used for the computation of the Medicare Adjustment.

7. Unadjusted Community Rates	623.00	1,366.00	513.00	1,126.00
8. Enrollment	2,000	3,000	10	10
9. Product (7 x 8)	1,246,000.00	4,098,000.00	5,130.00	11,260.00
10. Total of line 9	5,360,390.00			
11. Ratio to Total (9/10)	0.232445774	0.764496613	0.000957020	0.002100593
12. Distribution of Medicare Credit by Group (6 x 11)	(108,638.18)	(357,302.78)	(447.28)	(981.75)
13. Monthly Adjustment (12/8) - Carried Forward to Schedule I-PPA, line 2.	(\$54.32)	(\$119.10)	(\$44.73)	(\$98.18)

Medicare Cost Components

Medicare Non-RX Coverage Rate	160.00
Medicare Rx Rate	155.00
Total	315.00

NOTE: \$ Amounts are for illustrative purposes only